

NAVIGATING NORMATIVITY: QUEERS IN A CISHETNORMATIVE PRESCOTT
RECOVERY INDUSTRY

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Through my experience in treatment and in organizing with other queer addicts thereafter, it was clear to me that in treatment queers are tolerated at best. Our genders and sexualities and politics are allowed, and at times loved, but not supported and certainly not nurtured. Our queerness was understood to be separate from our addictions, as if our identities don't inform our beings.

-Berger Nierenberg, 2016

When I got sober... well, it was a common belief [in the recovery industry] that if I got sober I would no longer be gay. So then when I got sober and was still gay, I felt really bad about it 'cause I thought that it was already really hard to be, like, an identified lesbian... I remember, like, my family being, like, well she's sick so... Like, they had my addiction and my being a lesbian really intertwined, and they thought, and certain people in AA told me, "if you get sober you will exit this lifestyle," So that didn't happen. [Laughs]. And that was hard for me, I think for me, and I think it attributed to a lot of relapses 'cause I was like "I should be recovered, I should be different," and I'm not.

(Personal Communication, April 20, 2015)

A Trans Narrative of Recovery Communities

The scene was familiar—a house party across from Colorado College’s campus, drunk kids dancing around me. The smell of spilled beer and the feel of dried liquor sticking to the bottom of my shoes was intoxicating. When dysphoria hits, everything around me begins to gain an overwhelming intensity. The sticky floors glue my shoes to the ground. The music rings through my ears. The dancing bodies around me burn as they touch my skin. I somehow muster the courage to lift my feet and run out of the party, across the wide street, across a parking lot, until I find a quiet space to sit on the library steps. I call my sponsor¹.

This was the first night I attempted to talk to someone in recovery from alcoholism about gender—more specifically, how I relate to gender, and how it feels like my perceived gender and the body I carry suffocates me almost to the point of anxious drowning. My sponsor told me it was normal to feel self-conscious and have an acute awareness and discomfort with how my body looks as a girl. He insisted that framing my discomfort as a trans issue was just my way of isolating myself from the rest of Alcoholics Anonymous (AA). He told me that a great character defect² of alcoholics is that we separate ourselves from others, find anything that will make us different and hold onto that. I felt instantly unsettled by this conversation, and I did not bring it up again with him. A few days went by, and I began to question my understanding of my own gender. I began to question whether or not this was a “normal” issue for women or if it really did come down to trans specific experience. He advised me to try and find safety within

¹ As described in the AA pamphlet *Questions & Answers on Sponsorship* (1983), a sponsor is “a member with whom we can feel comfortable, someone with whom we can talk freely and confidentially” (p. 7). A sponsor is often described in AA meetings as someone who offers spiritual guidance and takes you through the 12 Steps as a “close-mouthed friend.”

² Character defects are described by many members of AA as parts of your self that create separation from God. Some examples may include resentment, self-pity, fear, self-importance, pride, holding expectations, etc.

my body without changing it, to turn to god³ seeking solace and acceptance within an unchangeable situation. This prospect shook me to my core. I could not imagine living my life like this forever and merely attempting to accept it. The dysphoria I was experiencing was paralyzing. Why should I accept this as my reality?

October 14

I have a deep-seated resentment towards myself for not doing what I need to do. I haven't been going to meetings or calling my sponsor or praying and meditating. I keep trying to tell myself that this stuff with gender is unrelated to alcoholism, but what if they're right? What if this really isn't real and just a manifestation of alcoholism? I don't know I feel really confused and I'm pissed at AA, but also pissed at myself because I feel like there has to be a way to balance my own feelings, and my participation in AA. Because that's the only way I know how to do this shit.

(Field Notes)

After a few days of mulling over these questions, I sought a second opinion. I called my old sponsor, a man who had sat with me as I experienced some of the hardest struggles of my life. He watched me grow into a happy and spiritually connected, “god-conscious” member of Alcoholics Anonymous. Though I had talked to him previously about queerness in general, I had never attempted to talk to him about gender specifically. My dysphoria had become so crippling, and talking to him was the only thing I could think of that would help. I told him I was experiencing anxiety, discomfort, and disillusion with my body and gender. He responded in a way that was unsurprising to me: god created me the way I am for a reason. To mess with that would be against god’s will. He told me that I was going to be okay. I didn’t need to change

³ Throughout this paper, I will change capitalization of god. In my experience, I have been able to connect profoundly with a “god of my understanding,” which sometimes I call god with a little g. I believe that capitalizing god creates more meaning for the word, meaning that actually attempts to ascribe importance, but actually takes away from my experiences with god. However, when I talk about a higher power in conjunction with Alcoholics Anonymous rather than my own experience, I will capitalize the word because that is how it is used throughout all AA literature.

anything. This was an extension of self. In a lot of ways, he reinstated many of the thoughts and ideas that my sponsor at the time said.

I felt misunderstood and invalidated. I felt as though two of my closest friends and the most trusted men in my life were telling me that my experience was not real, my identity was not real. So, I decided to try looking for a new sponsor. Many members of AA believe that men should only sponsor men, and women sponsor women. Being a nonbinary⁴ person that leans more towards transmasculinity, my default has always been to ask men to sponsor me. I asked a few different men I respected profoundly. Every person I approached greeted me with the same answer: “You are a woman. We have different experiences. I don’t think that it would work.” How am I supposed to say, upon first meeting and introduction, “I am not a woman. My body does not say anything about my experience as a person on this earth.”

Again, I was invalidated and isolated. I began to get the feeling and understanding that AA did not have a space for me. It was not safe to talk about my positionality, and I began to question whether or not it was even safe to show up to an AA meeting as a visibly queer individual.

Before coming out and attempting to talk to people in AA about my trans identity, AA was one of the only spaces in which I felt safe. I felt like I could be whoever I wanted in the realm of AA. As long as I was being true to my understanding of god and thus, true to myself, I would forever have a space in the rooms of Alcoholics Anonymous. This safety was suddenly turned upside down. I lost men sponsees because I was not a man and treatment centers followed

⁴ Nonbinary is often explained as “an umbrella term covering any gender identity that doesn't fit within the gender binary [man or woman]” (nonbinary.org).

the rules of “gender-ban⁵” with no exception. I lost sponsors because they couldn’t help me. My attempts to talk about queerness within AA were ignored and invalidated. Instead of feeling like I could breathe as I walked into a meeting, I started suffocating in self-questioning, doubt, fear, and dysphoria. My identity was marginalized and cast aside in the only space I felt safe. I began to separate myself from Alcoholics Anonymous.

I watched myself questioning my creation and grow deep resentment and distrust in my relationship with god. I began to question myself and my “intentions” in identifying as trans. Was this just a projection? It must not be real because my body is god given, and therefore it is good. But was the dysphoria I was experiencing god-given as well? Why are my questions about gender somehow considered outside the realm of god’s image for me? Was this a subconscious attempt to create distance from a community in which I once felt I belonged? Was this solely a manifestation of the disease of alcoholism attempting to pull me closer to a drink? Was this just “self,” distancing myself from others so that I could feel unique and different? Why would god put this in my path? My spirituality began to fall apart. I grew fearful of god and even more fearful of attempting to further develop a relationship with god. I stopped praying and stopped listening to god because I was afraid of what I would hear.

⁵ “Gender ban” is a part of many drug and alcohol treatment programs in Prescott, Arizona. It is a restriction put on all clients until they get to a certain stage of the program in which they cannot talk to the “opposite gender.”

In Respect to the Southwest

When I began working on my thesis it was largely focused on drug treatment and the marginalization of Native communities in the Southwest. Over the year and a half that I spent doing research for this piece of writing, my involvement and passion for recovery deepened and grew—and I came out as queer. At first glance these things seem to be completely separated, but that separation of my queerness and my sobriety was what became more and more apparent, harmful, and isolating to me the deeper I became involved in recovery communities personally and academically. Thus, I went forth in doing interviews with sober and queer friends who went through treatment in Prescott, Arizona. The more interviewing I did, the more conversations I had with queer friends, and the more experiences I heard of violence perpetrated by the hands of treatment centers and other recovery communities towards queers, the harder this issue hit me. I was being profoundly affected by the issues of normativity and modalities of power in recovery communities and so were people I loved. After a lot of thinking, reviewing information and research collected, I have decided to narrow my thesis topic down to the specific issue of Queer people in a hetero- and cis- normative recovery industry.

Nonetheless, I believe it is important to say a few things about the research that I am choosing largely not to synthesize and incorporate into this piece of writing. The recovery industry in the Southwest is inherently violent seeing as its positioning is within land holding a rich history of bloodshed, cultural loss, marginality, oppression, and violence towards Native populations. The treatment system in the Southwest is a product of this bloodshed and violence and largely came, and continues to exist, at the expense of many Native communities and individuals. Throughout the research I did in this area, I found that across the board, Native people are suffering high rates of addiction and alcoholism in the Southwest which could be

largely attributed to historical and intergenerational trauma and loss. In *The Pastoral Clinic: Addiction and Dispossession along the Rio Grande*, Angela Garcia describes intergenerational substance use as “a contemporary modality of kinship that simultaneously articulates and enables the fragmentation of Hispano social and domestic life and embodies a distinctive sense of one’s being in relation to another” (2010, p. 65).

