ADDICTION > recovery:
The Surprising Spiritual Solution to Masculinity and Deindustrialization Happening in a Men's Addiction Treatment Centre

Brett Richardson

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Signed by the final examining committee:

_____Chair
Dr. Paul Gomme

_____External Examiner
Dr. Andrea Muehlebach

_____Thesis Supervisor
Dr. Kregg Hetherington

_____Examiner
Dr. Shelley Reuter

_____Examiner
Dr. Martin French

_____ Examiner
Dr. Marie Pier Joly

Approved by _____
Dr. Kregg Hetherington, Graduate Program Director

8/24/2023 _____
Dr. Pascale Sicotte, Dean
Faculty of Arts and Science

ABSTRACT

ADDICTION > recovery:
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Brett Richardson, Ph.D.
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Recovery from addiction is often viewed as the achievement of abstinence as well as the reclamation of the things lost to addiction: agency, health, productivity, spiritual wellness. This study, based on fieldwork at a Twelve Step-oriented men's treatment centre in Vancouver, recasts addiction and recovery as a problem and solution on opposing sides of an unbalanced equation, where the problem is greater than the solution: ADDICTION > recovery. With the solution retroactively oriented to the individual's unwellness, the social conditions that continue to produce addiction remain. It is argued that the treatment centre in this study is "treating" three intersecting "crises," not just one: the drug and addiction crisis, the "masculinity" crisis, and deindustrialization. As such, attention is given to the conditions affecting the overrepresented treatment residents encountered in this study, known to be dying in the toxic drug "epidemic" at rates disproportionate to other groups (Perrin 2020): working class white men. These conditions include: unemployment, abandoned communities, loss of social status and security, and masculine norms that valourize risk, invulnerability, and "working hard and playing harder." Additionally, this imbalance potentiates the exploitation of those who work and volunteer in the treatment industry, many of whom are "recovering addicts" deeply concerned with saving their "brothers."

Still, while the recovery solution is misaligned with these problems, the spiritual, disciplinary treatment process – which encourages men to depend on God, to open up, to ask for help, and to be "of service" – does offer men in treatment a kind of moral reskilling that can mitigate the risk of working class white men turning to the dangerous politics of aggrievement, and can help orient them to the "soft skills" of the "service economy." The recovering men who end up working in treatment can be seen as the once "hyper masculine" becoming effective workers in the historically feminized realm of carework. As such, a man who starts out injured by deindustrialization and then comes to work as a recovery/care worker is a living embodiment of the transformation of labour, of heavy labour being reborn as service work.

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INTRODUCTION
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Freedom, at first glance, is an unremarkable house. It's a dull-coloured, vinyl-sided, two storey, that while driving by might blend into the Highfield neighbourhood of which it is a part. Freedom is on the "other side of the bridge" from Halifax, in its historically more working-class twin city, Dartmouth. Dartmouth's most iconic landmark, the Tufts Cove Generating Station, sits at the harbour's shores. Its three tall, candy cane-striped smokestacks alternate white with, not Christmas red but, fittingly, the colour of industrial rust. Highfield is one of Dartmouth's poorer, stereotypically rougher neighbourhoods. Its streets are absent the large, leafy, elderly trees that line other Halifax neighbourhoods, and, cursorily, Freedom is unremarkable amidst the other vinyl-sided houses, duplexes, and lower rent, low-rise apartment buildings.

If you were going slower, however, you'd notice some things. You might notice the security cameras monitoring the doors of the house, or that the big verandah at the side of the house has a surprising number of mismatched deck chairs, and coffee cans overflowing with cigarette butts. If timed right, even driving fast it would be hard to miss how many adult men are occupying that verandah, cigarettes in one hand, coffee cups in the other. Windows down, one would hear laughter – the sound of men relating their "war stories" to one another, those particularly hairy nights while fucked up. If you knew what you were looking for, you might pick up on the things that make a men's recovery house the place that it is: the surveillance, the poverty, the missing teeth and scars, the negotiations in status and belonging, the storytelling and the slogans of recovery, the gossip, and the drug use – the coffee and smokes, the only drugs allowed.

Places like Freedom contain an inordinately large number of individuals inhabiting the bedrooms. When I lived there, it was full when twelve other men filled its five bedrooms. When I moved in, I started on a bunk bed, in a room with three other men. I eventually graduated to one of the rooms that meant I would only have to listen to one other man snoring, rather than three. This project's origins go back to my days at Freedom, in the mid aughts, when I started noticing something about the population of the house, about where the men came from. There were times throughout my five months at Freedom when half of its residents were from one small, deindustrialized region in Cape Breton, in and around Glace Bay. In a province of just under a million, half of Freedom's residents might be, at one time, from a region with a population of roughly 30,000.

This disproportionality undoubtedly says something *social* about addiction (and those who seek "recovery") and in one sense the men from Glace Bay understood this. The "addicted"[1] men of Glace Bay knew where they came from. They would casually, even humourously, or, in rarer, more unguarded moments, painfully, detail the struggles of growing up in Glace Bay – the potential for violence walking to or from school, the boom and bust money problems at home, the chronically ill or injured parents out of work, and the pervasive presence of alcohol and drugs, whether in the home and/or circulating amongst peers from a young age. They knew of contemporary, grown-up struggles, where the lack of work in Glace Bay meant "opportunity" always implied *away* – the cyclical migrations "out West" to the "oil patch" or to mines "up North." Or, it meant resorting to some kind of hustle, the labour of unsanctioned, alternative

[1] Though I will be drawing much attention to words like "addict," "addiction," and "recovery" throughout this book, by no means taking them for granted as appropriate or natural descriptions of the phenomena under question, I will from here on, retire the quotes, unless appropriate to the immediate context. As this ethnography is based in the lives of the men of recovery, I will be simply using the terms familiar to them.

economies, selling pills or stolen power tools. They all seemed to know three things: Glace Bay's problems were made worse by the closing of the coal mines, that Glace Bay's problems were older than that, and they knew that the government, however defined, abandoned them.[2]

A fellow resident at the time, not a researcher, these stories came to me in everyday language. They came in the simple process of getting to know each other, while shooting the shit on the verandah or while playing crib at one of the kitchen tables. But they demonstrated that these men *knew,* at least in their own terms, of the systemic, sociological reasons for the disproportional addiction problem in their hometown. Years later, I believe it safe to say that their stories express a kind of allegiance or support to the kind of sociocultural research on addiction and recovery that this thesis project, broadly, belongs to. If something loosely binds that research together, it might be said that the "social scientist's addiction project" is one that aims to create a shift in the public conversation about addiction, the one now dominated by a bio-medical-psychiatric framework. In my terms, I think of the proposed shift as the transformation of *a medical problem with social consequences* into *a social problem with medical consequences*. The men from Glace Bay brought an almost unavoidable social outlook to their problems, and that started me on a path to the kind of project aimed at the basic error in how addiction is being dealt with. If the problem (addiction) is social, and the solution (recovery) is oriented to the individual, then it follows that the world is living in the never ending consequences of an unbalanced equation: ADDICTION > recovery. If recovery cannot do the work being asked of it by addiction, then addiction always remains; the social conditions that continue to produce addiction remain. Even if the men that I met did get and stay sober, and even

[2] In a sense this is literally true, as coal and the umbrella steel industry had been nationalized in 1967.

if they brought that sobriety home with them to Glace Bay, this was obviously a reactive way of trying to fix the things happening in Glace Bay. This was anything but prevention.

And yet, if one of my fellow resident's socioculturally-oriented stories expressed such an allegiance in one breath, then in the very next breath they seemed to betray that allegiance. For I clearly remember – a need for logical consistency, perhaps, having gone unmet – that these stories, rich in history and context, would often be followed by a version of the statement: "Ahh, but I've got no one to blame but myself." In one breath a story signalling forces (at least arguably) bigger than the self, and in the next, a statement reducing action *to* the self. This contradiction stayed with me after I left Freedom, not only in memory, but by way of encountering some variation on it in the discourses that circulate in Twelve Step recovery culture, which I have continued to participate in over the years. This contradiction is also, ultimately, what brought me back to recovery institutions in my research, and to concepts like "symbolic violence" and "responsibilization," the words of the social scientist's addiction project that I will return to.

Originally, I had planned to base my research at Freedom itself, but that plan changed with a move to Vancouver. In early 2020 my fieldwork began at Together We Can (TWC), a treatment centre[3], and much larger institution, with more than 300 residents spread out through 25 residential houses in Vancouver and beyond. Narrowing my scope, however, I mainly centered my research at one of the houses, Awakenings, which houses up to 18 residents at one time, and where day-to-day life shares much with Freedom. It too has a big deck with the same coffee cans of cigarette butts, the cribbage board, as well as the donated couches, the chore list

[3] Recovery houses and treatment centres can loosely be separated by the amount of "treatment" programming that goes on within the institution, with recovery houses sometimes often offering little in the way of "in-house" therapeutic programming.

posted in the kitchen, and the locked rooms where staff hold opioid agonist therapies (OATs), other prescription drugs, cell phones, wallets, and sometimes the bottled urine that may or may not determine one's expulsion from the institution.

At Awakenings, I figured I was settling for a variation on the theme that intrigued me, that a version of this self-blaming, dissonant storytelling would emerge in the men that I would meet in Vancouver. Destined to find their prominence in my research, however, I could not predict that on the coastline of a different ocean I would still encounter the addicted men of Glace Bay, once again in strikingly disproportional numbers. There was one point during my year at TWC where 5 of the 18 residents at Awakenings were from the Glace Bay area. The presence of these men from a small region of Cape Breton now prompted new questions. Most obviously, how did they end up *here* in such numbers? Was there some kind of migratory addiction-recovery route? What might the presence of these men say about and contribute to the established knowledge that exists about Vancouver, and its Downtown Eastside, which collects people who use drugs from around the country?

This surprising development quickly took on momentum. Well beyond the three Capers I met upon immediate arrival at Awakenings, many residents and staff quickly expressed an interest and investment in "Brett's Glace Bay project." Seemingly everyone wanted to point me in the direction of someone they knew or had met at TWC that was from Cape Breton. I fielded many "have you mets?" and "you should talk tos", and before too long, I had come to meet more than a dozen men from that community (and kept hearing of more that had come through TWC) and would eventually interview most of them.

After a time, I came to learn that the Glace Bay to TWC route serves as an ideal type of migratory route that approximates the movements of other men from smaller communities across

Canada. It is a migration driven as much by labour, opportunity, and the pursuit of purpose, as it is by addiction and recovery. Put another way, the "addiction" and "recovery" stories of the men in TWC became difficult to tell without these other elements.

There are five (potential) stops along the route. First, a man starts in his hometown, confronting whatever hardship or lack of opportunity. Second, he moves "out West" or "up North," to the lands of heavy industry and resource extraction. Third, there follows a necessary, sometimes work-mandated, trip to a treatment facility in Vancouver (or Edmonton or Calgary, etc.). Fourth, and what was at first surprisingly placed in this sequence to me, come the SROs[4] and alleyways of Vancouver's Downtown Eastside – this destination exerting a kind of gravity over men who relapse at treatment facilities in Vancouver, where drugs can be bought on the street without "knowing a guy." It was an intriguing discovery to learn that it was sometimes recovery (and labour before that) and not addiction, per se, that was bringing these men to the Downtown Eastside in the first place. For some men this is as far as the journey goes, sometimes existentially, as many that end up in the drug-using communities of greater Vancouver do not "come back."[5] For others, the first four points become nonsequential. They become visited to suit one's needs of the moment, given the draws back towards money, labour, or drugs, or the longing for home. As well, it depends on whether or not treatment is successful and thus whether subsequent rounds might be needed.[6]

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[4] SRO: the single-room occupancy, or (relatively) low-cost, residential hotel rooms common in Vancouver's Hastings and Main area.

[5] For analytic purposes, I will organize my ethnography around five "stops," but it is certain that there are two key stops that this framework omits: death and jail/prison. Both of these, at the very least, hang as spectral, always potential destinations – places that contour life, even if never "visited."

[6] The overwhelming majority of men that I met had been to treatment multiple times, and some had been to TWC, specifically, on multiple previous occasions.