Not only this, but the addiction and alcoholism treatment system built on this colonized land continues to fail these communities in a multitude of ways. The cultural inappropriateness of the exponentially growing treatment system in the Southwest could very well retraumatize in its attempt to “normalize” addicts and alcoholics in recovery. To Native communities, this could be seen as eerily similar to a boarding school legacy built on the whitewashing, erasure, and forced assimilation of Native populations. Though these modalities of power may not be as blatantly obvious, these quietly normative attempts to de-Nativize Native people is horrifically oppressive and violent and reflective of colonialism. Maria Yellow Horse Brave Heart states: “forced assimilation and cumulative losses across generations, including language, culture, and spirituality, contribute to the breakdown of family kinship networks and social structures. This historical legacy and the current psychosocial conditions contribute to ongoing intergenerational trauma” (2003). The focus on spirituality-based recovery in the dominant treatment system, which I will talk further about later in this thesis, is also an assault on Native people, as “Native spiritualities are land based—they are tied to the land base from which they originate” (Smith, 2005, p. 122). With all of this in mind, the recovery industry in the Southwest is a continuation of colonization, stripping of land, power, (largely) an appropriation of spiritualities, and could create more forms of intergenerational trauma leading to further struggles with substances.

Methods

In attempt to understand cultures, anthropologists have “emphasized and aggrandized their ability to understand these cultures and relate them to others. What many anthropologists strive for is to authentically represent native informants’ voices” (Guerra, 2013, p. 122). However, authentically representing Native cultures, or fully understanding a culture that is not one’s own, is extraordinarily difficult. Traditional ethnography can be invasive and colonial, a practice of mastery and power over others through the quest for knowledge and truth. I have seen this from experience. I have struggled to find academic writing and research that accurately speaks of 12-step communities without missing very important aspects of recovery in a 12-step fellowship or misrepresenting other aspects because the authors are not “native” to the community. Nonetheless, academic writing on recovery in 12-step programs is seen as more valid, academically and scientifically, than personal experience. Academic knowledge and appropriation of knowledge proves to be “a power to extract a knowledge from individuals and to extract a knowledge about those individuals who are subjected to observation and already controlled by those different powers... Thus, the individuals over whom power is exercised are either those from whom the knowledge they themselves form will be extracted, retranscribed, and accumulated according to new norms, or else objects of a knowledge that will also make possible new forms of control” (Foucault, 1994, p. 84). I believe the appropriation of knowledge in the name of social science is a misuse of power, as I am already working with individuals facing oppression from many different angles.

Further, traditional social science has often distanced the studied from the students and allowed space for the imposition of a privileged perception of a “voiceless” culture. It follows suit with traditional academia—inaccessible, colonial, white washed, and hetero-normative in its

deep-rooted focus in knowledge for academia's sake, knowledge for the Western world's sake. In *Native Science*, Gregory Cajete states "Western science is committed to increasing human mastery over nature, to go on conquering until everything natural is under absolute human control" (YEAR, 16). The cleaving of human and nature, human and the studied object, has been the basis of academia and the Western push towards knowledge. In actuality, this striving towards knowledge, understanding, and universal truth actually distance the studied and the student, leaving more room for colonization and forces of oppression: "Behind knowledge there is a will, no doubt obscure, not to bring the object near to oneself or identify with it but, on the contrary, to get away from it and destroy it—a radical malice of knowledge" (Foucault, 1994, p. 11). The idea of finding universal truth or knowledge is a Western school of thought founded in cultural imperialism (Young, 1990). Thus, throughout this thesis I aim to deconstruct the idea of objective truth through examining my own subjectivity and honoring the truth of my experience as well as the many other queer experiences included. I hope that through portraying experience as truth, the idea of objectivity is reformed, and in a sense, decolonized. This thesis is not about truth or knowledge, but rather listening to experiences that have been erased and ignored by a normative quest for objectivity and figuring out what, as a queer community of recovering individuals, is the best way to move towards liberation and healing.

Throughout this project I employ what is termed "intimate ethnography," working ethnographically within a community which and with participants to whom I am intimately connected and involved (Guerra, 2013). I am very much a "native" ethnographer—I strongly identify as a queer individual in recovery from alcoholism. My unique positioning as a community member, friend, and for some of the people interviewed, family, allowed me to create the space for listening throughout my interviews that not only fostered a space to process

powerlessness and marginalization, but also fostered liberation through self-knowledge and community understanding. My stakes are fully within this community, and I believe that that mutual understanding between myself and the individuals interviewed created a space of safety and trust, rather than one of harm and appropriation.

Throughout my work on this project, my fieldnotes, opinions, and feelings about recovery systems have not ceased to fluctuate and shift in huge ways. My academic work in this topic has been informed by my experience and my experience has been shaped by my academic work. Judith Butler states in her article “For a Careful Reading,”

What notion of ‘agency’ will that be which always and already knows its transcendental ground, and speaks only and always from that ground? To be so grounded is nearly to be buried: it is to refuse alterity, to reject contestation, to decline that risk of self transformation perpetually posed by democratic life.

To say the least, my positionality in these theories and realms is fluid by nature. In conclusion, I will do my best to pay respects to my process of learning now and continual process to be and to embrace these patterns of change and fluidity so as not to create a new force of subjectivity that goes unaddressed.

With respect to methodology, many of the interviews used for this thesis were open-ended and constructed as more of a space to listen to experience and foster safety. I went into every interview with two questions planned: 1. What has been your experience as a queer person in recovery communities? And 2. How do you think your experience could have been improved? These open ended questions allowed for a lot of unplanned conversational space, and I learned a lot about many of my friends’ experiences in treatment and 12-step fellowships.

The Prescott recovery industry⁶ is a dominant form of addiction and alcoholism treatment spreading from Prescott, Arizona to other major Southwestern cities. Since beginning this research, multiple treatment programs based off of the Prescott modal have opened in Los Angeles, Phoenix, Colorado Springs, and Denver. Knowing that I am not a spokesperson for all queer people in recovery or can portray every queer experience with recovery, I aim to examine forces of normativity within the dominant and expanding Prescott model of recovery that may effect non-normative folks in many cities with growing treatment systems.

⁶ Throughout this thesis, I will refer to the “Prescott recovery industry” as a blending of therapeutic treatment in Prescott and 12-step fellowships. Though many people reject the influence of treatment on AA, and AAs influence on treatment, I write with the knowledge that these two discourses of treatment cannot be separated, thus I will use the term “Prescott recovery industry” to describe the blending of the two.

Introduction

In its creation in 1935 and subsequent rapid expansion, the organization Alcoholics Anonymous (AA) attempted to create a space the functions outside of power relations, a space in which every person, if self-identified as an alcoholic, is welcome. Many of the early members of Alcoholics Anonymous worked with newspapers, journals, doctors, hospitals and politicians to get the word out about the monumental program promising recovery from alcoholism. The program is a series of 12 steps outlining a rigorous spiritual program of action meant to provide the “seemingly hopeless” and “powerless” alcoholic a spiritual awakening and a relationship with a higher power meant to bring them to a recovered state. As a result of AA, doctors, professionals, and families of alcoholics alike were seeing astounding rates of recovery from alcoholism. After the initial publishing of *Alcoholics Anonymous*, the basic text which outlines AAs program of action, AA began to grow exponentially. From the first publishing in 1939 to the second publishing in 1955, the fellowship was said to have grown from 100 recovered members to “far above 150,000 recovered alcoholics” (*Alcoholics Anonymous*, 2001, p. xv). In the most recent publishing of this text in 2001, AA boasts a “worldwide membership” of “an estimated two million or more” (p. xxiii).

Since its exponential growth and expansion across the United States, Alcoholics Anonymous has become the standard program of action for the current addiction and alcoholism treatment system. Though there has been a rise of public and private treatment programs in the Southwest, “90 percent of American addiction treatment programs employ the 12-step approach,” which homogenizes the array of treatment types offered (Szalavitz, 2014). Further, there is a growing modal of treatment in the Southwest which I have termed the Prescott Treatment Modal. Born in Prescott, Arizona, rated one of the top ten places to live in recovery

from addiction or alcoholism (Hanson), the Prescott Treatment Model is a long-term residential modal in which clients spend 30-60 days in intensive outpatient, followed by a five- to eight-month residential stay in sober living. Following the intensive outpatient period, the clients are responsible to find employment and be actively involved with a 12-step fellowship such as Alcoholics Anonymous, Heroin Anonymous, or Cocaine Anonymous. They are required to seek sponsorship within one of those programs and the basis of their 3-6 month residential stay is their active involvement and progression in a 12-step program as well as adherence to all of the rules of the sober living environment, including therapy and involvement in “circle” which is a nightly group session when they talk about the progress made within their 12-step recovery program and group dynamics within the sober living house.

Within the last two decades, dozens of treatment centers and sober living houses have opened in Prescott, many of which employ the Prescott Treatment Model. In 2013, 1 in 30 residents of Prescott were sober as a direct result of the booming 12-step based treatment industry and subsequent rise in 12-step meetings and young people’s fellowships (Hanson). The following paper incorporates research collected through my direct experience, fieldnotes, and interviews with queer people in recovery in Prescott, Arizona. Throughout this research, I have found that there continues to be large populations that are not helped by the current treatment system Prescott provides. Modalities of power run rampant within the Prescott recovery industry. Instead of providing a safe and supportive environment for all recovering alcoholics and addicts, the Prescott recovery industry, being a normatively driven industry, further marginalizes and acts as a force of violence towards queer individuals.

The addiction treatment industry offers, in some senses, a way out of the marginalized, stigmatized, and “deviant” position addiction puts an individual in, and a path towards

normativity. In order to attain a recovered state from alcoholism or addiction, most people going through the Prescott recovery industry must go through the program of recovery outlined by

Alcoholics Anonymous. In the beginning of the chapter “How it Works,” it states:

Those who do not recover [through AA] are people who cannot or will not completely give themselves to this simple program, usually men and women who are constitutionally incapable of being honest with themselves... They are naturally incapable of grasping and developing a manner of living which demands rigorous honesty. (*Alcoholics Anonymous*, 2001, p. 58)

The focus on the honest, autonomous, true self pushed forth by Alcoholics Anonymous is normative in its own right. In “Five Faces of Oppression,” Iris M. Young talks about one form of oppression being cultural imperialism—pitting social groups against each other so there is one dominant group and all others are brought “under the measure of its dominant norms,” (1990, p. 59) thus the creation of deviance. Young continues:

The culturally dominated undergo a paradoxical oppression, in that they are both marked out by stereotypes and at the same time rendered invisible. As remarkable, deviant beings, the culturally imperialized are stamped with an essence. The stereotypes confine them to a nature which is often attached in some way to their bodies, and... so permeate the society that they are not noticed as contestable... White males, on the other hand, insofar as they escape group markings, can be individuals. (1990, p. 59)

Here, Young discusses the only group of people able to attain some state of “autonomy” as white men. Unsurprisingly, most of the founders of Alcoholics Anonymous and the writers of the Big Book⁷ were middle-aged white men striving for autonomy from alcohol through dependence upon a higher power: “the more we become willing to depend upon a Higher Power, the more independent we actually are. Therefore, dependence, as A.A. practices it, is really a means of gaining true independence of the spirit” (*12 Steps and 12 Traditions*, 1981, p. 36). In one of many stories in the basic text of AA, an original member states: “I had never been able to

⁷ “A.A. members’ fond nickname for” the basic text of AA, entitled *Alcoholics Anonymous* (*Alcoholics Anonymous*, 2001, p. xii).

understand people who said that a problem had them hopelessly defeated [until defeated by alcohol]" (2001, p. 42). Thus, Alcoholics Anonymous was founded with the motto "to thine own self be true" and as a program of abandoning "yourself to God" while striving towards freedom and liberation from the hopeless state of alcoholism (*Alcoholics Anonymous*, 2001, p. 164).

However, something is missing in this "rigorously honest" pathway to liberation. For instance, what if a queer individual comes into the rooms of Alcoholics Anonymous and is told that they will be turned straight if they get sober and after a period of sobriety they are still queer? What if a transwoman is forced only to talk to men because a 12-step based treatment program put them on "gender-ban," forbidding them to talk to the "opposite gender?" What if a genderqueer individual in a "12-step based" treatment program is disallowed to wear clothes which make them comfortable because they must learn how to be a "functioning member of society?" What if members of Alcoholics Anonymous and people in AA-based treatment programs are being stripped of their identities and safety, further marginalized because of their non-normative identities, cannot find safety in Alcoholics Anonymous or treatment, and are thus failed by the current system and return to what they know—getting drunk? Is this a failure of the individual's character or a lack of willingness to be honest? Many of the queer individuals I worked with throughout this project found that, though at some point possibly liberated from the confines of alcoholism, there were other forces of power much larger than themselves that were stripping them of the ability to live an autonomous and honest life, many of which coming were from recovery communities themselves.

I would argue that their "dishonesty" or "discomfort" is not a result of individual defects of character, self-pity, or inability to find willingness to accept themselves, but rather the community of recovering individuals' unexamined prejudice and normativity surrounding them.

In the following research, there are many instances in which myself and my friends have tried to practice “rigorous honesty” within recovery communities in terms of queerness and non-normativity, but instead of finding serenity, peace, and a recovered state as a result of this honesty, we were faced with further hardship, prejudice, and marginalization. In many cases, we were forced to be dishonest about our identities or hide our identities in order to feel safe in recovery communities. In “The Stigmatized Self,” Erving Goffman describes stigmatized individuals as having to lie to themselves and their peers about feeling comfortable and safe, feeling accepted in spaces that have not put in the effort to find any acceptance:

The stigmatized individual is asked to act so as to imply neither that his burden is heavy nor that bearing it has made him different from us; at the same time, he must keep himself at that remove from us which ensures our painlessly being able to confirm this belief about him. Put differently, he is advised to reciprocate naturally with an acceptance of himself and us, an acceptance of him that we have not quite extended him in the first place. (Goffman, 1963, p. 76)

For someone with multiple aspects of their identity, other than their addiction, which are marginalized, oppressed, and stigmatized, getting sober will not bring them to normativity or relieve them from marginalization, especially if the treatment system attempting to help them recover and find a way out is one driven by normativity, forcing queer individuals to hide aspects of themselves.

In *Terrorist Assemblages: Homonationalism in Queer Times*, Jasbir Puar discusses the lack of acknowledgement of intersectionality⁸ within the Lawrence-Garner case⁹ as a blatant erasure of Tyron Garner’s blackness. “The Lawrence-Garner ruling itself, which ideologically as well as textually refuses any reference to inflections of race” erases the incorporation of racial

⁸ I use intersectionality here in reference “to particular forms of intersecting oppressions... intersections of race and gender, or of sexuality and nation. Intersectional paradigms remind us that oppression cannot be reduced to one fundamental type, and that oppressions work together in producing injustice” (Collins, 2000, p. 18).

discussion, increasing racialization of the homonormative, and ignoring the intersectional identity of Tyron Garner and thus all queers affected by the Lawrence-Garner decision (2007, p. 141). Not only does this lead to the exacerbation of homonormativity but also pushes forth the production of “racialized subjects as heterosexual and gay subjects as white, cleaving race from queerness” (2007, p. 131). Thus, whiteness is perceived as existing in conjunction with both heteronormativity and homonormativity, excluding queers of color from the homonormative binds of intimacy and privacy, and eliminating the possibility for queers of color to receive the same recognition as many white, normative queers were granted by the Lawrence-Garner decision.

This is echoed in the dominant Prescott recovery industry today. The Prescott recovery industry functions off of the medicalization of addiction and alcoholism because of its ties to Alcoholics Anonymous, and thus the “alcoholism as disease” model that AA works with. When AA members in the 1930s strove to destigmatize alcoholism, they worked with the medical industry under “the assumption” that “medical involvement in social problems leads to their removal from religious and legal scrutiny and thus from moral and punitive consequences. In turn the problems are placed under medical and scientific scrutiny and thus in objective and therapeutic circumstances” (Zola, 1972, p. 489). However, with medicalization and a thirst for “objectivity” comes standardization and thus, a lack of individualization. As a result of the original AA members activism, alcoholism became widely accepted as a disease and the program of AA offered the clear-cut, standard treatment for that disease. Throughout this process of medicalization however, discussions around intersectionality and a critique of the growing membership of Alcoholics Anonymous were absent, and if present, highly normative. When intersectionality goes unaddressed, the dominant population becomes the normative. The

standardization of medical treatment eradicates attempts at individualizing treatment programs and creates normativity in the process of recovery as well as the expected outcomes.

Because of AAs refusal to hold an opinion on anything other than alcoholism and its lack of self-critique, leading to an extreme lack of discourse surrounding intersectionality, alcoholism is equated with white, cisgender, straight men. When you walk into the doors of AA, you are solely an alcoholic. Not a black alcoholic affected by issues of racial prejudice and oppression, and not a trans alcoholic plagued by transphobia, for these intersections of identity are outside issues not to be brought into a meeting space, but rather to be overcome. Alcoholics Anonymous, and thus any treatment structure founded on the principles of Alcoholics Anonymous, interacts with non-normative individuals as Lawrence-Garner interacted with queer individuals of color—as a complete erasure of identity, a push towards normativity, and further marginalization of non-normative individuals.