Then, for some men, there is a fifth stop along the route, one predicated on success in treatment: the labour force of Together We Can, or, more broadly, a place "working in treatment." Sometimes within a matter of weeks, treatment residents may be enrolled in the institution's forever shifting contingent of volunteers and paid employees. Jobs range from driving the TWC vans that bring men to appointments and food to satellite recovery houses, to day-to-day house management and oversight, from administrative positions at the "main compound," to the more sacred task of helping residents with their (Twelve) "Step Work[7]." This last task might take the form of helping residents read and understand the literature of the Twelve Step programs[8], writing about their experiences and beliefs in relationship to the Steps, including how they are coming to conceive of and, importantly, *rely on* "*the God of one's understandin*g," as well as engaging in what may easily qualify as "emotional labour" or, even, "trauma work," encouraging men to uncover and share about their difficult experiences, for it is understood that "*secrets keep us sick*."[9]

As this latter role suggests, this fifth location might be thought of in less, strictly, spatial terms and far more as the symbolic ground upon which a changed, "*spiritually awakened*" man now stands. From this ground, the awakened man finds opportunity not thousands of kilometers away in "Fort Mac," where heavy industry has up and gone, and where it still offers "respectable" money in exchange for hard work, but at the expense of home. Nor, certainly, was opportunity to be found in the past, in the era of his grandfather, when the mythologically proud men now pictured in mining museums, provided for their families, and went *home* at the end of a

[7] See Appendices 1 and 2 for the Twelve Steps and Twelve Traditions.
[8] The texts of Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Cocaine Anonymous (CA), Al-Anon, etc.
[9] This is one of the hundreds of quotes, slogans, and truisms that circulate constantly in recovery cultures, the lexicon of which I have personally absorbed, as well. I will indicate "recovery speak" throughout this thesis with quotes and italicization, in order to distinguish these phrases from the direct quotes from this study's participants.

long day. Rather, this new man finds opportunity not in something material, for money is scarce in this "immaterial labour" (Muehlebach 2012), but in the meaningfulness of the work, in the, at least espoused, benefits that he will get from "*working with others*." As the final, culminating 12th Step says, "Having had a spiritual awakening as the result of these steps, we tried to carry this message to other alcoholics, and to practice these principles in all our affairs." This final stop is where the "*man of service*" gets to transform his struggles, his hardship, and his war stories into his own hard-earned variation on the AA[10] message – a gospel carried to others, and yet of primary benefit to the message carrier, "*for it is in giving that one receives*" (this widely circulating quote, from Saint Francis of Assisi). In this, he has found not only the ability to abstain from drugs but *a new way to be an honourable man* (Messerschmidt & Connell 2005). And though he *is* changed, he carries aspects of his manliness with him. He is now more open, more reflective, more dependent on others, and, now a positive, *less in control,* but he is still – or perhaps finally gets to be – heroic.

This thesis centers on this fifth point on the route, on how the labourer-turned-treatment-worker symbolizes a culminating moment of both personal and social transformation, a transformation propelled by three pervasive, intersecting social problems: the "addiction crisis," the "masculinity crisis," and deindustrialization.[11] The overrepresented man that I met at TWC –

[10] Throughout this thesis, and for expedience, I will often use AA as a stand-in for other Twelve Step programs, though it is certainly true that some men prefer and exclusively attend Narcotics Anonymous or other Twelve Step "fellowships." Admittedly, these can have distinct cultural characteristics, but none so drastic as to undermine – I hope – my arguments.

[11] I am only using these conventionally established terms for now, before moving to problematize them later in this thesis. I am aware that I'm already on contested ground calling the "opioid crisis" an "addiction crisis." I am merely being expedient here, for I will be careful not to impose the concept of addiction on all affected by the spiralling "toxic drug" problem. In fact, I will argue that regarding drugs there are two social problems rather than one: an "addiction problem" (more my focus) and a (toxic) "drug problem," but I will relate the problems to each other, and separate them, where called for. I am also well aware that "crisis" is a highly contested term when applied to any of these long-standing, "slow motion" problems.

white, from a part of nonurban Canada[12] impacted by industrial decline, typically between 30 and 50 years old, and rarely university-educated (though often well-educated in his trade) – embodies these converging crises, and at the moment that I met him, he was being confronted with a message: the world is not changing for you – you're going to have to change for it. And though by default, he would almost surely answer that he is in treatment so that he can recover from the first crisis, I came to learn that in his own way, in his own words, he knew that he was there because of the other ones, too. He was suffering not only from drug use, or violence, or marginalization, but *as a working class white man.* He was suffering from what *that* was supposed to mean *and* from how far away from it he felt. Being poor hurts. Feeling a lack of self-control hurts. But in their poverty and by way of the "indignities" that marked their lives, they were hurting as men.

In this thesis, I will argue that a men's treatment centre, like TWC, is really in the *business* of "treating" these three problems when it comes to working class white men. And yet as the "answer" to these problems, it is equipped to solve precisely none of them, and many who work in treatment know this. As an administrator told me, "Treatment can separate a guy from a drug, but the bridge he needs to cross to actual change…not all guys can cross it. That's why our success rate – why any [treatment centre's] success rate – is what it is." Currently, vast social problems – toxic drugs, the drug war, lack of opportunity, community disintegration, spiritual poverty, fragility, whiteness, industrial decline, migration, exploitation, abandonment, resentment, nihilism – all of these are funnelling into the reasons that working class white men

[12] "Nonurban" is meant to signify suburban, small town, and rural Canada. "Suburban" already connotes something too specific, and I find the classic rural vs urban divide to be a less useful distinction, given the increasing political and electoral polarization between the urban core and everywhere else (Florida, Patino, & Dottle 2020).

are smoking, snorting, and injecting drugs in the ways they are, in ways that are killing them at rates disproportionate to most other groups (Perrin 2020). But then, these complex social problems are being variously transformed into: a biomedical problem, a brain problem, a trauma problem, an ir/responsibility problem, an agency problem, a spiritual problem – all variations on the thing that the voluntary Twelve Step recovery movement, and the offshoot *professionalized* recovery market, is supposed to solve. And this is what the equation at the heart of this thesis – ADDICTION > recovery – signifies: a contradictory social arrangement that sees structural problems constantly overwhelm the solutions available, and that tasks recovering people, volunteers, and private industry with fixing problems they cannot possibly fix. Still, while it is true that this contradiction is producing the practical and ethical problems at the heart of this study's concerns, it is no less true that this unbalanced equation, in accordance with the propensities of contradictions, is giving rise to something else, something irreducible.

Though the spiritual solution promoted at TWC can neither solve the social problem of addiction, nor even, reliably, an individual's problem *with* addiction, it is nevertheless shepherding working class white men to a set of ethical practices that is helping them transform *as men.* At the crux of this transformation, I will argue, is a practical form of faith – indeed a practical form of God – inspired by the traditions of AA, that encourages men to practice a *care of the self* in alignment with, rather than in opposition to, a *care of the other* (Foucault 1984). Often criticized by sociocultural scholars who study addiction (Granfield and Reinarman 2015), there is little doubt that the recovery process "responsibilizes" those in recovery, perpetually handing individuals a social problem to solve. While important, this critique often suffers from placing freedom and structure in direct opposition to one another, making the problem that its proponents point to a black and white one, where those in recovery are being dominated and

victimized by addiction and recovery discourses. Not only can this position condescend to those in recovery, but it predetermines that "responsibility" only means one thing in the context of addiction-recovery: responsibility – or subservience – to the normative, individualistic, productive social order. While I will keep that possibility in sight in this thesis, and will note the ways that men can unduly blame themselves for problems bigger than them, I will *also* be arguing that the spiritual program at TWC can be read as a practice aligned with a relative amount of freedom *from* individualism, as well as hegemonic forms of masculinity. That is, "sobriety" might be thought of as a practice of self-care that permits working class white men a way of being free from *having to be an individual* and from *having to be a man.* And within this view, given the legitimate dangers that a closed off, self-reliant, hyper masculine man can pose to the social order, I will provide evidence that recovery practices, by first softening his edges, and then telling him, "*own your part in things*," not only encourage accountability to the communities local to him, but may even mitigate – if by no means ensure – the risk that a working class white man will turn to the politics of aggrieved entitlement (Kimmel 2013).

Even in the former "golden age" for the working class white man, in a "progressive era" that positioned him as a noble, foundational building block in the social order (Muehlebach 2012; Winant 2021), he was *set apart*, a sun that others orbited. It was his care and security that mattered and through it, others, in a qualified sense, benefited. The deal was: in exchange for your body, and the commodities that it helps produce, the labourer in your home – your wife – and the waged care workers in hospitals will make it possible for you to endure the grind of industrial labour (Winant 2021, MacKinnon 2020). This was the world of the working class white man's grandfather, now lost, regardless of the active fight that some are engaged in to resuscitate it. Some of these men "stormed" the American Capitol, and drove their big rigs to

Ottawa, while others practice political resistance through the paradoxical care of the self that is self-annihilating drug use.

And yet, those golden era social arrangements rested on the exclusion of women and people of colour, and depended on exploitation in order to work: the exploitation of a man's caregivers (their care wasn't *for them*), an exploitation of his body, *and*, distinctly, his *masculinity*. The honour that men felt, garnered through sacrifice, toughness, heroism, pride, and invulnerability (Connell & Messerschmidt 2005), was as precious a resource as any other. Ironically, *invulnerability* is what made, *and still makes*, men *vulnerable* to exploitation. Kevin from Glace Bay, an opioid user who told me that he has "almost died seven times," stiffened with pride when he told me about his time "working on the [oil] rigs": "Boy, I'm a Caper. I'm a hard fucking worker. I'd do it for free if they'd let me."

It is, in part, this exploitable invulnerability – this vulnerable invulnerability – that TWC's AA-inspired, spiritual solution challenges, though in the recovery world it is called "self-reliance." This is what made him impenetrable to the "*wisdom of a loving God*," incapable of "*true belonging*" to a community. Through disciplinary ethical practices, like, asking for help, learning to apologize, reflective writing, and being encouraged to shed the shielded, boastful aspects of how he "*shares his story*," invulnerability is broken down, and a new model of "honourable man" is offered in its stead.[13] In the new model, dependence on others, including a "big Other" (Lacan 2008), God, breaks down self-reliance, faith replaces certainty, and care of the self and obligation to other become possible to reconcile. By becoming "*a part of*" rather

[13] It is important to clarify that TWC's staff makes relatively little *explicit* mention of gender, let alone something like "hegemonic" or "toxic" masculinity. Most of the messaging in TWC, and in wider recovery cultures translates issues related to gender or identity into a register of "spiritual sickness" that assumes something akin to a universal "human condition" (Travis 2009 discusses this at length, and I'll come back to this at later points in this thesis).

than "*a part from*," he becomes more of an equal in the social order; not only, perhaps, a man amongst men, but somewhat more, a man amongst everyone else. In this new world, "*openness*" and "*honesty*" will have to be embraced and practiced. Whereas toughness made him weak – it made him subject to exploitation – now, a historically feminized form of vulnerability makes him strong. That is, vulnerability, in an ethic of self care, becomes strength and invulnerability becomes weakness (see also Gueta, Gamliel & Ronel 2021). Though the treatment centre undeniably *disciplines* this transformation, and has a complex, vested interest in his recovery *and* labour, I will argue that the workers I met do want this reformulated vulnerability to be the resident's to *own*, to be his to share when he *chooses*, in the "*message*" he will carry, in the "*story*" he will learn to tell.

For the man arriving in treatment for the first time, it is a precipitous, poorly lit bridge to cross, extending into the unknowable; a gendered ethical traverse; a trust fall into an unrecognizable world, where everyone speaks a foreign language. This is where I observed the surprising, irreducible phenomenon. Though TWC has relatively limited success in securing a man's permanent sobriety, it nevertheless has remarkable success in creating what might be called *the conditions of possibility*, or "beginner's mind" (from Zen Buddhism), a subjective state of relative emptiness, a state of unknowing eager for guidance. TWC consistently succeeds at eliciting the faith to be *uncertain* and to take *Steps* not knowing whether each footfall will find solid ground; it succeeds at eliciting the "humility" to be shown where to go. The treatment setting and its workers, who appear as credible and strong examples of this possible new path, consistently open working class white men up to the *possibility* of change *as men*, softening the edges of their invulnerability, making them more "porous" (or less individuated by "modernity") (Taylor 2007) as individuals and as men. I will further discuss TWC's methods in later chapters,

but I can say now that I witnessed the results of them in simple requests for help with written Step work, or in the profound banality of watching a man, who upon arriving at TWC had chosen to sit alone during "group," become comfortable next to another man on a sofa, his leg touching the man's next to his. These examples remind me of my own days in residential recovery settings, and I can point to no clearer example of a gendered ethical traverse – of bringing a "*loving God*," through the *practice* of faith, *into existence* – than finding the courage to hit dial on my phone. Having come into recovery with evidence that men weren't "helpful," I consistently balked when other men offered me their number and with friendliness told me, "give me a call if you want to get a coffee." Then, one day, after a "relapse," I took the step into the unknown and hit dial. I don't remember what the man said when he picked up, and though I'm sure it helps that his response was a welcoming one, I'm even more sure that hitting dial was the important step.

Once opened up, then comes the "*hard truth*" of responsibility. And here again, a trust fall into something more feminine – more caring – and yet encoded as masculine. For he isn't only told to be more forgiving and less judgemental of others, but to "*clean up his side of the street*," and "*to own his own shit*." After he has been validated and accepted (you have a disease not of your own making), and then told to practice a reliance on the care of others, including a loving God, then, and only then – in Steps 8 and 9 – come the apologies and amends made to others, and further still, in Step 12, the ultimate responsibility: from now on, you will take care of yourself, most reliably, by taking care of others, by "*carrying the message of recovery*." And here is where dignity, nobility, even heroism, are reclaimed. It is the long sought for purpose and the respect he has always wanted, the one he tried to find through an "I have nothing to lose" posture that garnered a kind of admiration from his peers, and through the pick up truck that he

bought when he made “big money” on the rigs. And for those who take the next step, the one into the realm of treatment work, here, in this mission of care, might be a way to finally reconcile sobriety, health, and nobility, with a modest, but *respectable*, wage.

Though TWC is impossibly tasked with solving three intersecting social problems, there is nevertheless something well worth paying attention to in the solutions it “makes do” with. Beyond the solution that its labour force offers to working class white men, it is the ethical, disciplinary, and indeed spiritual practices that are being used to help working class white men adapt to a changed world that are worthy of careful attention. For they might just offer important clues about how to approach the very real “problem” that white men pose to the social order when they have been deprived and feel abandoned. In this thesis, I will make the case that the treatment process, following the cultural traditions of AA, has much to say about speaking *across difference*, and about breaking down not only working class white men's walls, but the walls preventing others from understanding them.

Though I didn’t predict it, it now seems inevitable that my project would find itself in overlapping territory with the white men of trucker rallies and Trump’s America. As such, the story I will tell fits within the discussion of, and aims to bring a deeper understanding to, the very real social conditions that are contributing not only to addictions, criminality, drug-related deaths, and overwhelmed health care systems, but also to “toxic” masculinity, to xenophobia and racism, and to governmental and institutional distrust; to the very real problem of white men feeling deprived, abandoned, and disposed of. These men, while sometimes “problematic,” cannot be dismissed. And they need – in fact, we need – something more than condescension in meeting them where they are at.

1. The Decline of Industrial Labour and the Rise of the Care Economy Part 1

Typically, *addiction → recovery → recovered addict* are the familiar before/after abstractions applied to people in treatment, which commonly signal transformations of neuroplasticity, mental wellness, or the loss and reclamation of human agency. I aim not to negate the truth or falsity of these transformations, but rather to draw this more specific, and gendered, story of transformation out from behind these abstractions. It is a story about the decline of one kind of labour and the rise of another, and about a requisite change in ethics that rebirths the blue-collar worker into the treatment worker, the manual labourer into the spiritual labourer. In this gendered transformation, the masculinized labourer is "reskilled" and offered a potential new path in the historically feminized realm of carework (Muehlebach 2012; Winant 2021). Now transformed, it is care – or *caring* – that becomes something exploitable in the treatment industry, as it is in the broader realm of "relational labour," though I will highlight an element of masculinity that persists. Particularly in the context of the addiction crisis, in the unrelenting death that treatment workers face, invulnerability reappears, is combined with care, and becomes a potentially dangerous form of *self-sacrificial* heroism that undermines the self-care built into the foundation of one's recovery. In short, his care – his *means* – become too much realigned with extrinsic *ends* that are not enough his own: the treatment centre's, the state's, or a paycheque that becomes cold solace for emotional burnout, a reward unequal to his labour.

In this picture of labour transformation, "addiction" becomes far more local and specific, signifying a correspondence between industrial decline and spiritual decline. As Linkon says, "Deindustrialization did not simply put many working-class men out of work; it undermined the resources that they relied upon to construct their identities" (2014, 150) and this, as well

reasoned, has played a significant role in "diseases of despair"[14] (Deaton 2020). By extension, "recovery" becomes a gendered achievement of "wellness" inseparable from career, opportunity, purpose, and security in a world that has changed for working class white men. The treatment industry does not merely "catch" the men impacted by industrial collapse, loss of opportunity, and social abandonment in their hometowns, but rather *is* that labour created in a new form.

Arthur Miller's legendary *Death of a Salesman* is the first half of this story, without the second half, the story of societal death, without recreation. The end of Willy Loughman's life, the end of an individual salesman's life, is a stand-in for those no longer relevant, or worse, purposeful, in an inevitable, changing world. For the blue collar men at the centre of this study, the social value once instilled in them, perhaps thrust upon them, was evacuated as the economy shifted away from industrial labour. In the terms of William James (1902), there are those once born and those twice born. The once born live along relatively unbroken paths – paths with an undisturbed narrative continuity. But then there are those whose paths will come to be haunted by the sense that *something is wrong*, who will come to crisis, to a moment of reckoning. If they are fortunate, they will find their way to recreation, to a second birth. Willy Loughman is a twice born man who, tragically, only lives once. The men that I met have known for most of their lives that something is wrong (Christman 2023). They are in treatment to be reborn, to find their second lives.

For the man at the centre of this study, his labour has become reoriented to the needs of the contemporary social world, a world in which capital has flown elsewhere, where heavy labour has been automated and is being extracted in cheaper markets, and a world in which

[14] Here, Deaton refers to overdose, alcohol and drug-related liver disease, and suicide. While Deaton provides a compelling link between deindustrialization and unwellness, I am not attempting here to create an exclusively pathological framework for drug use, even when that use is "extreme." I will revisit this in *Chapter 1.*

solutions to the overwhelming addiction problem are needed – the problem of thousands of people dying every year, of desperate families, of billions of dollars spent retroactively rather than preventively, and of institutions drastically under-resourced (Perrin 2020). Living in the effects of the unbalanced equation, in the misalignment of social problem and individual solution, treatment centres need cheap labour, the men from places impacted by limited opportunity need a new path, and (at least on one level) the state needs them to recover/work.

And yet, standing back, this seems insensible – why would a society "choose" to live in a world that perpetuates illness and spiritual decline and then "create" an industry that only exists to address that decline? Why would society create a demand for *that* supply? It seems the most perverse of sisyphean tasks, like endlessly bailing out a boat rather than patching the leak, or bandaging a wound that needs a more serious surgical intervention. It is tempting to reach for an explanation in some of the usual suspects: governments focused on short-term electoral gains and averse to investment, the state focused too narrowly on growth and not on distribution and equity, the predominance of individualizing medical frames that reduce unwellness to bodies, or the ways that drug addicts are too easily stigmatized – or pitied (but not helped). Though these answers bring partial satisfaction, Winant (2021) adds another possibility.

In the shift away from a manufacturing-based economy, the healthcare industry became a massive source of employment (one in five Canadians work in the care industry, according to Statscan), and thereby provided a relative amount of social stability. By extension, healthcare became one of the key industries to invest in that would guarantee return; that is, it was a "growth industry" in part due to the very insecurity and unwellness created by industrial decline and its impacts on the working class. Taken together, the large-scale economic shift away from

manufacturing created a "perverse incentive" (Winant 2021, 23), where the social order in a limited sense "benefited" from the production of illness. Winant summarizes it this way:

> At the bottom of the labor market, waged care work proliferated, responding to the process of industrial decline. In historical perspective, the process appears in close parallel to the rise of mass incarceration. Like the expansion of the prison system in the final decades of the twentieth century, the rise of the healthcare industry offered an economic fix to the social crisis brought about by deindustrialization, channeling public expenditure and state power into the management of surplus population, generating employment, profits, and social stability (Winant 18).

From this view, rather than being obviously geared to the maximization of human productivity, the state's "needs" concerning segments of its population became ambivalent.

In the end, it is a predictable contradiction, a case of *conflicting interests*, one of many in systems oriented to competition and growth. As industry centralizes, innovates, automates, and finds cheaper markets – means towards their own ends – there will be victims, those still oriented to the old world, to the old ways. This creates the "problem" of what to do with "them," a challenge made all the more stark by the fact that working class white men only a generation or two ago, through collective bargaining, had fought and won an amount of recognition as something more than exploitable bodies, as respectable *providers* (Winant 2021; MacKinnon 2020). A society could be built upon their backs, and for a brief "progressive" moment, it seemed possible to imagine that their care and security made the society beyond them more secure too.

The men at Awakenings, the recovery house at the centre of this thesis, find themselves at the moment of reckoning, confronting the necessity of change, of recreation. In my year at Awakenings, I learned to hear in these men's stories, in their fears and frustrations, a consistent message: the rules I was given and the game I'm supposed to play don't line up. They tried hard to make the old rules work, in the places where industry remains, only it proved illusory, a

degraded facsimile of a mythological former era. They had worked 21 straight 12 hour days, vast distances from home, and had found the "work hard, play harder" ethic impossible to sustain. It was going to kill them. They arrived at Awakenings already broken, their exploitable invulnerability already made vulnerable, made weak. Then, the treatment centre further destabilized what they thought they knew. Now they were told point blank that their old ways won't do, that openness and dependence will be their way forward now. The centre draws out the new vulnerability that will allow him to change, to find a new path, and possibly a career that won't kill him. And this is why treatment centres, left to the marketplace and desperate for help as they are, find themselves in their own vulnerable state, having to mind a dangerous temptation: exploiting their residents for the skills of this "trade," in the delivery of their product – a commodified "sobriety." And yet, if they can manage to keep it in sight, TWC administrators are aware of the paradox: sobriety works so much better when it is given as a *gift* (Travis 2009). They know that their residents – for they were once residents too – can be needed in this world, that their stories of survival do count for something, and can become their greatest asset. But in this context, in this *industry*, the treatment worker's asset will be his to guard on his own, for, however unfair, the burden will be on him to maintain his priorities: care of self first, care of other second.[15] If he *can* learn to guard his sobriety, then he'll be less at risk of having it commodified and extracted, and he'll be able to give it away as he chooses.

2. Methods and My Role at TWC

As I said, my fieldwork at, officially, Together We Can Addiction Recovery and Education Society, began in early 2020, and lasted a year. In discussions with my main

[15] That said, in *Chapter 3*, I will make recommendations to TWC, which I will summarize in a report and present to their administrators, of steps they may be able to take to mitigate this risk.

administrative contact at TWC, Mark, it was decided that I would spend the majority of my time stationed at one of the centre's 25 houses, Awakenings, which houses up to 18 of TWC's 320 residents. Awakenings is one of many satellite houses, scattered mostly through East Vancouver, and is about a five minute drive from the "main compound," where administrators and clinical staff work. The house divides its residents between six bedrooms. One, in the basement, counts curtains as walls. The house is situated in East Vancouver, in a neighbourhood that has historically been populated by multi-generational East Asian and South Asian families. While Awakenings is in better shape than other recovery institutions that I've seen – certainly one that I lived in Surrey, BC – a couple of residents told me that they thought it was a "shit hole" upon arrival, one having come from a higher end, private setting, and the other from a hospital-based program in Alberta. Splitting the difference, I'd say that Awakenings is a modest but self-respecting setting. It doesn't outwardly announce itself as an *institutional setting* in the ways that others can (e.g. other recovery houses, halfway houses, group homes), though the signs are there; most obvious, the sheer amount of grown men coming in and out of the house.

Given the sometimes rapid turnover – during one particularly dramatic week, about half of the house left in one mass "relapse" exodus – I met well over one hundred men over the course of the year. The turnover also meant that I "met" the same men on repeated stays. One in particular came in three times during my year. Of the 100 plus that I met, I interviewed 25 men. Most of them roughly fit the description of the overrepresented treatment resident central to this study, and a good number of those were from the deindustrialized regions around Sydney, Cape Breton. Given my interest in the labourer-turned-treatment-worker, 20 of the men that I talked to had some experience at least volunteering at TWC. I interviewed some men on multiple occasions, circling back as my questions became more refined. With all men, I asked them to tell

me their "recovery story," which follows the rough outline of "what it was like [while using], what happened [the turning point], and what it's like now [in recovery]." Of note, only a few men overlooked descriptions of the challenges facing their hometowns (until I prompted them), and only two of them had spent some of their childhoods growing up in the urban core of a major city (one in Southwest Asia).

Being stationed at one of TWC's houses meant that I became an established presence in the house and it meant that I got to know a smaller number of staff members quite intimately. Awakenings had two main staff members during the day, the in-house alcohol and drug (A&D) counsellor, and the house manager, and about 6 relatively consistent supporting staff, some of whom stayed for the overnight shift. Newcomers often assumed I was "staff," and many called me a "counsellor," however many times I clarified that I was there primarily as a researcher. Part of the confusion had to do with the fact that many staff were, by default, called "counsellors" – an effect of the fluidity of "service work," and the fact that Twelve Step culture is premised on peer, rather than professional, support – part came by virtue of the fact that I am, "by day," a psychotherapist in private practice, and part, naturally, came by virtue of the formal role that I took on at Awakenings, which resembled the actual A&D counsellor's role.