A History of Marginalized Communities & Drug Treatment

My concern is centered on those individuals who consistently activate only one characteristic of their identity, or a single perspective of consciousness, to organize their politics, rejecting any recognition of the multiple and intersecting systems of power that largely dictate our life chances.

-Cathy J. Cohen, "Punks, Bulldaggers, and Welfare Queens"

Alcoholics Anonymous was one of the first desegregated spaces in the United States.

This was not a political act, but one bound to the third tradition of AA, which states: "The only requirement for A.A. membership is a desire to stop drinking." The AA pamphlet *A.A. and the Black or African American Alcoholic*, written in 2001, describes the integration of the first black members: "As early as 1940, when A.A. was just five years old, Bill W., our co-founder, invited two Black alcoholics to attend meetings in the New York area. After hearing him speak at an institution, they asked him whether, on their release, they might join A.A. Bill said yes, and a few weeks later, they appeared at a local meeting.... By the mid-1940s, a number of black alcoholics had found sobriety in the program" (2001, pp. 5-6). The story of integration is followed by: "Since that time, in spite of the difficulties and obstacles sometimes faced by many people of color in the wider society, thousands of black alcoholics have found a welcome and recovery in Alcoholics Anonymous, and so can you" (2001, p. 6).

Throughout this pamphlet, there are nine stories told by People of Color about their experiences in AA. Many of them reflect a sense of fear and not belonging because of the color of their skin before attending a meeting. Many narratives portray an experience of walking into a predominately white meeting at first, and though being self-aware of their difference, feeling a strong sense of familial acceptance, reflecting on looking past the color of their skin to the common disease—alcoholism. Other stories tell of walking into a predominately Black meeting and feeling instantaneously at home, but at some point having to attend predominately white

meetings and confronting their own prejudice and fear of being surrounded by people who were not like them: “This forced me to admit my own prejudice. Soon I had no choice but to share with the white members what was going on with me... I was amazed to learn that so many others had experienced the exact same fears” (2001, p. 21). The sentiment of looking past racial boundaries and pushing towards a color-blind understanding is echoed in many of the narratives. The discourse around “color-blindness” is an erasure of identity and thus, the normative alcoholic becomes the default man—white, straight, cisgender, middle-class, able-bodied man.

Barry L., a late member of Alcoholics Anonymous and one of the first gay men in the program, describes the idea for the third tradition, which states AAs inclusivity to all who identify as having a desire to stop drinking, as a reflection of the inclusion of gay men in meetings in the 1950s (Barry). Upon further discussion of Queer people in AA, the fellowship decided not to write a pamphlet exclusively for Queer people, but rather wrote a pamphlet entitled *Do You Think You Are Different?* This pamphlet, written in 1976, includes a series of narratives by people who thought they were different from the normative AA member—a middle-age, middle-class, white, cisgender, straight man. The pamphlet states at the beginning, “In the stories that follow, you may encounter men and women whose race, age, sexual preference, or any number of other conditions are similar to yours. They came to A.A. and found that Alcoholics Anonymous worked just as well for them as it had for hundreds of thousands of others of us who thought we were ‘different.’ We found help, and we found friends with whom we could identify and share our experiences. We are no longer alone.”

In 1989, the first and only pamphlet for Queer people was written. Entitled *A.A. and the Gay/Lesbian Alcoholic*, the pamphlet is composed of one narrative that expresses similar themes to those found in *A.A. for the Black and African American Alcoholic*. The dominating theme is

that of overcoming one's own prejudice of people that are different than them: "I learned in A.A. that we cannot afford to be judgmental. As alcoholics, our very lives depend on our acceptance of and willingness to help newcomers, regardless of their backgrounds" (AA and the Gay/Lesbian Alcoholic, 1989). Though counterintuitive, the work that marginalized members of AA must do is examine their own biases and prejudice to justify their discomfort in AA

Alcoholics Anonymous claims a commitment to a lack of hierarchy. Each group is responsible for its own members and the organization functions through a bottom up approach similar to the inverted pyramid organizational structure. The population at the group level has the final word in any decision made for change in the literature or anything that AA money would fund. The traditions were created when Alcoholics Anonymous began to grow at a rapid rate and the members found they needed to create a series of rules in order to keep the message of AA consistent through time and space. Every group bases their decisions and voting processes off of the 12 traditions. They are a set of guidelines for each AA group to follow and uphold, and it is said that the continuity of AA as a program of mutual aid is contingent upon following the traditions. The short form of the 12 traditions of Alcoholics Anonymous are found in *Alcoholics Anonymous* as follows:

1. Our common welfare should come first; personal recovery depends upon A.A. unity.
2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for A.A. membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or A.A. as a whole.
5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
6. An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every A.A. group ought to be fully self-supporting, declining outside contributions.

8. Alcoholics Anonymous should remain forever nonprofessional, but our service centers may employ special workers.
9. A.A., as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities

The twelve traditions of AA bind Alcoholics Anonymous to an apolitical stance that is rife in a lack of accountability and responsibility towards the new members, especially those that are less privileged and more marginalized than others. The 10th tradition, disallowing AA groups to take any “opinion on outside issues”¹⁰ means that AA cannot take a racist or homophobic stance outright, but also means that AA cannot stand up for communities directly impacted by systemic oppression and marginalization. Thus, AA is forbidden to offer a space that denounces oppressive actions or discursive violence. In the basic text of AA, entitled *Alcoholics Anonymous*, it is clearly stated in the third step “our troubles, we think, are basically of our own making. They arise out of ourselves, and the alcoholic is an extreme example of self-will run riot, though he usually doesn’t think so” (*Alcoholics Anonymous*, 2001, p. 62). This passage places the burden of acceptance on those who are already marginalized, as they are the ones feeling discomfort within AA.

The third tradition pushes forth a “parameter of legitimacy” which “is neither expanded nor challenged; rather, its contours are reified and hardened despite its welcoming inauguration of formerly excluded subjects” (Puar, 2007, p. 126). This hardening of boundaries is seen in the inclusion of all without a concrete examination of modalities of power functioning within

¹⁰ The dominant meaning of “outside issues” in a meeting of Alcoholics Anonymous is, roughly, anything other than alcoholism or 12 step recovery.

normativity. Puar examines modalities of power, which subtly reinforce unequal distribution of privilege within private and public spaces. This discourse is situated within a larger context of critiquing politics of recognition and how recognition creates exceptionalism, homonormativity, as well as grants agency to some while restricting others (Puar, 2007). The third tradition of AA was a profound act of recognition, granting agency to some who now fit a larger space of normativity, but evermore pushing away non-normative populations. AA reflects this discourse, as it has failed to address the view that “no subject is its own point of departure and the fantasy that it is one can only disavow its constitutive relations by recasting them as the domain of a countervailing externality” (Butler, 1995, p. 42). As an intentionally open and accepting space, Alcoholics Anonymous is an example of the idea that there can be no space that is created in a vacuum, a space that is unaffected by power relations from the outside. AA’s acts of recognition, instead of further opening this space, further closed it. The third tradition gives members of Alcoholics Anonymous something to tell marginalized members they belong when they feel as though they do not. By leaving this critique out of community creation, AA has inadvertently created a heteronormative structure—granting agency to those who fall within normativity and stripping agency from those who do not.

Alcoholics Anonymous’ drive for autonomy and lack of involvement with other organizations or institutions has all but proved ineffective. Within Alcoholics Anonymous circles, members attribute many of the recent “failings” of AA to the medical field’s influence on Alcoholics Anonymous. Very traditional AA members reject all connections to treatment and attempt to spread a message purely based off the basic text of the program. Any unwritten rules that have become dominant in rooms of AA (such as gendered sponsorship) are largely attributed to the rise in gendered treatment and its influence on Alcoholics Anonymous. I do not think that

Alcoholics Anonymous is fully to blame. Rather, the oppressively normative institutional forces (namely the medical industry and more specifically treatment programs) which infiltrate Alcoholics Anonymous, as well as the open ended nature of AA's traditions come together to create an organizational structure that may not be intentionally violent, but in action has proven itself as a powerful force of marginalization.

Normative-Dominant Marginality

It is clear to me that at points of research for this thesis, I was terrified of what I might find out about Alcoholics Anonymous. Alcoholics Anonymous has been and I assume will continue to be a crucial and important piece of my life. However, I think now may be a good time to speak to the internal experiences I went through while writing this piece. Revisiting stories like Hayden's began to force me to revisit scenes from my own recovery: times I was told men would not sponsor me because I was a "woman," and times when treatment centers told me I wasn't allowed to talk to my male sponsees of gender-ban and they could not make any exceptions to the rule. Constant joking about my sexuality followed by silence as I came out as trans. I'm not sure which was or is more harmful, the jokes or the silence, both modes of separation and distance, both perceived expressions of fear.