Every weekday morning, the living room would fill with the residents, its perimeter lined with sofas that had seen better days. Then, Kelly and Doug facilitated "check-in" for about an hour, where residents shared about where they were at in their recovery. In many ways it resembled an AA meeting, but with the added element of "housekeeping:" often this meant Doug stressing the importance of accountability and "fellowship" regarding chores, or it might include a moment for residents to mediate their differences and apologize to one another after some kind of conflict. After check-in, for the rest of the morning and into the early afternoon, Kelly, the

(actual A&D) counsellor, would lead "group." In group, psychosocial and spiritual education was delivered to residents, and discussion was facilitated, mostly, with regards to the Twelve Steps. On Friday mornings, for the duration of my year at Awakenings, I facilitated group.

Officially, "Brett's class" (as it became known) was ostensibly about "Society and Addiction." Every Friday, I weaved my own addiction and recovery story in and through the psychoeducational material I borrowed from my psychotherapy practice and the sociocultural research that has influenced how I look at addiction, using all of it to facilitate a discussion with the newly sober men of Awakenings. Over the course of the year, I facilitated discussions about things like "social norms, shame, and addiction," "the role of community in recovery," and "the social groups disproportionately impacted by addiction." Many of the key insights I garnered over my fieldwork were gifted to me by the contributions that men made in group.

Given its foundational status in recovery culture, my self-disclosure as an "addict," and as a person who has personally spent time in residential recovery settings, was never a question. And given the years of sobriety I have accumulated, it was pointless to avoid being perceived as a kind of "elder" in the treatment setting. I was looked to for guidance as an AA "*oldtimer*" at least as much as I was as an "addiction expert," or psychotherapist, though I was looked to for knowledge in those domains, too. With this in mind, I navigated a complex role as both an insider and outsider in the treatment setting. I have little doubt that being a kind of insider garnered me trust in a culture that venerates non-expert knowledge – or rather, that promotes peer knowledge to *expertise* (there is perhaps nothing more foundational to the AA tradition, as I will explore in *Chapters 2* and *6*) – and yet, I was consistent in reminding the men that I met that I was, particularly as a researcher, an outsider, too. Men were told that there was absolutely no obligation to talk to me, and always had the option of doing something else when I was

facilitating group. Only one man over the year opted out. And while I was met with suspicion on occasion (men had a way of testing me for credibility, as I will later discuss), it was fascinating to watch how other men, who had already come to know me, signalled to the more suspicious that I could be trusted. Numerous times I heard my "supporters" tell a newcomer to the house, "it's okay, he's cool," and I still feel grateful to these men. In keeping with central themes of this thesis, there is little doubt that "expertise," lived-in credibility, redefined masculinity, the trust garnered through openness, the respect garnered through years of sobriety, and the relatability communicated through one's story, all converged in how I was perceived and overwhelmingly accepted in the group.

CHAPTER 1
Beyond Blame and Pity: Approaching Divergent Togetherness with Working Class White Men in Recovery

The crib board was between us, Derek likely winning. He had become a serious player in prison. We were in the basement of the recovery house, sitting across from each other at one of several kitchen tables. Derek and I were doing recovery talk, exchanging "*war stories*" about our pasts, the experiences that led us to our bottoms, and then on to Freedom. I was likely feeling a sense of inadequacy and embellishing elements of my story. I felt this often at Freedom – too soft – like I didn't qualify as the kind of man that had earned one of Freedom's 13 beds. The relatively brief time I had spent in shelters felt less credible than prison time. Derek had been imprisoned after a drunk driving accident. If I remember correctly, he hurt someone in that accident. I do remember that he was embarrassed about his struggles to read. Not long after I left Freedom, I learned that Derek died of liver failure.

My memories about that time, more than fifteen years ago, are blurry. And yet it's easy to recall something Derek said over the course of that conversation. He was detailing the violence and the poverty that he faced growing up in his hometown of Glace Bay, where "everyone is fucked up," and where opportunities have been scarce since the mines closed, when the company left the company town. Then, he interrupted himself, and concluded, "Ah well, I have no one to blame but myself." Even at the time, perhaps a month or two sober myself, only a month or two removed from a homeless stint, the comment caused an incredulous head tilt.

And it stayed with me. Ever since, I have revisited questions like, how do men like Derek come to make self-blaming statements, especially when they can otherwise clearly identify the social problems impacting the people of their hometowns and communities? Are such statements performative in some way? Related to masculinity, or pride? Or, a kind of recovery-inspired

"presentation of self," signalling that one is "taking accountability now"? Or do they represent the actual felt presence of self-incrimination? Of guilt or shame? Do statements like this relay, through the speaker, something about the world's politics or an ontology about what actors and agents are assumed to be?

One might say that this thesis began as a history of this single phrase, and that it attempts to address, if not exactly answer, the various questions that it raises. In this chapter and the next I will express an appreciation for those who have focused on the latter questions, who have argued that "addiction" and "recovery" are discourses constructed within the ontological orientations of "modernity," built from powerful elements of the modern world's ways of naming and knowing, elements like rationalism, economic liberalism, positivism, and structuralism.[16] In what I call the "biopolitical" approach, addiction and recovery are "unmasked" and revealed as discourses that produce an individuated, pathologized, and over-responsibilized form of subjectivity, one that, as applied here, would dispose people to "self-blame." And only further disposing addicts to self-blame, the sociopolitical realities of the neoliberal era – an era defined by the withdrawal of state-based welfare, infrastructure divestment, regressive taxation, economic deregulation, and a correspondent turn toward the politics of "efficiency" – have cynically placed a premium on "personal responsibility." At least implied in the biological approach, those who live "under the description of 'addict'" (Martin 2013, 287) are victimized by these structures and discourses. In partial alignment with the unbalanced equation at the heart of this thesis, ADDICTION > recovery, the injury results from the promotion of the "sick individual" and the question of

[16] In later chapters I will focus on self-blame in relation to gender and masculinity, and how these further relate to "moral feelings" like pride and shame. And throughout the book, as I laid out in the introduction, I will be taking seriously the "movement" implied by the question, how do men like Derek *come* to say things like "I have no one to blame but myself?" – as in, I am interested in the empirically traceable history of "men like Derek" *travelling through space and time* and arriving at *places* (e.g. recovery institutions) where they say such things.

agency to the analytic foreground, while questions about social norms and systemic problems – the things *structuring* these discourses – recede.

And yet I will also argue that sometimes this interpretive focus, in its singularity, slips towards the very modernist tendencies that folks in this camp purport to be critiquing. The biopolitical approach sometimes leaves the impression that it portrays *everything*, at least everything important, about addiction or recovery. Rationalism and structuralism, in particular, reappear within interpretive frameworks that can be hard to distinguish from *explanatory models*. The "grand narrative" reappears, with those in positions of knowing revealing the hidden clockwork of society, the "real" structural forces that determine people's actions. Consequently, and ironically, Foucault is turned into another Marx, Freud or Durkheim. And complex people – recovering addicts, in this case – end up represented as the *victims* of powerful forces, rather than as people in any meaningful sense. I know, personally, that I don't always recognize myself, nor would many of the men that I met at Together We Can recognize themselves, in the words of the addiction critics that speak "for them." I will argue that the projects that I have in mind, where addiction and recovery are "techniques" of governmentality and biopower, discourses constituted by the "economic plane of reality" (Foucault 1991, 92) and the "medical gaze," lose sight of local and pluralistic ("poststructural") commitments and edge close to what Savransky (2021) calls projects of "world monification." And to be clear, I by no means disagree that addiction and recovery *can* be victimizing discourses. I am only wary about another form of victimization appearing when these discourses are construed to be *singularly* victimizing.

A preoccupation of this thesis, when the social analyst attempts to address the problems that arise when the world is assumed to be a singular place, one dangerously divided between those who know and those who don't, they face the challenge of navigating two moral

commitments at the same time, both truth *and* pluralism. The critic, of course, cannot exhaustively address each topic from all sides, but rather must select an analytic focus, and stake their claim. There's no avoiding the position of authority that one must speak from, no getting around speaking *for*, nor making an object out of, "the other;" reduction comes with *any* representation. And yet, authority must be held with great care, and the "spoken for" would ideally recognize themselves in the critic's words. Yes, Derek's statement of "self-blame" very likely reveals something about how an economic social order unjustly individuates us, and *speaks through us*. And yet it is simultaneously possible that Derek is saying something important about his commitment to accountability as an ethical actor in the world, that he is speaking from a position that Twelve Step recovery culture has helped him arrive at, and that evidence of a working class white man learning to better see "*his part in things*," might not be entirely bad news. Accordingly, it might be said that a pluralistic commitment can be an important check on a truth commitment, and that such a check seems critical right now, at a historical moment when connecting across division and difference has become, evidently, so very challenging, and when condescension happens at our collective peril.

As I identified in the *Introduction*, when I arrived at Together We Can, it was obvious that I would have to speak about and represent the experiences of *the* group significantly overrepresented in the treatment centre – working class white men, like Derek – a social group that can be easy to malign and whose problems can be easy to dismiss. God knows that I encountered in these men things that I, alternately, wanted to turn away from or argue with them about (and did, on occasion, as I will return to in a later chapter). With these men I continually encountered expressions of racism, nationalism, sexism, homophobia, and "white male fragility." This, of course, is the group I refer to when I reference the risks of condescension, and if

pathways for connection and understanding are not carefully created, the risks are dire. Working class white men are vastly overrepresented in the "overdose crisis" (Perrin 2020) and there is even the potential for this group to, quite literally, weaponize their sense of deprivation. In short, their problems need attention, and "elites" need to be in dialogue with them, without dismissing them, blaming them, *or* pitying them.

In the part of this thesis most explicitly related to addiction and recovery, in the next two chapters, I will address the challenges of navigating between truth and pluralism in relation to what I see as condescending representations that regularly appear in addiction science, across all disciplines. The "condescension problem" comes from good intentions, and is a response to a more primary blame and stigmatization problem. Motivated by compassion for drug users or addicts, the condescension problem appears when the drug user still ends up represented as something more object than subject; for instance, as a victim of *totalizing* forces, or as a kind of prop being staged within the researcher's larger project. I will argue throughout the next two chapters that there is a way out of this problem, rooted in a pluralistic commitment, but practically accomplished by retiring from what I call "the metaphysical approach" to the study of addiction and recovery. In Chapter 1, I will begin with an overview of the metaphysical approach that pervades addiction studies, which seems to guarantee a never ending debate between "agency and structure," and is more deeply rooted in unnecessarily oppositional notions of freedom and determinism, which is why *blame* and *condescension* keep showing up too.[17] As an alternative, I will offer a critical lens crafted from elements of empiricism, pragmatism, "ordinary ethics" (Lambek 2010; Laidlaw 2010), and from Foucault's later turn from "politics"

[17] Blame comes from a too-simplistic notion of freedom. Condescension comes from a too-simplistic notion of determinism.

to "ethics" and the more compatibilist[18] notion of "subjectivity" that he found when he did. My aim is to shift the "addiction" conversation away from "*the right way to think about agency*" and recentre it as a conversation about representation, relationality, and ethics – about how different systems of thought variously apportion and distribute "responsibility." Here, I will argue that different interpretive frameworks "serve different gods" – orienting, as each one does, to various metaphysical assumptions and their corresponding moralities. And though I aim not to be a (true, and thus nihilistic) relativist about these different gods, I will nevertheless focus on the *effects* of these "belief systems," rather than their rightness or wrongness.

In Chapter 2, I will then use this critical lens to survey the various approaches that respond to the addiction problem, with an eye to the gods they serve and the effects that each cosmology produces. There, my practical aim will be to introduce the language and discourses that circulate in treatment centres and in the broader recovery culture, and show the reader where my project fits in relation to other addiction projects. My critical aim will be to provide further evidence of the "condescension problem." As well, I want to demonstrate how "addiction" and "recovery" discourses – in part because of the metaphysical focus on agency and structure – obscure other possible stories, and lack specificity relative to the groups to whom they are being applied, as in my case, working class white men from nonurban Canada. These long-established frames predispose the critic's analysis, and as with all frames, the things excluded from the frame can be important. Some of these exclusions – labour, exploitation, opportunity, masculinity, and spirituality – find their place in the chapters following these first two.

[18] The Wikipedia definition serves well here: "the belief that free will and determinism are mutually compatible and that it is possible to believe in both without being logically inconsistent. Compatibilists believe that freedom can be present or absent in situations for reasons that have nothing to do with metaphysics" (Wikipedia).

Notwithstanding the critique that I will develop throughout these chapters, I am undoubtedly indebted to the biopolitical approach to addiction scholarship. As such, these chapters can also be seen as me trying to push "self-blame" into the biopolitical framework so that I can demonstrate what even this camp's frame excludes, while also taking what is helpful. Indeed, this thesis is not – at least not *only* – another well-intentioned analysis about the neoliberal social order and the ways that it reproduces itself in people, as true as it may be that the men of TWC are labouring with a social problem on their backs that they cannot possibly carry. Though this is important to recognize, it is by no means the only transformation that I witnessed in TWC. I witnessed fragile and proud men learning to open up to each other, to represent themselves honestly and humbly, and to depend on each other. As Matt told me about his arrival at a treatment centre for the first time: "who else is gonna love a junky? Who else is gonna love a crackhead? I mean, I didn't do great things for society, and I didn't expect society to love me back, and then I go to a treatment centre, and they say, 'I love ya.' Go to a treatment centre and they say, 'I get it.'" I also witnessed men, like me, whose worlds radically changed when they realized that it was possible to transform the most contentious of words, *God*, into something that they could relate to, rather than something alien and hostile. I witnessed men find new opportunities in this world, where "labour" no longer had to mean extracting resources from the ground, but rather transforming one's own struggles with drugs and violence into a gift for someone else.