Before I began working on this project, I had a blind faith in Alcoholics Anonymous and truly believed that everyone could attain sobriety in AA on an equal playing field. At the time of my interview with Hayden, I did not think much of his story about being taunted in a meeting space. I did not even remember it was told until I revisited the tape months later. This may be a result of my uncritical devotion to AA and my positioning at the time. As I began to listen, revisit, and confront my own blind spots and fears, I struggled greatly with AA. My meeting attendance decreased. I would walk into meetings and count how many men there were compared to how many women. The numbers would terrify me. I would count white people to people of color—another strikingly low number every time. I began to see normativity everywhere and felt as though I was suffocating in it. There was a period of time I did not believe I could continue holding space in Alcoholics Anonymous. Every time I brought this up, other members of AA would tell me to do service work or get outside of myself so I wasn't

thinking about my differences anymore. However, the conversation about ignoring difference just made it worse—it felt as though huge pieces of myself were being erased before my very eyes and I was sitting back apathetically, watching, and waiting for it to happen to the next member of AA. My mental health suffered as I began to feel more and more isolated, as if I was seeing something that others were not.

Collier: Do you feel comfortable in AA?

Hayden: No.

Collier: Why?

Hayden: Um... I don't know. Like from a young age, I've always hated the way that I sound. I'm more comfortable with it now, but in AA environments where there's a lot of straight men who, like, wear, like, snapback hats and, like, have vapes and a bunch of tattoos, I dunno its just, like, its weird for me to talk because I feel like I'm being judged. And I know that most of that is probably projection, like me just judging myself, but I definitely feel more comfortable sharing in, like, small AA groups where I know people.

(Personal Communication, April 5, 2015)

Philippe Bourgois, author of *Righteous Dopefiend*, redefines Marx's original definition of lumpen "as a subjectivity that emerges among population groups upon whom the effects of biopower have become destructive" (Bourgois, 2009, p. 19). In *Righteous Dopefiend*, Bourgois expands Marx's definition of lumpen to lumpen abuse. Abuse, in this term, is used as a general way to describe structural violence against lumpenized populations (Bourgois, 2009). White, cisgender, and heteronormative domination and colonization is discursively, emotionally, and physically violent and ends in traumatized and lumpenized populations. Marginalized populations are discriminated against and oppressed by the destructivity of biopower asserted by normative populations. When marginalized populations are forced to attempt recovery within white, cis, hetero, able-bodied-dominant spaces, it could be construed as a form of lumpen abuse—it further oppresses, traumatizes, and forces marginalized people to try to find a space in which they feel safe, comfortable, and supported. The normativity-dominated treatment system

pushes non-normative populations to attempt to assimilate and upon refusal to do so, they are isolated from the system intending to help them heal and recover.

The treatment system creates spaces that force these subtle forms of abuse and violence. Within white-, cis-, straight-, male- dominated spaces, all people who do not fit into that normativity must seek harder for the comfort and community treatment is meant to provide, or accept treatment as one more space not built for them. In the above interview, my friend Hayden describes the experience of being a non-normative, self-described “gender-fluid, flamboyant” queer person, in a room filled with normativity. Hayden’s story stands out starkly:

So I was in this all men’s meeting, at, um, at this church, an AA meeting, and I was chairing the meeting, so that means like reading all the, the things that you start off reading with and calling on people and stuff. And there was another treatment center there and like a lot of people from that other treatment center were making fun of me like the way that I talk and the way that I sound and I got really upset.

(Personal Communication, April 5, 2015)

Watching this piece of the interview that Hayden and I did, their discomfort was evident. They were fidgety and anxious, refusing to look into the camera lense as they recounted this story to me. At one point, I was worried to use this piece of conversation, worried that somehow it would expose something in AA that I was afraid to see myself. At this point, that is my purpose and hope, not just in Alcoholics Anonymous, but in any space that functions under the façade of community help, mutual aid, and love.

Hearing Hayden’s story makes me wonder how many other queer people have had violent experiences similar to this in the very rooms that I sit in and rely upon for sobriety and community. I am reminded of an earlier point in this interview when they expressed to me their insecurity about their voice from a young age, and how this experience must’ve been a direct and violent retraumatization of many childhood anxieties and experiences. I am suddenly flushed by memories of subtle violence and discrimination in the rooms of Alcoholics Anonymous. AA, as

a normative space, is created in such a way that nonnormative people are once again pushed to the side and have to work harder to attain the comfort that normative populations are given freely, and thus they must work harder for their sobriety within the confines of AA. Not only must marginalized populations work harder to achieve the same sobriety and emotional sobriety within normative spaces, but they are *expected* to overcome their differences to make themselves fit within these normative spaces. Hayden continued to tell me about how, when they asked an older member of AA to possibly talk to the boys making fun of them, the older member said that Hayden must confront their fear, self-judgment, and self-shame—that Hayden must find freedom from self. That the boys taunting them were not accountable, but the responsibility relied upon Hayden to be unaffected by them.

Hayden’s discomfort in AA stretched into direct care spaces as they faced gendered treatment pushed forward by the growing Prescott Treatment Model and were forced to assimilate to normative ideas of what “men” should look like and act like in order to complete their treatment program:

Collier: What was your experience being a queer-identified person in treatment in Prescott?

Hayden: I was the only queer person in treatment until the last month I was there... My experience was that there was a lot of support in some areas from other clients. And then, there was also a lot of weird things they didn’t know what to do, like, the treatment staff.

Collier: What kind of things?

Hayden: ... I couldn’t wear certain clothing. I couldn’t wear this [pointing to their outfit], just because it’s too feminine, they wouldn’t let me have an earring, they wouldn’t let me do things with my hair, they definitely wouldn’t let me paint my nails... They put me on “dress for success contract”, so I had to wear, everyday Monday through Friday, I had to wear, um, khaki, long pants and a button up nice shirt with a belt and, like, professional shoes.

(Personal Communication, April 5, 2015)

This idea of forced assimilation runs rampant in treatment programs, whether it is a subtle feeling of being different and wanting to fit in, or an actual pressure to conform and normalize.

Gendered treatment has long been a crucial part of the system. Most drug and alcohol treatment centers are separated by gender at best, and at worst are gendered to such an extent that men and women cannot talk to each other. Within the Prescott Treatment Model, the latter is the norm until up to 4-6 months of applied treatment. Katie, a self-described lesbian, describes her experience in a Prescott treatment program as “heteronormative”:

Like I see things like girls and guys can't talk... but like I was in an all female facility, and I felt like there was a lot of focus on heteronormativity, like I remember one talk on the dangerous man [laughs]...there was nothing in that lecture for me... there was no talk on the dangerous woman.

(Personal Communication, April 5, 2015)

In my conversation with Hayden, we briefly touched on the experience of gender ban. Hayden attended a treatment program that does not employ gender ban unless there seems to be a need for it. During month two of Hayden's stay in this treatment center:

They put me on girl ban 'cause I was gossiping with the women. And I think that it was, like, my second month in treatment so I was on girl ban until I left. And... they said that the reason was because I had to improve on my relationships with men, like, healthy relationships.

(Personal Communication, April 5, 2015)

Upon further discussion, Hayden talked about safety and comfort in a gender-separated treatment program:

I always joked with the women's side that I wanted to be on their side. And even though I was just joking 'cause that wouldn't have even been possible because I have a penis, like, I think I would've been more comfortable on the women's side.

(Personal Communication, April 5, 2015)

Hayden reflected upon their experience with a profound amount of strength which they attributed to the hardships they faced and pushed through as a queer person in treatment.

However, their experience points to a large oversight of the dominant and growing Prescott Treatment model—the complete oversight of queer people's existence. Melissa, a queer woman

who was both a client and a staff in two different treatment centers in Prescott described this phenomenon of queer oversight as such:

There's so many treatment centers [in Prescott] and no one, as far as I've seen, has made any kind of, like, any kind of space for the queer community to feel safe. That individual always has to come in and be like 'where do I fit in'.

Melissa's conclusion of the oversight of queer people within this treatment model, "If you don't feel like you're safe in the environment you're in, you're not gonna absorb any therapeutic treatment," reflects Hayden's experience in their treatment program. Throughout our interview, Hayden referenced the hardships of not being able to talk to women numerous times, as well as feeling a general lack of comfort talking about aspects of themselves crucial to their recovery with men. This points to the necessity of holding safe spaces for queer populations in the treatment world.