1. The Biopolitical Approach to the Study of Addiction: It's Strengths and Limitations

Undoubtedly, my thoughts on addiction, and the eyes and ears that observed the men at TWC, have been influenced by two broader frameworks, governmentality and biopolitics. These frameworks track the presence and sociopolitical influence of two pervasive, and interrelated,

social norms: productivity and ("good") health. According to Foucault, these norms were promoted with the needs of the modern state, and, specifically, with the reconstitution of sovereignty (or state power) that comes with the decline of divine authority. Where the sovereign's power, and monopoly on "legitimate" violence, was before established in the higher authority of God's will and decree, now the state's authority is based in a kind of stewardship of the nation's (assumed) collective good; we submit – we *subject* ourselves – because we assume it to be in our interest. We all must do our productive part in maintaining the health of the economy, of the nation's wealth and, thus, its capacity to provide for its citizenry. Relatedly, we all must maintain our individual health for it is through the maintenance of our healthy bodies that we each participate in the collective good and prevent the potential for our bodies to burden the state's limited resources.[19]

Through this lens, the citizen is always a "subject" in a doubled sense. First, as the sovereign's subject, one is *subjected* to forms of constraint and control. And second, the subject participates in the continuous reestablishment of the social order by way of their day-to-day choices and habits – that is, by way of the exercise of their subjectivity, of their personhood. "Biopower" is a shadowy, kind of sneaky power, because through the establishment of "health norms," it can be hard to tell the difference between coercion and "self-care." As in Foucault's most famous metaphor, we become participants in a panoptic system, always *feeling* watched, individually "surveilling" ourselves. The shame one feels about gaining a few pounds might have been more immediately instilled by a critical parent, but this dynamic may be playing out against a normative background – an ever present *should* – that associates thinness to goodness, or moral

[19] Winant's (2021) analysis of the state's ambivalence regarding the health of its "surplus population" (i.e. the "unproductive") adds complexity to this picture, but it by no means negates the overall thrust of Foucault's argument – that productivity exerts a felt, normative pressure on the population.

responsibility. Importantly, in this system, "authority" can go unquestioned, or, most dangerously, unrecognized *as* authority in the first place. Good health is *just* an unquestioned good, and doctors and other medical professionals are *just* acting benevolently, in our interest.[20]

Within these frameworks, Levine's seminal paper, "The Discovery of Addiction" (1978), traces "addiction," as a discourse, back to the initial period in which certain forms of substance use became the *concern* of men of science and "intemperates" became enrolled in the good doctor's (assumed) benevolent project. At around the turn of the 19th century, Benjamin Rush[21] and other "Temperance Physicians" brought the intemperate under the lens of the medical gaze. And so began the recategorization of substance use from *sin* to *sick*, at a moment in history when the "curability of everything" (Ferentzy 2002) seemed possible, a time when "medical materialism," as James (1902) called it, began its ascendancy in the public imagination. Of a piece with the Enlightenment ideal of human perfectibility, those in positions of *knowing* would help usher in a better social order, each human within it a knowable machine, with inner mechanisms that could be fixed, each individual a component of a great clockwork that would eventually be tuned to work in productive harmony.

As Christman (2023) says, "the poorer someone is, the more visible that person becomes," and similarly, the addict's "self-destruction" draws attention because it stands in relief against a background of "rational self interest" and "productivity," where the objectifying medical gaze questions not the norms but rather what ails the individual who lives apart from them (Rose 1996; Reith 2004; O'Malley & Valverde 2004). Addiction, in this sense, is a

[20] Though this framework is still very useful for tracking public health discourses, the givenness of public deference – of public "docility," in Foucault's term – is more difficult to see of late, especially with the suspicion of "elite authority" that pervades emergent "alternative health" discourses, which have been accelerated by the pandemic.
[21] One of America's "founding fathers" and known as the "father of American Psychiatry."

powerfully illustrative symbol of modernity's ways of knowing and naming – one can work backwards from it to modernity's (at least tacit) theories of agency and personhood. Valverde (1998), building on Levine, argues that addiction (as we know it) began in the only time and place that it could – America. It was here that freedom became associated with self-control, as the "will's power to manage desires" (17), and this was happening at the very moment that the soul was being "replaced" by a material version of the will, something now knowable "within" and of the body. As she says, the history of addiction is a study in the simultaneous pursuit and "long decline of the project to construct a science rather than a philosophy of the will" (3).[22]

I will say more about the historical movement towards the medicalization of substance use in the next chapter, but for now, I will update this picture to the contemporary moment, in which neuroscience has taken over for temperance medicine. In the main current which runs, rather directly, from Rush to the present, from intemperance to the "brain disease model of addiction," the "cause" of the addict's abnormal drug use is a foundational diminishment in personhood. As I will expand on in the next chapter, the addiction formula can be thought of as: (*predisposition* →) *substance* → *damaged personhood* → *social harm*[23]. I bracket predisposition here because this is what contemporary science has added to Rush's formula, as an attempt to acknowledge the role of the environmental "social determinants of health" in the production of addiction, and thus, by extension, social harm. Regardless of the environment's role, however, it only serves to predispose a given *individual* to the "chemical hooks" (Valkow 2007) within certain drugs, which compromise the user's cap-*ability* (in a foundationally ontological sense) to

[22] As insightful as Valverde is on this, "decline" seems somewhat optimistic given the staying power of the "scientific" project, generally, and the ascendency of neurobiological addiction research, specifically.
[23] By social harm, I mean something broad that can include a simple breach of social norms.

make (meaningful) choices. Thus, the addict, or "disordered" person, is absent the power of choice; they are no longer able to demonstrate self-control.

This model of the addiction problem attempts to extend compassion to the addict, to alleviate them of blame. Compassion, here, rests on the presence or absence of the capacity to choose, which might be equated to Augustinian or Kantian pictures of the world, where choice and morality are only meaningful in the presence of (a) "free will." As Ahmed (2014) says of Augustine's view, "Humans must be free not to be good in order to have the possibility of being good" (11-12).

From this, healing, or "recovery," means regaining one's capacity to make meaningful choices, those that, ultimately, cause less social harm, or, put differently, breach fewer social norms. (Though interestingly, this often excludes the possibility of *recovering* the ability to use drugs differently.) According to Rose (2004), contemporary neurobiological perspectives give the appearance of self-contained systems that require no further explanation. Freedom is potentiated by way of the brain's neuroplasticity; it is a matter of aligning interventions at an individual's broken choice equipment. Meanwhile, structural problems like poverty, inequity, deindustrialization, or community disintegration, slide out of view.

In this entirely normative picture of choice, it is easy to see why those in the biopolitical camp might make sense of recovery as itself a "technique" of self-blame. Many whose aim is to historicize, or deconstruct, addiction would likely make sense of an attendant statement like "I have no one to blame but myself" with a concept like "responsibilization" or "symbolic violence." The former is "the process whereby subjects are rendered individually responsible for a task which previously would have been the duty of another" (e.g. the state, or its institutions) (Wakefield & Fleming 2023), and the latter, "the mechanisms that lead those who are

subordinated to ‘misrecognize’ inequality as the natural order of things and to blame themselves for their location in their society’s hierarchies” (Bourgois & Schonberg 2009, 17). These concepts, descended from Foucault and Bourdieu, though ultimately variations on Marx's "false consciousness," offer invaluable, political challenges to prevailing approaches to drug use and addiction, for they shift the frame from fixing the individual to focusing attention on the structures that produce social harm. The presence or absence of “choice” or “self-control” is refused as the key site in the addiction problem. Rather, choice and reason can be entirely relative concepts; it may very well be *reasonable* that a person uses drugs in exactly the ways that they do, in whatever given context. By extension, personhood itself does not need to be the key metric in the problems associated with drug use or addiction; we need not corner “morality” into a logical trap, or steer our moral outlook into a binary choice, where compassion rests on the representational distinction – on the categorical or ontological distinction – between persons and non-persons, agents and victims, subjects and objects.

Many critical addiction scholars (Granfield & Reinarman 2015) might stop a chapter about the relationship between addiction and self-blame somewhere around here, saying to me, you already have your answer: addiction and recovery are themselves techniques of self-blame. One might, rightfully (if not exhaustively), say that the addict is a “shadow to the modern liberal ideal of the freely choosing subject” (Garriott & Raikhel 2010), and thus the very notion of addiction functions as “a civilizing technology” (Vrecko 2010) or as “a form of disciplinary social control” (Bourgois 2000). Indeed, I give these critiques their due, and I will carry some of this language through the rest of the book. As laid out in the *Introduction*, I do not dismiss the idea that "recovery" is asking too much of the "addict," asking, as it does, an individual to fix a social problem. Framed within the unbalanced equation, the treatment environment can

undoubtedly be seen as a "disciplinary environment," one that attempts to get people in line with the productive social order, and I will present it as such at several points throughout this thesis. But this is also where the problem with the biopolitical approach appears, at least when applied in a singular, *explanatory* way. It is where another exclusively deterministic outlook appears, one that seems to equate discipline to dominance, and that only sees those within the sphere of recovery being "indoctrinated" to serve the God of capitalism, neoliberalism, biopower, and/or modern instrumentalism. This, I believe, overlooks the possibility that recovery culture is oriented to another God, or at least, to multiple Gods at the same time.

As an example, Fairbanks (2011) talks about the "recovery house," a more informal version of the treatment centre, as a "device" in the technologies of governance, the locus for a "responsibilization" discourse "through which self-governance technologies may be executed" (2562). In Fairbanks' analysis, Twelve Step-oriented recovery helps to deliver the liberal discourse of addiction, which flows into "the recovering subject," a person tasked with orienting themself towards "good citizenship" and "social mobility." Fairbanks concludes that the "recovering self" becomes the "primary if not the only solution to poverty" (2566), and the recovering subject is established as "the proper object of recovery house discipline" (2566). More broadly, the personal responsibility discourse gains traction with the decline of the welfare state, which is itself a product of "institutional transformations under the economic pressures of globalisation" (2556).

McKim (2017), in a study of women's treatment centres, tracks the ways that "addiction" can operate as a totalizing discourse. For the poor and nonwhite, and especially for those who come to treatment through the criminal justice system, it is a disorder of the whole self – a way of locating in the corrupted will an explanation for social transgressions, an explanation,

effectively, for failing *as a human*. By extension, she concludes that recovery institutions play an important role in "governing through addiction," which "is a strategy for dealing with social marginalization" (15). Carr (2011) acknowledges the ways that the treatment residents in her study found ways of resisting totalization, by formally adopting the recovery "script," but not necessarily investing in the script. On the other hand, whenever there is mention of the women in her study reporting personal or spiritual growth, or of gratitude for their sobriety, these are signs of the recovery script having been internalized, and thus do not seem to indicate the same kind of "resistance." Something rather singular appears here, where women having success at recovery – a disciplinary process assumed to (perfectly) align with the god of biopower – *only* serves to victimize them. To my mind, this overlooks a multivalent interpretation, where real, if forever relative, freedoms *can* be achieved through recovery, at the same time that the recovering person is doing a kind of favour for a state, or a broader political order, disinclined towards the structural solutions that could theoretically prevent the production of addiction in the first place.

To be fair, Carr admits that her purpose is a critique of the institution (nor does she pull punches with the institution's staff), but the result is that a fully realized sense of the residents' subjective experiences recedes from the analytic foreground. In short, to the extent that her analysis concerns "addicts," it reads as an analysis about the *systems* (i.e. structures) that addicts are the victims of. McKim, similarly, explicitly states about her ethnographic intentions that because she "was interested in the institutions' culture, mode of therapeutic governance, and relationship to larger systems, I spent more time with staff members than I did with clients" (17). It's striking to me, then, that both researchers end up making such definitive and singular interpretive statements about the experiences of the treatment residents in their studies, while admitting that they were not the primary focus.

Again, the problem here is not so much the interpretations as it is the near totalizing presentation of the people that these researchers represent and, I sincerely believe, are fighting for. I'm particularly struck by the ways that the messages of gratitude and change and growth that do show up in these studies end up, effectively, translated into something that ultimately signifies the tragedy of addiction's dominance as a discourse. Undoubtedly, there are important questions being asked, but they are being staged in an accusatory politics that comes uncomfortably close to a kind of *speaking for* that risks foreclosing on more complex, and multivalent notions of "freedom" and "truth." Instead, we find a "freedom" defined against structure, and a singular, *structural* truth rather than multiple.

On the surface, the biopolitical approach engages in the cause that I am championing. It offers us a way of thinking about why "modern societies" attribute and assign agency in the ways that they do, distributing "too much" of the responsibility to individuals (or the interaction between drug and drug user's brain) and not enough to social forces like poverty, deindustrialization, housing policy, short-terms election cycles / lack of social investment, social stigma, and so on. On the other hand, biopolitical projects too often lead back to a presentation of "diminished" agency, only where "structures" different than drugs, trauma, and the brain are determining action. And here, where people fight losing battles with dominant, determining forces, we can once again end up going from an attempt at compassion to a representation of people in problematically simple terms, where the multivalence of people's experiences ends up absent in the analysis. And so, what is the alternative?

As I will argue, people's complexity is better represented by a theoretical outlook that allows determining forces and relative freedoms to coexist; a framework that can hold complexity and contradiction, and can dignify the ways that freedoms are being exercised, right

alongside the ways that people may indeed be suffering from exploitation or coercion. Conversely, condescension, pity, blame, and dismissal tend to appear when freedom – or agency, more broadly – is assumed to be a binary or quantifiable thing, something that a given actor either "has" or does not, or possesses an "amount" thereof. Instead, I will argue that the amount of agency always *stays the same*, and it is the project or the *ends* – indeed the god – that agency is oriented to that changes. Countering the neurobiological perspective, I've met many a fellow addict who were anything but unintentional, purposeless, "un-willing," or lacking creativity in the pursuit of drugs. And countering the biopolitical perspective, I've met many in recovery who are plenty purposeful in the pursuit of goals more complex than "productivity."

2. From Metaphysics to Ethics / From Agency to Responsibility

Binary oppositions keep showing up in this chapter. Choice is present or it's absent. The brain works or it doesn't. It's either agency *or* structure. And "discipline," somehow, seems opposed to freedom, which seems strange when one considers how often it might be said that "freedoms" come from forms of "spiritual training" or "ascetic practice." As a therapist, I engage everyday in forms of practice meant to increase my client's capacity to take certain risks, whether that be asking someone out, applying for a job, or talking to a parent about something vulnerable. Though one might want to make the case that therapy, as an institution, serves the productive order (and I'm here for that discussion!), that critique need not foreclose on the relative "wins" that my clients are making by way of "ethical practice." Nor would I want to deny the affective achievements of monastics of whatever lineage, though I may take issue with their theology. Thankfully, having to choose between freedom or determining structures is a choice that need not be made, and Laidlaw's (2010) discussion of the often-elided moral or

evaluative dimension of social analysis shows us a way of not having to (as does Foucault's reworking of "subjectivity," which I will return to below).

For Laidlaw**,** freedom and determinism / agency and structure / intentionality and constraint / creativity and destiny, all of these can be thought of as two dimensions of a given social analysis. Here, the analyst's motivations, commitments, and biases are taken for granted, and the analyst simply gazes out at the world "out there" and observes and describes the relationship between the individual actor and the "social forces" (the other actors "outside" of the individual in question) that it interacts with. It's as if this practice of observation and description simply documents the "physics" of these interactions; the ways that bodies come into contact with each other. One might document that the external actors appear to completely *determine* the actions of the individual, or they might find that the *subject* in question exerts an irreducible power and influence on the surrounding environment. In this 2D picture, *power* (or will) is ultimately the "force" in question, where the actor and the "external forces" are caught in a kind of eternal struggle with each other for "control." For Laidlaw, this *flat* picture is incomplete. For him, and those that can be said to foreground questions of ethics in their analyses (Lambek, Mahmood, Asad, etc.), when the analyst's motivations, biases, moral commitments, and politics are brought into the analysis, the picture finds a *third dimension*. From here, we can more honestly and explicitly account for the fact that social analyses are never mere descriptions of what the world *is* (metaphysics) but are, rather, projects about what the world *ought* to be (ethics). Consequently, the things we call "agents", "wills", and "social forces" are not (or do not have to be) "physical" things in the world, but are rather the descriptors and categories that inevitably biased, morally and politically motivated people *attribute* to the world that they are representing. Of course these words correspond to a "real," material state of affairs, but it is not a

foregone conclusion that that world "out there" can only be represented in one way. Usefully, this liberates us from having to pit freedom and determinism against each other; it creates an avenue for a kind of "compatibilism" that has helped me to feel more at peace with a primary concern that has consistently accompanied my thinking on addiction, and the problem of "choice," more generally.

I thought that addiction, as popularly conceived, was *too much* about agency and *not enough* about context. I thought, again in a kind of quantitative way, that the *actual* portions were off (rather than, say, the *positioning* of emphasis). For years, in my own life, I have looked at those around me who have not "recovered" and refused a story that characterizes the difference between them and I as one of *will*. That has never, literally, made sense to me – where does this thing called "will" come from, if not somewhere contextually contingent? How could I possibly be responsible for the fact that I "have one?" Commonly enough, people have congratulated me on my sobriety and I haven't known what to do with such praise. They say things like, "you must be so proud." Sometimes this has felt condescending, but more often, just confusing, like I'm not sure where such credit is *supposed to go.* I figured that I was lucky, or more fortunate; that I had been given resources that others hadn't, whether that had something to do with a caring mother, relative financial security growing up, my status as a white male, or, more randomly, that I had decided to turn left that day rather than right. If I had gone right, my entire life might be different. In AA, I learned to relate to this infinite complexity through the notion of "God's grace;" ultimately I *couldn't know* what to attribute my sobriety to, but I became more comfortable without certainty, not *knowing,* having been given a *gift.* Ultimately, I still see the "physics" of my life this way, the question of resources, or *structures*, this way.

And yet, now I *also* see that I was supporting my position of confusion by way of a singularly deterministic outlook, by way of *attributing* everything to structure, and nothing to agency, by assigning all power, and credit, to context, and none to me. Enough time spent as a psychotherapist has helped me to realize that this "way out" has its own shortcomings[24]. It became obvious that when my clients struggled to take credit, this wasn't simply "humility," or the "right way to think about how agency works," but sometimes, yes, a "defense mechanism," sometimes a way of deferring agency so as to continue to live in a world with less expectation, or less hope, when staying depressed might mean not having to confront certain fears. Along these lines, I also realized that it was rather obvious that people tend to benefit from others taking accountability for their actions – that most of us can feel the difference between a meaningful apology and an apology wedged between excuses – which led me to reckon with the logical trap that I had been living in: if people need others to take accountability, then they also need them to take credit. Accountability and credit are *both* versions of "taking responsibility." As Lambek (2010) says, taking responsibility is "the motor of history…it produces a subject position of agent rather than victim" (63), and in so doing anchors history to a story of actors. Importantly, people *can literally do different things* when they reposition themselves from object to subject, from victim to agent, within their own narratives. That is, when someone reevaluates and personally redistributes "responsibility" within the interpretative framework that mediates their participation in the networks that they belong to, they might be able to transform an "I can't" into an "I can," or an "I might be able to." A kind of traversal in "subject position" (if not yet "behaviour") happens in the moment that someone realizes, "Damn, I didn't see that I was telling

[24] One shortcoming is indeed the condescension problem, where compassion becomes an objectifying form of pity.

myself a story about that. I didn't realize that I was living in such a black and white picture. I actually *can* _____ (apply for that job, quit that job, ask that person out, confront my father about his behaviour, etc.)."

So now what was I supposed to do? Become a neoliberal? Conclude that those who struggle to recover really aren't "trying hard enough?" Thankfully no, there is another way, one that does not require the imposition of a problematically universalist, normative "theory of personal responsibility." I've come to see that attributions of responsibility – including the attributions that individuals assign to themselves – may indeed be an inevitable part of any social system, but attributions of blame, and pity, are not. Simply put, the stories we tell are not arbitrary – some indeed are more blaming, and some more condescending than others. And as I will return to in the next chapter, if taking accountability and accepting credit can be contrasted with blame and pity, the latter can be distinguished by overly reductive, simplistic, and singular attributions of responsibility.

By approaching addiction and questions about agency from the position of social evaluation, from the moral dimension (though not *moralizing* dimension), the "problem of addiction" can shift from debates about agency *versus* structure, or freedom *versus* determinacy, and become about how, and in what "projects," systems of thought, or cosmologies, responsibility is attributed to *things* – things as diverse as wills, diminished brains, drug dealers, pharmaceutical companies, neoliberal governments, intergenerational trauma, and so on. There is much room for pluralism in this picture, for an *agent* need not be a *being* constituted from an "out there," *metaphysically real* thing called a will. Laidlaw critiques Actor Network Theory along these same lines, when he cites ANT's "blind spot": the "flatness" of descriptions that do not always account for the intentionality and evaluations *of the evaluator*. ANT opens up the

possibility of "things without wills," but, Laidlaw argues, the theory smuggles in its own normative claim about objectivity, as if any such network is "obviously" the way that it is, as if we are seeing straight into causation itself. In the case of Milgrim's "white coat experiments," the fact that the white coat does not have a will (in terms of intentionality) need not eliminate it in accounting for *why* the person keeps upping the voltage of the shock. The white coat can indeed be thought of as a historically imbued agent with the power to exert influence. Likewise, the *context* of totalizing conformity, the *authority* that reinforces the man in the white coat telling you to push the button, and the *gender* of the person in the white coat, all of these *things* – these *abstract entities* – can be included as "agents," though these things are themselves not persons with intentionality. And yet, even with "non-human" actors now reincluded, the placement of "these are the most important actors" is an inescapably human act.

I take it as a given that cultures and societies need to – they cannot *not* – carve up and *individuate* the world into "actors" or "agents," each with more or less responsibility attributed to them, each with more or less *this is why that thing happened* attributed to them. And yet, it is equally true that different social orders distribute responsibility in different ways. As Laidlaw (2010) says, "the most causally salient factors in explaining any particular state of affairs or happening will depend upon the significance that state of affairs has for those to whom the account is being offered" (146). Laidlaw discusses how we can observe with curiosity that accidentally knocking over a wine glass, one placed too close to the edge of a table, still elicits a cascade of "I'm sorrys" from the person who knocks it over. Similarly, when a freak gust of wind "causes" a vase of mine to fall out the window and hit a pedestrian walking by, I am still the one held to account. Though, crucially, it is conceivable that in a different society, one perhaps with a different legal system, that the gust of wind might indeed be "held to account."

Anthropology, of course, is in some ways a tradition centred on taking seriously (however successfully) the plurality of "agents" that are "allowed to count," whether that agent be a curse, god, or the power of a ritual to bring forth a given outcome.

In determinations of responsibility, there is very much at stake in whether something is determined as "careless" (a "small" attribution of responsibility) or as an "accident" (virtually no attribution of responsibility) and ultimately the distinction is one of interpretation, not a "right" or "wrong" that can be abstractly referenced and codified[25]. The binary false choice in the addiction debate – self-control: yes/no? – misses not only the opportunity to disperse agency, but misses the opportunity to see the real problem as one of an assignment of blame appended to the most "visible" actor[26] – the normative outlier.

Garriott and Raikhel (2015) are pointing in the same direction when they argue that debates about addiction are almost always debates about "addiction's ontological status (as brain disease, psychological distress, problem of living, symptom of structural violence, etc.)" and these in turn, "are almost always also arguments about which interventions should be prioritized over others" (485), whether those be medications, therapy, or legal or political changes. In my terms, the foregrounding of the metaphysical (the debate about *is*) tends to push the moral conversation into the background (the debate about *ought*). It is easy to see why this happens in a world that reaches to ground "more" truth in objective claims of "fact" – claims more similar to those made by the mathematician or physicist – rather than in things, seemingly, more flimsy: "opinions." Indeed, Garriott and Raikhel are pointing at the same thing as Hume, when he

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[25] I mean "can" in a philosophical sense, for overly "objective" laws that remove (judicial) discretion do of course exist, which is exactly why so many have argued that "mandatory minimum sentences" are problematic.

[26] Interestingly, as I will reference in the next chapter, for whatever authority the brain disease model of addiction holds in society, for whatever weight its categorical version of "will" carries, that authority is often trumped by the authority of *law*. In the "real world," where laws exist, the "unfree nature of the choiceless addict" very rarely stands as a *legitimate* ontology in making determinations of legal responsibility (Valverde 1998; Garriot 2011).

pointed to the unsound "leaps" made from *is* to *ought,* in the form, *we simply must do this because this is the way that it is.* Similarly, Weber (1917) argued, definitively, that one cannot derive "values" from "facts." Though Weber's position is not unanimously agreed with, it seems safe to point his critique at the positivistic project of medical materialists and neuroscientists, who attempt to ground their "addiction solutions" – that is, their ought-based moral project about what *should* be done – in facts about the "compromised brain." And yet, beyond this, it is even rare to find a "critical" addiction project that truly foregrounds – perhaps trusts in – the *ought* approach, one that foregrounds the *evaluative* dimension of social analysis.