Normativity Within a Theory of Disease and Treatment

Dominant theories of addiction and alcoholism assert that it is solely a bodily manifestation. Many addiction activist groups argue that addicts should have full rights and equal access to care, as well as fight towards destigmatization, because addiction and alcoholism is a disease like any other mental illness or bodily disease—it is something the addict or alcoholic cannot control within themselves. This discourse is closely related to the theory of disease pushed by Alcoholics Anonymous, the first step being "We admitted we were powerless over alcohol—that our lives had become unmanageable" (*Alcoholics Anonymous*, 2001, p. 58). However, AA goes deeper into this powerlessness, explaining it as a three-part disease that manifests in body, mind, and spirit. There is great conversation within Alcoholics Anonymous about real alcoholics v. non-alcoholics. In the Big Book it describes these two as manifesting very similarly, perhaps with a "hard drinker" as experiencing both the mind and spirit pieces of

alcoholism, but not the “allergy” to alcohol that a real alcoholic has: “[Real alcoholics] cannot start drinking without developing the phenomenon of craving¹¹. This phenomenon, as we have suggested, may be the manifestation of an allergy which differentiates [alcoholics], and sets them apart as a distinct entity” (*Alcoholics Anonymous*, 2001, p. xxx). Some people would say that AA has been watered down by non-alcoholics coming into AA because non-alcoholics do not have the life or death need for a spiritual awakening like real alcoholics do to remove themselves from the obsession to drink and the subsequent craving as a result of the allergy.

Original members of Alcoholics Anonymous pushed strongly for the medicalization of alcoholism and in turn, worked towards the creation of “‘an object of knowledge’ with discernable symptoms, putative causes, and particular treatment and care” (Conrad, 2007, p. 67). There are serious benefits of working towards medicalization, namely the removal of alcoholism from the criminal sphere, though these benefits most often only affect the normative alcoholic or addict—queers and people of color are still incarcerated at extraordinarily high rates for minor drug offenses (See both Alexander, 2011; and Mogul, Ritchie, and Whitlock, 2011). However, one important downfall of medicalization to consider is the creation of a systematized and standardized theory of disease as well as theory of treatment and recovery, leading to normativity within both of these categories. With increasing medical standardization, room for individualized treatment is diminished.

There is great normativity within the medical industry itself—it works to create a way out of deviance, a way towards “recovery” and normativity. However, for people who are considered more deviant than others (read: not white, straight, cisgender, able-bodied, middle-class men),

¹¹ The phenomenon of craving is described as something that develops in alcoholics after taking one drink—it is an uncontrollable desire to drink more that is unsatisfied by anything other than alcohol.

the pathway to normativity, and thus perceived recovery, is far more arduous, if possible, for many. Not only did medicalization standardize the discourse around alcoholism and experiences with alcoholism and addiction, but the quest for objective diagnostic and treatment practices also aims to “solve the problem in the individual, not the society...medicalization can obscure the social forces that influence well-being” (Conrad, 2007, p. 152). It takes the deviant, stigmatized individual and places them outside of societal forces, outside of power relations. Therefore, while trying to relieve the individual of stigmatization, it actually forces the blame on the individual’s body and mind instead of looking at possible external forces causing distress.

The Prescott Recovery Industry often pushes forth normative ideas of recovery built on self-efficacy and compliance to societal norms. Many treatment programs focus around the idea of becoming a “functioning member of society.” This normative idea of recovery is a state of abstinence leading one to hold a newfound ability to function well (meaning getting a job, being productive, paying bills and taxes, having car insurance, etc.) in a normative, white-, cis-, straight-dominated society. This points to societies’ norms and normative functions of power leaking into the treatment system. Hayden described the treatment center’s justification of disallowing them to wear what they felt most comfortable in as to “prepare them” for when they left treatment:

[At first] I was like what the fuck, like, fuck that I wanna wear what I wanna wear... but like, I see the reasoning. They were just trying to prepare me for the professional world and, like, try and, like, make me realize that the clothes that I wear put off a certain vibe, and that could, like, be unhealthy in a lot of situations, so I’m grateful for that and definitely more conscious of that outside of treatment. Like, I wouldn’t go out looking for a job in a skirt and tank top anymore.

(Personal Communication, April 2015)

This idea of ‘preparedness’ for the ‘real’ world is a theme in many of the Prescott Treatment programs’ websites. A theme echoed throughout many of the “outcomes” sections of these

websites is the idea of readiness and attainment of “the necessary tools to re-integrate yourself as a productive member of society” (Chapter 5 Recovery). In one website, it describes a program of action based around continual abstinence and long term sobriety, as well as “employment,” “adherence to the standards of recovery,” and activity “in the 12-step programs.” It goes further to say, “our clients will safely be placed in everyday life situations allowing them to experience life” (New Freedom House). If Hayden’s experience as a queer person being harassed, forced into uncomfortable positions, and disallowed to express themselves because they do not fit into “adherence to the standards” of recovery are counted as “everyday life situations,” then there is *a lot* to talk about in terms of passivity, normativity, and acceptance of violence.

On this same program’s website, it states their program “has been proven to be very effective; many young men have completed our sober living program right here in Arizona, and now live *successful* happy lives with years of sobriety.” Upon reading this statement in relation to the experiences Hayden faced in this type of treatment program, living a successful, happy life seems to come at a deeply personal cost for non-normative folks.

Culture of Silence

The effects of normativity within AA progresses lumpen abuse into a “culture of silence.” In *Pedagogy of the Oppressed*, a culture of silence is described as a system that is so subtly oppressive, the oppressed become “‘submerged’ in a situation in which critical awareness and response [are] practically impossible” (Freire, 1970, p. 30). Taking the 12 steps, which is the suggested program of action for every new person in AA, is a process of eradicating identity, and thus difference—composed of fear, selfishness, self-seeking, self-delusion, and self-will—and living through “God.” This process creates a culture of silence in which whenever one has doubtful feelings or fear about the steps, AA, or the fellowship of AA, they must attempt to allow God to eradicate the negative feeling and become spiritually connected again. If one fails to do this, supposedly they are destined to drink again because their fears and doubts stand in the way of God’s light. Not only does this silence any critique of Alcoholics Anonymous. It also creates a normative narrative around God and “self.”

The narrative around God in conjunction or relation to “self” is mainly drawn from the book *Alcoholics Anonymous* (2001):

Our troubles, we think, are basically of our own making. They arise out of ourselves, and the alcoholic is an extreme example of self-will run riot, though he usually doesn’t think so. Above everything, we alcoholics must be rid of this selfishness. We must, or it kill us! God makes that possible. And there often seems no way of entirely getting rid of self without His aid. (p. 62)

This passage is reiterated time and time again in meetings of AA and outside of them. This part of the description of the 12 steps creates a normative narrative of God and self, for the normative self is the dominant self, and thus never questioned. In this way, the privileged individuals in AA are further privileged because their normativity is never threatened, and thus it is not necessary to eradicate their difference. However, for many people existing in AA with identities that do not

fall under the default man identity—white, cisgender, straight, middle-class—the ridding of self means the eradication of difference. The normative subject becomes a refusal of recognition of positionality, and the already marginalized become further pushed to the side for they are seen as unwilling to complete the program and give themselves to God. This narrative of spirituality is one of overcoming self in order to reach God, rather than embracing self as God-given.

Non-normative members of Alcoholics Anonymous are not only suggested to eradicate their resentments, feelings of marginalization, and identities, but they are also left with no space in which they feel comfortable. Over the years, AA groups exclusive to LGBTQIA+ folks have popped up all over the world. This is where many of my friends and the people I interviewed and have spent time with find their peace and solace in Alcoholics Anonymous. Queer people getting sober and staying sober should be applauded especially within such challenging conditions, but applauded in a way that does not create any kind of exceptionalism within Alcoholics Anonymous. Many queers have separated themselves from normative groups in AA because normative groups are violent. When asked what could be done better in AA, Hayden responded, “I don’t know, maybe just creating more of a space for queer or questioning individuals who are alcoholic” (Personal Communication, April 5, 2015). When asked if Katie felt safe in AA, she responded, “There are a lot of places I don’t go, but the meetings I go to and the people I interact with are very open-minded, kind people” (Personal Communication, April 20, 2015). This very common evasion of certain spaces shows the discomfort a majority of AA groups and meetings creates for marginalized folks.

Hayden’s reluctance to blame Alcoholics Anonymous or the members of AA for their discomfort in the above section of our interview shows the power dynamics created by the program of AA. Later in our interview, Hayden stated, “you don’t grow when you’re

comfortable. If I was just surrounded by a bunch of queer people it would honestly just be like a shit show. I really don't think I would have grown as much" (Personal Communication, April 5, 2015). They stress a possible solution for problems of normativity as "infiltrating straight spaces and being fabulous" (Personal Communication, April 5, 2015). I deeply respect Hayden's personality and ability to infiltrate straight spaces while still being fabulous, but these statements starkly portray the effect the Prescott Recovery Industry has on queer individuals. About halfway through our conversation, they switched from being predominantly *for* exclusive space to being harshly *against* that, for the following reasons:

1. It is partially the responsibility of queers to teach straight/cis people how to treat queer people well.
2. Queer people will become stronger in the process of facing the hardships of normativity. (Personal Communication, April 5, 2015)

I think that Hayden's strength and emotional capability to handle even the prospect of constantly infiltrating spaces to inadvertently educate is something to be noticed. Hayden's very existence is a threat to hetero- and cis-normativity as well as other power structures. I believe there is something to be learned in that basis of empowerment no matter which way one moves forward.