On the surface, it might appear that the biopolitical approach is very much what I am advocating for. Unquestionably, it is an attempt to talk about how responsibility is (unfairly) distributed and attributed. This, of course, is what the "responsibilization" critique is all about, a critique that says: here are the social conditions, and the epistemological suppositions (economic liberalism, positivism, etc.) that motivate scientists to create a picture of the "substance use problem" that has the world focused on individuals rather than structures. However, even here, it seems that the study of addiction is precisely at risk of drawing on the deep, taken for granted assumption that agency can only be understood in terms of intentionality, as that which opposes structure. And so we find the problem that even when critical addiction scholars talk about addiction, the analysis so often reads as a meta*physical* one, where the "quantity" of agency is distributed elsewhere, to the deterministic power of social forces. It's as if critical addiction scholars get drawn in to accept the terms of the debate with the medical materialist, rather than delivering on the promise to alter the terms.

This is part of the problem, but something else might be going on, which, as I've hinted at, has to do with a deep distrust about the validity of opinions, morals, or "subjective truths." As

I've laid it out so far, I am arguing that the addiction conversation can always happen on two levels, one metaphysical and the other ethical. We can foreground agency *or* responsibility, is *or* ought, fact *or* value. Perhaps, then, what is needed are more frank and *earnest* conversations about what "we" should be doing? Perhaps rather than analyses that attempt to build from facts to values, we need projects bold enough and sincere enough to put their values front and centre? Perhaps[27]. But then, of course, we find ourselves back at the problems that come with authority and normativity, where truth commitments come into conflict with pluralistic commitments. I will come back to this below, when I more fully flesh out the ways that I see a pragmatic pluralism acting as a check on truth. But for now I will pivot from this discussion about metaphysics and ethics towards an argument in favour of placing "subjectivity" and "discipline" within a compatibilist framework, where agency and structure no longer have to fight.

So far, I have begun to create space for a kind of "agency" that needn't always have an "I" at the centre. This means that in the "spiritual realm" of Twelve Step recovery, I can better engage with collective, or dispersed forms of agency, hinted at in popular slogans like, "I can't do it alone" and "*I* can't, but *we* can." Even more challenging for the secularly inclined, I need to engage with ideas like "God's grace" and "gratitude," everyday parts of AA's culture that point beyond "intentionality," refrains that point to deep philosophical questions about what "kinds of things" are involved in the transformations that happen in recovery culture. And critically, I want to engage with these ideas in terms that recovering people would recognize, without simply *translating* such ideas into more easily relatable "secular" concepts, or, just as problematically, think of these phenomena as the mere tools of a coercive system of self-blame and

[27] Of course this is why ethnographers now commonly "situate themselves" in their work.

"responsibilization" – unless, that is, it is possible to think of "responsibilization" as something not reductively opposed to "freedom."

When Derek said, "I have no one to blame but myself," it is certainly possible and possibly instructive to think that what he was "really" saying was something like, "the world is not making it easy for me to make attributions of responsibility in any other way." And I can pull many more quotes from my conversations with TWC's residents to support such an interpretation. Here are a couple: Rob told me, "I come from a good home," and later, the "fact that I'm a junkie is nobody's fault." He said this, mind you, before telling me about serious poverty and constant instability throughout his childhood. And Dan told me, "I fucked myself by getting involved with the wrong crowd" – he told me this in the context of growing up in the same place as Derek, in the Glace Bay region, a region deeply impacted by deindustrialization. However, I can immediately complicate this singular – "look, it's neoliberalism!" – interpretation, by referencing the fact that Rob is also a good candidate for the category of "hypermasculine," and is evidently very hard on himself, and Dan is one of those "very grateful to have found recovery" members of AA. In Rob's case, surely gender presentation and neoliberalism are far from incompatible – they can certainly reinforce each other – but it's far too strong a position to dissolve one into the other. And in Dan's case, I am nowhere near comfortable positioning his story in a narrative that overstates his "victimization" at the hands of a culture that he deeply appreciates.

And so, though someone might accuse me of taking the easy way out, Derek's statement of self-blame signals, undoubtedly, *many things*, and I'll never know if it was more a "manner of speaking" or an unjust distillation of the political order. That said, and as I have referenced, I completely agree with the *cause* of biopolitics, if what it can help us track are the hidden ways

that "economics" come out of our mouths, and the ways that the political order makes it difficult not to *blame* ourselves, because it trains us to think too much about agency and too little about context. But if Laidlaw has helped me to understand something, it is that there is a way of being more precise and subtle in distinguishing "blame" from "responsibility," which, importantly, means that I can better avoid making Derek, Rob, or Dan props in my political project. And as I will turn to now, Foucault's turn towards ethics helps me to avoid "all or none" thinking when it comes to "discipline."

3. Discipline *and* Freedom: An Ethical Framework

In his later work, between the first (1978) and second (1984) volumes of his *History of Sexuality*, when Foucault became more explicitly interested in ethics, it's easy to imagine that he recognized the potential for his early work to be picked up and used as just another explanatory, determining, structural model of social action – a model that sharply divided the world between the knowledgeable and the *known*. Perhaps, in his debt to Nietzsche's genealogical account of how "slave morality" became dominant, he more clearly realized that even projects that better represent and speak for the subordinated can be "institutionalized" and turned into authoritative, and, crucially, *settled* "regimes of truth." From here, he more squarely reckoned with the representational problems that begin when freedom and determinism are placed in opposition to each other (Ghamari-Tabrizi (2016). In short, Foucault found more room for "freedom" in his project without having to sell out on his criticisms of modernity.[28] Rightfully, and not without irony, the reader might see that I am critiquing earlier Foucault (at least as adopted by critical addiction scholars) by turning toward later Foucault.

[28] Ghamari-Tabrizi (2016) compellingly argues that Foucault's observations of the Iranian Revolution helped him better reckon with the "constitutive paradox of the revolutionary movement," when historical subjects are both carried *within* history, but find it possible to "*exit* from History" (188).

A bit of revisionism or not, in the period of the "ethical turn," Foucault came to state that his project(s) had always been "much more morals than politics or, in any case, politics as an ethics" (1984b, p. 375). At this point, he turned towards a more subtle, more *compatibilist*, refinement on his theory of action, and of his notions of "discipline" and "subjectivity." Foucault's turn is helpful because his later frameworks more easily contain the complexities and contradictions of lived experience, where "discipline," for instance, can escape being caught in good/bad binaries, but rather can be a way of thinking about the exercise of ethics in the (trans)formation of self. Nodding to the teleological orientations of the Greek thinkers that Foucault turned to in his later work, evaluative determinations of "good," or "right use of the will," depend on the *ends* that ethical practices are oriented to, which can be multiple – a single disciplinary practice can orient to "freedom" and "dominance" at the same time. My exercise regime can be *serving* the needs of governments and their limited resources, *and*, by maintaining my health, I can be sustaining my vitality and determination to continue fighting for a more just world. Rather than absolutist notions of freedom and determinacy, the more important demarcation is to investigate: whose ends are these? How were they arrived at? What "goods," or *gods,* do they serve? And, crucially for Foucault, is this practice *passive with regards to truth*? Or, is my ethical practice – my self-fashioning – *active* in creating the possibility of (an always relative) autonomy? Does this practice make it possible to refuse who I am (1984b)?

Pointing a finger (as many have!) at a seemingly unavoidable figure in the rise of a perilously passive way of relating to "truth" – scientific rationalism – Foucault maintains that "before Descartes, one could not be impure, immoral, and know the truth. With Descartes, direct evidence is enough. After Descartes, we have a nonascetic subject of knowledge. This change makes possible the institutionalization of modern science" (1984b, 371). As Foucault's frequent

interlocutor Paul Rabinow puts it (in conversation with Foucault), Descartes "cut scientific rationality loose from ethics" (Foucault 1984a, 372). The crucial point: the subject that has a passive or deferential relationship to Reason or Science is precisely the subject vulnerable to be *subjectified* by it, to be formed in its terms – that is, by an institutionalized discourse of truth that masks its own history and politics in the language of impartiality, objectivity, and/or Nature. This kind of truth *waits* to be "revealed" or "discovered;" it is not *made*, constructed, or cultivated. In alignment, MacIntrye (1984) calls the modern self the "amoral self," which no longer "participates" in truth because truth is subject independent. I already possess a given self that can receive truth as we are *all* born a kind of thing that can know this truth; it is in our (human) nature. For example, "evidence-based" therapies *will* help me align with truth, here defined as "emotionally regulated." The practices and "technologies" of the modern self are those that help me gain access to a truth already "there," waiting for me, pre-discovered by the institutions and experts that have exclusive domain over finding it; they possess the technologies to experimentally tease Truth from Nature in their labs.

The subject produced within the discourses of modernity Foucault contrasts with a subject of ancient Greece[29], one where ethical, ascetic practices aimed at self-mastery, and congruent with an overall "aesthetics of existence" ("techne of life"), produce not a truth "out there," but a truth that fulfills a specific teleology – the telos, or *end*, of a free subject. The subject practices self-mastery, they use practical judgement ("phronesis") and wisdom, so that *truer* ways of living can be sustained, in order that one may stay congruent, aligned, or receptive.

[29] "*A*" *subject* of Greece and not "*the*" subject because this is not a general, universal subject, but rather the free, male citizens of privileged classes.

Rather than being a passive receiver from "out there," this is an ethics – an ethos – of action that helps one realize their "true nature"[30] as a congruent ethical subject.

To return to the exercise example, and its inevitable multivalence, as a therapist I often engage clients in a process of trying to sift through their motivations regarding "health practices." This is a particularly tricky place to parse the ways that the felt presence of "should" can signal either a commitment to self in a relatively autonomous way, in a way easier to think of as self-caring, or from something more self-rejecting, where one is trying to lose weight or tone up in order to meet society's conditions about what kinds of bodies are acceptable, or in order to appease the God of Productivity. Whatever alignment with "care" might be achieved, it seems to me a process of "refusing" normative pressures – or at least orienting from what one determines to be "worse" normative pressures to "better" normative pressures. So doing, one may gain a relative amount of autonomy[31], and specifically, an autonomy that stands apart from an unquestioned and rationally knowable truth about "healthiness."

Referenced in the first and second volumes of *The History of Sexuality,* Foucault finds in Ancient Greek thought orientations to the body and to desire that are constructed in a markedly different "moral order," one less "subject independent." Rather than relating to absolutes like good/evil or natural/unnatural, desire can be thought of alongside one's appetite, where self-restraint and discipline allow a certain level of freedom. Looking to Aristotle, the (appetitive) ethics of sex and the ethics of the table are a question of right use. As Aristotle says, "all men enjoy in some way or another savoury foods and wines and sexual intercourse, but not all men do

[30] While a "natural" claim, this is not, as I suggested above, a "universal" claim.

[31] Part of the relativity here is of course based in the fact that the person engaged in this process of "refusal" is not simply orienting to a blank spot, a spot devoid of other norms or values. Rather, they are orienting to a different set of ethics, to a different "care of the self" ethic.

so as they ought" (52). The aim is an equilibrium "in the dynamics of pleasure and desire" (56). In contrast, Foucault tracks an intriguing amount of symmetry between institutionalized Christian thought and scientific rationalism, as each comes to bear on the governance of homosexuality. In one world, homosexuality is an affront to God's law and in the other, it is an affront to Nature. In both, a kind of "natural law" is being broken. In both, an appeal to an ultimate authority can be made, and a "priestly class" (clergy/scientists) has exclusive access to "hearing" and relaying such truths.

Following Foucault, Asad (1993) warns against thinking about rationalism as that which came to eclipse Christian thought, for in fact Christian doctrine became increasingly abstracted and institutionalized within the context of the "age of enlightenment's" preoccupation with truth – a truth that is knowable, settled, and inarguable – it just *is*. Despite what it became, says Asad, in medieval Christianity the "rule" wasn't nearly as abstract. Pointing to the writing of Augustine and others (Aristotle's influence, again, detectable), religiosity was about inculcating the right disposition to receive God, where there was no radical disjunction between belief and practice, "between outer behaviour and inner motive" (63). As he says, "even Augustine held that although religious truth was eternal, the means for securing human access to it were not" (35). Indeed, it was through discipline and even practices of coercion that truth could be realized and maintained.