My Experience with Navigating Normative Recovery Communities

I have found myself fall into this mode of needing to educate recovery communities often. The way Hayden justifies his presence in the Prescott Recovery Industry, as radical and challenging heteronormativity within these spaces, is one of the only ways I have found to justify my continual activity in recovery communities as well. However, this task is exhausting, as I have spent more time with people in recovery communities attempting to explain my identity and educate others than on self-preservation and my own growth. The idea of needing to stay in an

uncomfortable space in order to educate the oppressor in hopes of self liberation falls under the theory of a “culture of silence” because there is little acknowledgement that there is something wrong. Instead, the blame is put on self—I am here to educate, and if I am treated badly I am not doing a good enough job.

On the last page of *Alcoholics Anonymous* it states:

Still you may say: “but I will not have the benefit of contact with you who write this book.” We cannot be sure. God will determine that, so you must remember that your real reliance is always upon Him. He will show you how to create the fellowship you crave. (*Alcoholics Anonymous*, 2001, p. 164)

This passage is one that I continue to return to time and time again—god will show me the way to create what I need. It is a passage that has saved my life numerous times. I have read this piece of the book when I have felt desperate and lonely, and it reminds of my purpose in Alcoholics Anonymous. My purpose is not to educate, but to create. When I began to talk openly about my queerness in AA, I was instilled with a deep feeling of wrongness and discomfort. I am eternally grateful that this passage was printed in *Alcoholics Anonymous*, for during these times of deep desperation, I was able to open the book and be reminded to take action. I have since reached out to Gay and Lesbians of Alcoholics Anonymous (GALAA), and was given a list of trans people in recovery within two hours of me. The list was small, but offered a different way of recovery for me. I asked one of the people on the list to sponsor me, a transman with 12 years of sobriety who transitioned in recovery, and from there my sobriety and recovery shifted. I finally felt like I had a space in recovery—someone who understood what I was going through with alcoholism, as well as transness. When we talk, we talk equally about each issue, because to us, undealt with alcoholism and unacknowledged transness are equal threats to our livelihood. I have found a purpose in recovery—it is not educating the ignorant, but rather staying sober and active within

these communities so that I am present when the next trans kid stumbles into AA seeking recovery.

Many of the transphobic comments made towards me about my transness were directly related to normative ideas around God, God's will for me, and spirituality. Though spoken with well-intention, the idea that I was created perfectly and thus there was no need to change anything about myself was, and continues to be, a terrifying thought. Throughout my experience in researching for and writing this paper, as well as living as a queer person in recovery, I have found a lot of serenity in reading and hearing other trans stories of spirituality and healing. In *Professing Selves: Transsexuality and Same-Sex Desire in Contemporary Iran*, Afsaneh Najmabadi recounts many stories of trans individuals and their pathway to spirituality. In one narrative, an individual comes to the conclusion of "transsexuality as an act of God," for "God has created cancer in your body, he has also put the doctor to treat your cancer... That is just like me" (2007, p. 235). In *Alcoholics Anonymous*, it states: "We had to fearlessly face the proposition that either God is everything or else He is nothing. God either is, or He isn't" (2001, p. 53). This is a passage I return to frequently, for it says that the world is a reflection, and even an embodiment of god. This is not limited to my original creation, but everything following my creation as well—including my queer identity. My trans-ness is an act of god.

I have found a way towards liberation within highly normative recovery communities. However, my way towards healing, as well as the others I interviewed, has been much more arduous than normative recovering alcoholics'. The systems of oppression normative recovery communities recreate pose a serious threat to many non-normative folks' healing, and I fear that the reluctance to acknowledge this will further harm the many queer individuals suffering from addiction and alcoholism who try to find recovery through dominant 12-step based programs.

Throughout this section of my thesis, I have pointed towards a few harmful and destructive ideas that are utilized and unquestioned within many recovery communities, specifically within the Prescott Recovery Industry. In short, the forces that seemingly create normativity within these communities are as follows:

1. Lack of self- and organizational-critique, allowing for oppressive power forces to leak into recovery communities.
2. Lack of intersectional conversation, and further, the erasure of intersectionality within recovery communities.
3. Gendered expectations leading to gender-normativity.
4. Medicalization creating standardized, rather than individualized treatment.

I have also pointed to a couple helpful ideas, drawn from Alcoholics Anonymous, that have aided my recovery, acceptance, and love of myself as a non-normative recovering alcoholic.

Those ideas are as follows:

1. A sense of purpose in helping other queer/trans individuals seeking recovery.
2. Connection to a higher power, or a greater purpose, and expanding my understanding of a higher power to include my queer identity.

Towards a New Understanding of Treatment and Recovery

But it is not enough to stand on the opposite river bank, shouting questions, challenging patriarchal, white conventions... The counterstance refutes the dominant culture's views and beliefs, and, for this, it is proudly defiant. All reaction is limited by, and dependent on, what it is reacting against. Because the counterstance stems from a problem with authority—outer as well as inner—it's a step towards liberation from cultural domination. But it's not a way of life. At some point, on our way to a new consciousness, we will have to leave the opposite bank...

-Gloria Anzaldúa

Throughout this section, I will lay out a plan towards possible liberation for queer individuals in recovery. My hope is that this proposal is open-ended enough to be fluid in structure, allowing application towards any and all marginalized populations. I will outline movement towards an anarcho-queer understanding of addiction and alcoholism treatment based in communalism, a fluid structure of mutual aid, solidarity, and rejection of hierarchy that “gives to human community not only form, but also a new human contact” (Eiglad, 2014, p. 22). I hope to lay out a possible option for the creation of a space which provides safety to oppose “dominant norms, a space where transformational political work can begin” (Cohen, 1997, p. 438).

Throughout this project, I have talked to queer people in recovery all over the country focused around liberation and community building. Many of these queer individuals are trapped in a cishetnormative drug treatment industry, whether within actual treatment programs, or 12-step fellowships. A majority of them, when asked if they like the recovery system they have encountered, whether they feel safe or not, responded in a similar way, all echoing a major theme: We do not feel safe, we do not feel comfortable, but we are addicts and alcoholics—“seemingly hopeless” —and there is no other option but to stay. Similarly, a majority of them engaged fully in the conversation of “what if:” What if there was an alternative for us, a community in which we felt safe as intersectional individuals? Berger, a young queer I was in

treatment with, is now doing research in queer liberation for individuals in recovery, further focusing on this idea of moving forwards. I have friends, finding acceptance for their situation, but waiting for the day there is an alternative that they can participate in.

The “A” Word

I am suggesting that the process of movement building be rooted not in our shared history or identity, but in our shared marginal relationship to dominant power which normalizes, legitimizes, and privileges.

-Cathy J. Cohen, “Punks, Bulldaggers, and Welfare Queens”

Anarchism is less of a theory than a way of living and acting, perhaps leading to its seemingly unpopularity within academic realms of thought (Graeber, 2004). Before I jump into anarcho-intersectionality and laying out a possible treatment proposal, I feel it important to unpack this term because of much misinformation. Contrary to popular belief, anarchist communities are not all chaos and destruction and acting out and shutting things down. Traditionally, anarchist principles come down to “autonomy, voluntary association, self-organization, mutual aid, [and] direct democracy” (Graeber, 2004, p. 4). Referring to the 12 Traditions, Alcoholics Anonymous is an anarchistic organization, functioning only off donation and solely to provide aid to a certain community of alcoholics. AA has been thriving anarchistically, with a focus on direct democracy and self-organization, for over 80 years. However, anarchist principles do not necessarily embody all of anarchist theory, or even an anarchist way of life.

Many anarchists today believe fully in acting “to expose, subvert, and undermine structures of domination but always, while doing so, proceeding in a democratic fashion, a manner which itself demonstrates those structures are unnecessary” (Graeber, 2004, p. 6). Rather than belief in “seizure” of power, as many anarchist tropes are portrayed, dedicated anarchists

are focused on the dissolution of power, the deep faith “that institutions like the state, capitalism, racism, and male dominance are not inevitable; that it would be possible to have a world in which these things would not exist, and that we’d all be better off as a result” (Graeber, 2004, p. 8). In many anarchist communities, this is the belief that brings them together, and the principles are what keeps the organization running. This is the difference between anarchy and Alcoholics Anonymous, for AA did not move into the creation of their organization under the common understanding that systems of power *need* to be subverted, exposed, and undermined. These are the principles and beliefs I hope to tie into my proposal for queering treatment.

What Would an Anarcho-Intersectional Treatment Program Look Like?

When examining harmful forces of power within recovery communities, one must call to question how to move forward. The creation of a treatment system for marginalized populations with no intention of addressing, and at some point dismantling, the systems of power continuing to marginalize these non-normative populations would be moot, almost as if admitting defeat and then attempting to find a way to navigate that state of defeat. Andrea Smith states: “the U.S. could not stop oppressing... people without fundamentally challenging its hegemonic position or multinational capitalist operations” (Smith, 2005, p. 121), portraying the intersectionality of oppressive forces. Power is as intersectional as the community or individual. A focus on healing and community liberation without dismantling the intersectional forces of power that create the need for liberation would only reinstate, grant more power to, and create new forces of oppressive power structures.

Thus, a treatment community created for the sole purpose of providing space for queers to heal must also be working towards the undermining and subversion of violent power

structures built to oppress, and thus traumatize, queers. Hence the need for an anarchist comprehension and implementation of treatment. Below are three main points I aim to expand on throughout this proposal for an alternative treatment community. Each main point is intended to explain why, in terms of subverting and undermining power structures, there is a need for a growing anarchist perspective on “addiction” and “alcoholism.”¹²

1. community built, community funded, community centered

2. abolition of hierarchy and authority

3. education as a means to empowerment and liberation

This section of my thesis is a work in progress and is something I hope to see actually come to fruition in the coming years of my further academia and community organization.

Community Built, Community Funded, Community Centered

Through Alcoholics Anonymous’ creation, there was always a founding anarchist idea that tied all groups and meetings of AA “only by certain shared commitments and understandings” (Graeber, 2004, p. 6). For AA in particular, the shared commitments are continued sobriety and mutual aid, shown by their “primary purpose” to “stay sober and help another alcoholic to achieve sobriety” (*Alcoholics Anonymous*, 2001). From any organizational perspective, there must be a common goal or goals the community or organization is striving towards. This is the basis of collectivity. However, AA shows an extraordinary amount of autonomy and attempts to separate itself from the community around each fellowship through its reluctance to become involved with any outside organization.

¹² I use quotation marks here because these two words carry much weight and stigma with them thus creating some hierarchy between the “addict” and “non-addict.” In terms of taking an anarchist theoretical approach, I will work towards deconstructing ideas of normativity these words carry.

The unity of Alcoholics Anonymous is something AA takes great pride in. I have seen the unity of the fellowship in the works through many conferences and conventions, most specifically the International Conference of Alcoholics Anonymous 2015 which brought 60,000 + recovered and recovering alcoholics to the city of Atlanta to celebrate and rejoice over recovery and the blessings of AA. Being amidst that many people who had suffered similarly through alcoholism, and are now living wild and happy lives all over the world, was one of the most amazing feelings I have ever experienced. It was at this conference that I really began to understand the power and force of Alcoholics Anonymous as an organization that brings people together from all walks of life, all working towards a common goal. This is the unity that Alcoholics Anonymous, members, and critics of AA, speak of.

In an anarcho-intersectional treatment community, strong unity is of utmost importance. I propose that the alternative community would be founded on this sense of unity—a striving towards health and healing, and simultaneously towards liberation so queers are not forced to live in constant navigation of oppressive systems. With the founding principle of unity, the community building of this space must be focused around “voluntary association.” That is, people who believe in the mission and unifying factor of the space must be committed enough towards the act of building and crowd sourcing, navigating adverse situations that may arise, and be doing this for the unifying mission.

This space must be one that functions autonomously, and simultaneously brings its mission and work into other spaces in order to create an interweaving structure of community space, community activism, and also to reach as many people as possible. There must be pre-established connections between already existing community organizations working around anti-racism, anti-transphobia, anti-homophobia, anti-ableism, and decolonization. Ideally, these

connections would show in the space of further voluntary association. The recognition that each community organization works together to create many spaces which create safety, learning and unlearning, healing, and liberation will foster a passion for voluntary work trade. All money made on a donation base should go to basic functioning like the purchasing or leasing of a space, food, water, and electric bills (if the community chooses to live in this way). Each community can decide what they want to do with their money as long as it is not going towards individual community members, so as to further collective functioning and eradication of hierarchy.

Additionally, community ties and intricate networks of organizations working together will provide a wider amount of people who have access and knowledge about this type of community. In the United States, queer people, specifically queer people of color and queer youth, are incarcerated at extraordinarily high rates. It is of utmost importance that these individuals are aware of the support systems functioning within their communities. Working within community systems and being active within a larger community is a productive way of reaching as many people as possible without intentionally seeking them out.

Abolition of Authority and Hierarchy

Because of the need to disseminate forces of power, working towards abolition of authority and hierarchy are crucial, as these are these are the “on the grounds” modalities of power that contain and strain individuality, and thus, strong collectivity. Within this treatment approach, all people involved in the community will be set on an equal stage in terms of leadership. In order for this to happen, it may need to start as a community of pre-existing recovering queer individuals fighting towards liberation, and as struggling addicts and alcoholics come into the community they are not stripped of any of their rights or voice. They are held to

the same accountability as the rest of the community in terms of communication and collective work, as well as education and mutual aid work.

As with any collective anarchist community, the conversation surrounding abolition of authority and hierarchy must be a constant one and cannot be a pre-emptive one, as it fully depends on the commitment of the community members involved. This community is one meant to foster individual and collective liberation, and in order for that mission to come to fruition, there must be a complete striving towards the undermining of hierarchical powers, more specifically those powers functioning within the community.

There must be talk of profit motives within conversations around abolition and dissemination of power, as capitalism is a breeder of violent power structures an anarcho-intersectional community would work to break down. This community must be centered around anti-profit motives and, along with voluntary association, no member should be given money for their involvement or activity within the community. As a community functioning through direct democracy and collective community meetings, all monetary involvement should be voted on democratically with enough space for each individual to voice their opinion and listen to other community members with open ears and lack of judgment. Funds should always go towards the greater functioning, survival, and service of the community.

Education as a Means to Liberation

Instead of carving out a small queer space in a cishetnormative white treatment system, what would it look like to create an inherently queer space for healing? Part of having queer healing spaces is providing people access to their histories, to understanding where they are located in the political landscape.

-Nierenberg, 2016

As Berger states above, a crucial part of healing spaces is education. This is not only meant to offer a space to learn about oneself, but also a space to learn *from* our queer-cesters, trans-cesters, and all the radical queer healing spaces that already have been created and successfully maintained. This space would be similar to what some would call a “living-learning” space, where all community members would be involved in free school, teaching topics in which they excel, and studying other topics in which they do not know much, all while living collectively. The format and organization of this can be whatever the individual community decides upon, as long as the abolition of authority is kept in mind and each individual has an equal voice. With an educational space in mind, as well as a focus towards individuality and mutual aid, some members of the community may focus classes towards degree requirements such as the GED, etc. This space will foster learning of all kinds, but a focus will definitely be towards accurate history of the community and those ancestors of the community.

In hopes of fostering an open, healing space, there would also be much time to learn about forces of power, with the understanding that through intimate knowledge of those forces attempting to destroy us, we can work towards liberation more effectively.

The Greater Fight Towards All Liberation

In *Pedagogy of the Oppressed*, Paulo Freire states: “an act is oppressive only when it prevents people from being more fully human” (1970, p. 57). Freire argues that in order for the oppressors to oppress, and therefore dehumanize a group of people, they must also be dehumanized themselves. Although this is often overlooked and not seen or portrayed as dehumanization to the oppressors, the oppressors view “humanity” as a “thing” that they are able to have “as an exclusive right, as inherited property. [...] They cannot see that, in the

egoistic pursuit of *having* as a possessing class, they suffocate in their own possessions and no longer *are*” (Freire, 1970, pp. 58-59). Thus, through the oppressors’ obsession with attaining freedom, humanity, security, rights, and in this case, normativity, they cease to be human. Rather than acknowledging this, the oppressors continue to view “human” as referring “only to themselves; other people are ‘things.’” Trapped in this process of dehumanization as a result of dehumanizing others, the oppressive forces and systems are unable to break out of this cycle of thought, and thus unable to break out of the oppressor role. This can be explained by the necessity for the oppressed population to exist in order for the oppressors to have the “things” they perceive as normativity.

Freire shows that normativity is not only harmful to non-normative individuals, but also traps normative individuals in the bind of normativity. Further, he states: “Whereas the violence of the oppressors prevents the oppressed from being fully human, the response of the latter to this violence is grounded in the desire to pursue the right to be human [...] As the oppressed, fighting to be human, take away the oppressors’ power to dominate and suppress, they restore to the oppressors the humanity they had lost in the exercise of oppression” (Freire, 1970, p. 56). Thus, with a drive towards liberation for non-normative individuals, liberation from the binds of normativity will also come to normative groups, thus making them more free.

Perhaps the path towards liberation is in focusing on healing queer bodies and communities, “to work toward the destabilization and remaking of our identities” (Cohen, 1997, p. 481), moving toward building a world where queers “don’t have to continually heal, where we [queers] aren’t forced to navigate perpetual grief, where our [queers] childhoods aren’t things we must recover from” (Nierenberg, 2016). Perhaps in a healing trajectory, marginalized populations will abandon forceful attempts at liberating their oppressors through education, but

rather “decide to disengage from the dominant culture, write it off altogether as a lost cause, and cross the border into a wholly new and separate territory” of collectivity and community gathering, healing, and liberation (Anzaldúa, 1987).

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