Studying women's orthodox religious practices in Egypt, Mahmood (2005) discusses an emergent religiosity that is about a return to an embodied practice of ethics. This is not the story of a return to the "purity of belief," nor is it a story about "modern people" returning to religion because of their disillusionment with secular modernism (as the Islamic revival has been conceived). If something is being "returned to," it is much less about belief or adherence to

certain rules, but rather a set of embodied practices[32]. Mahmood asks, are these practices expressions of the interiority of faith, or are they actively constructing faith? She wants to complicate the directionality of practice following belief and offer that belief can be produced through religious acts. This is a reversal, specifically, of Kant's rational path to truth, of the "tuning of the mind and will to the universal moral law" (40). Indeed, as Mahmood explains:

> The Kantian legacy, I would add, becomes particularly important in light of the tradition of Aristotelian ethics it displaces – a tradition in which morality was both realized through, and manifest in, outward behavioral forms. Against this tradition, Kant argued that a moral act could be moral only to the extent that it was not a result of habituated virtue but a product of the critical faculty of reason. The latter requires that one act morally in spite of one's inclinations, habits, and disposition (25).

The "piety movement" in Egypt, for Mahmood, exemplifies ethics-as-embodiment, where religious subjectivity is cultivated through practice. The veil or the hijab in these communities, more than an order from God or an abstract "symbol" that "stores" belief (though perhaps an active performance of identity), helps produce and reinforce piety. The body, here, is the medium through which the soul is produced. The martial artist, analogously, comes to understand that the practice can't be reduced to some other end – say, dangerousness or social status – but that there are goods internal to the practice itself, making one a certain kind of disciplined, pious person.

As Mahmood (2012) discusses, the piety movement in Egypt brings her face-to-face with, perhaps, indissoluble tensions; there is perhaps no way of truly "squaring" the submission to god's will that is the stated aim of the women in the movement, with the jeopardized self-determination that this implies, which Mahmood admits she is concerned about as a feminist. Is

[32] In the *Varieties of Religious Experience*, James (1999) similarly argues that "religiosity" is embodied, a way of disposing oneself to receive transcendent and immanent experiences.

patriarchy not sneaking its way into the practice of piety? Is piety not coming from the "interiority of the person," and seeking expression? Comparing it to practices of "Mary worship" that take place in various parts of the world, where one embodies virginity and purity, this may appear as anathema to western notions of womanhood. Mahmood acknowledges and *allows* the paradox, and this, in the end – the pluralistic commitment coming to bear on the truth commitment – is the "solution." She realizes that she is only, in the end, encountering the limitations of "projects" like "western feminism," "identity politics," or "human rights" – systems of thought that inadequately hold and represent the complexity of human experience. Mahmood argues that any notion of pluralism must keep in mind and navigate the complexities that come with the inclination to *have others adopt our positions.* Intriguingly, she argues that if we can let the differences *sit there*, we may actually allow more space for the similarities to come through – for the, perhaps, ineffable commonalities beyond the limitations of abstracted "beliefs." Savransky (2021), similarly, speaks to the moments where "Learning to trust…precipitates a pluralistic event: the partial, fragile, ongoing, and unfinished weaving of a tremorous form of togetherness that obtains thanks to, and not in spite of, divergence" (21).[33]

These ethics-forward projects are not attempting to make normative claims, about how a practice-oriented virtue ethics is the "best" kind of ethics (though, that said, it isn't accidental that an ethnographer's empirical and pluralistic commitments find a certain resonance with Aristotle's depiction of ethics as local to a given ethos). Rather, and as is typical of Foucault, he finds in Greek thought a point of contrast; that is, and more generally, he is using history as a method of contrast, which can provoke us out of "docility" or "passivity," and help us recognize

[33] As I will come back to in *Chapter 6*, I will argue that a "trusting" pluralism need not exclude conflict, nor the efforts to "convince," but rather is an embodied practice that can tolerate, sustain, and contain difference while in dialogue with the "other."

that the social air we breathe is full of taken-for-granteds; "truths" that are contingent rather than immutable. He is trying to provoke an "Oh, I thought that was just the way *it is*" moment, one that potentiates autonomy. Therefore, historical criticism can itself be seen as a "technology of the self" that creates the possibility of *freedom through refusal*. In this, as others have pointed out (Linsenmeyer 2018), it can become less obvious just how divergent aspects of Foucault's project are from Kant's, at least in relation to Kant's insistence on the connection between freedom and choice. After all, both envision a "freedom" that is only meaningful when it breaks rank with (aspects of) custom. That said, Foucault's insistence that our investigations must be "extremely prudent and extremely empirical" (p. 378), and thus more locally focused, seems to have kept him from making the fateful leap from "relative freedoms" to an abstract Universal Freedom. Accordingly, freedom does not have to oppose structure or "determining forces," but can be found and mapped out within them.

Though they are often used synonymously, it is useful to pull "freedom" away from "agency." If agency can be thought of as something about the overarching network of action – something ever in motion and relational – then freedom concerns the relative amount of autonomy that a given actor has within that network. Effort and intentionality are indeed human contributions to the network of action, and it is "freedom" that characterizes the ways that that effort has achieved autonomy, or a relative "amount" of individuation. In my lexicon, then, "disciplinary practices" can cultivate and sustain subjectivity, wherever that subjectivity is oriented – whether oriented to autonomous ends or those more authoritarian, to *"a loving God" or an exploitative one*. Because the achievement of freedom requires activity and effort – rather than being an abstract quality about human beings that they are born with – it is achieved not

through “self-awareness,” but through a practice of self-formation as an “ethical subject” (Foucault 1984, 28).

Conclusion

Though, of course, relative, I undoubtedly witnessed the men of TWC achieve certain freedoms. One of the staff told me that he liked nothing more than watching “the lights come on in new guys.” These freedoms weren’t “shadowy” or nefarious, but as real as any are. And yet, they were achieved by way of ethical practices mandated by the institution. To keep a roof over his head – sometimes the only one available to him that didn’t come from a shelter, a tent, or an awning – he had to meet certain conditions. There is no denying that TWC is a disciplinary environment, no denying that when a man arrives at TWC, he is about to step across a threshold into a moral realm, a realm meant to change him, to reorient him, and certainly, to make him more responsible. Sometimes his job is on the line, sometimes his family, and sometimes if he doesn’t choose treatment, the other option is jail. TWC has a ton of leverage to work with. Is a coercive system like this a less than ideal system? Surely, and for many reasons, one of them pragmatic – coercion breeds resentment and resistance. But does this system foreclose on the possibility of freedom? Only in a world where determinations of freedom can be overruled by someone else’s definition. In 2016, when armed French police officers loomed over a woman on a beach in Nice, dressed in a burkini, and instructed her to disrobe for the sake of “morality” (Guardian.com) – because her garment was a symbol of “repression” – we saw a potent example of a world tangled within authoritative, absolutist abstractions about “freedom.”

And so, if we allow the treatment centre to be a site of multiplicity, of contradiction, then we might see that a given man’s “newfound freedom” has much to do with his increasing ability to be able to reinterpret and reposition himself *as a subject* in his own story, and to better align

himself with certain ends that cannot be reduced to instrumentalism, neoliberalism, or governmentality. Indeed, in the spiritual realm of recovery, the liberatory goal is "sobriety." Sobriety can mean many things to many people, but I'll hazard a generalization: sobriety, different from "abstinence," is about living and practicing a spiritual life. It is about bringing oneself into alignment with a set of spiritual principles (like the principles/practices contained in the Twelve Steps). As Matt, an administrator at TWC, told me:

> Recovery has allowed me to align myself with my own value system. The value system that I was raised with, the one that was about honesty, and kindness, and compassion. All the things that I was shown as a child, recovery has allowed me to align with that. And then I feel a sense of spirituality, I feel a sense of giving to the world, instead of taking. Because I don't feel so conflicted, because there isn't dissonance between my actions and my thinking. Because I'm in alignment.

Additionally, and though it was not, or was rarely, an explicitly stated goal in TWC, I would argue that at least as a byproduct of the practice of Twelve Step spirituality, some men gained a certain amount of freedom *from being a man* and *from being an individual.* That is, a man could stand with a certain amount of autonomy from versions of (hegemonic) masculinity and self-reliance that he used to practice and were, at least in the language of the Twelve Step world, contributing to the spiritual state of sickness known as addiction (or alcoholism). Yes, the achievement of sobriety can certainly be thought of as a process of response-able-ization, where the treatment centre mandates that its residents grow in the *ability* to be *responsive* to others, but this to my mind is where a nuanced, complex view is essential if one is to prevent misrepresentation and condescension.

This is where multiple *ends* appear, where the sober man has to navigate living in multiple worlds, and point their efforts at multiple, even contradictory, ethical aims at the same time. Certainly, his efforts to achieve sobriety may bring him closer to the normative, productive

order. Perhaps after a period of joblessness and profound insecurity, his longing and his efforts to return to the world of decency and respectability – in taking these aims on and making them his own – he does the world a favour, he hides away his former ugliness, an ugliness that symbolized and signalled a deeper social malaise. The achievement of his individual recovery helps the rest of the world relax, just a little, and return to what they were doing. They can rest knowing that a sick person became "better," and the world pointed to the ends of productivity and efficiency can resume course, relatively undisturbed.

At the same time, shifting the evaluative point of view, the world may have just gained a *changed man* who has learned to unbind himself from elements of the very same normative social order. When the treatment resident learns to open up and ask for help, or learns to apologize without excuse, or does his fare share of the house's chores without complaint and minimal resistance, he may very well be unbinding himself from a normative order that prioritizes the individual over the collective. And importantly, he may be doing all of this not (only) because his sobriety can ensure a future with a respectable paycheque and a roof of his own over his head, but because he is intrinsically motivated to do so, because he is genuinely grateful and even enjoying learning to be a more virtuous person, to be a man who can be "of service" to others – surely this too is a way of saying "more responsible."

And so, in the pursuit of a compelling interpretation for Derek's "I have no one to blame but myself" statement, I'm afraid I have only found several. Once, I thought I had found *the answer* when I found my way to concepts like "responsibilization" and "symbolic violence." But then, I became a therapist, and I started to realize that I didn't always see the complexities of my own experience in social criticism, and then I met the men of TWC, whose experiences and perspectives refused reduction. And now, in the end, I don't want to decide on Derek's behalf.

CHAPTER 2
The Ought Behind Every Is:
Five Metaphysical Solutions to the Addiction Problem and the Moral Commitments Behind Them

"I'm just a drug addict, and that's what drug addicts do." This is the pivotal moment for Mark, a staff member of TWC, the moment when he "*stood at the turning point*," and found it in himself to "surrender" and turn towards self-acceptance, and the long road of self-forgiveness, which is a work in progress. Here's he how he describes reaching his "*bottom*:"

I get that comfort cheque from social assistance, so I drink and smoke a bit of crack…and of course at this point it's not filling any hole, it's stopped working. I'm sitting in a bush at about 10 o'clock in the morning. I'm sitting in a bush, 36 and a half years old. It was my brother's birthday, his daughter was due that day, and she was ultimately born that day. And I spend my last $10 on a six pack of beer. And I don't know if I'm ever going to see her, his daughter, my niece. I'm not talking to him, they're not talking to me…why would they? And [then] I'm seeing myself in the third person, I'm looking down on myself, I'm sitting in that bush, and [I realize] I'm the world's biggest fucking loser, and I've lost everything. Ya know what losers do? They lose. And I've lost.[34] And I'm crying, and I'm useless, and I'm hopeless, and *this is what happens when I live my life my way* [emphasis added]. This is where I end up. And that's the last time I had a drink.

I was ready. I was absolutely ready. *I realized that I'm the problem in my life and no one else is, that I'm the one getting in my own way of my happiness and I don't know how to live* [emphasis added]. And I haven't looked back.

I told all these promises and I meant them. I'm actually a decent enough person that I don't want to hurt people. But I do it. And I was like, holy fuck man, I get it, and that's why I can't stop. Cause you're a drug addict. So that day in the bush I realized I was an alcoholic, right? And the moment that I realized *truly* that I was an alcoholic, I haven't had a drink [since]. My life changed. I had a place to go, I had people who could help me, I had directions I could follow, I had a way out. But as long as I fought that label, as long as I fought that moniker, then I was daring myself to drink again and try it a different way…that's the way it worked for me.

[34] I can hear Mark weaving into his own story here some particular phrasing that comes directly from a renowned member of AA, who has now passed. "You know what losers do? They lose," is a direct quote from this community "*oldtimer*," who was famous in Vancouver, and well beyond, for his often funny, self-effacing, and fiery delivery.

As should be clear by now, I will not deny Mark his moment of self-acceptance – I won't swap it out and re-encode it as self-blame – but I will place this naming moment in a local context of meaning, and ask questions about how things like "self-acceptance", "compassion", "recovery", and "responsibility" are imagined, and where they are meant to "come from," in each of the addiction projects that I will delineate. As the focal point of *Chapter 1,* the biopolitical critique is one of these projects, and now I will demarcate five more in this chapter, which are only, of course, meant to reflect the actual world crudely: pathology, prohibition, post-prohibition (including harm reduction and public health), social recovery, and Twelve Step recovery. Each of these projects depicts the "addiction problem" with a particular cast of characters, the *agents* deemed most important and attributed the most responsibility in the production of social harm (however conceived). All of them, each in their own way, give us a picture of the metaphysics of the problem – the *is* – and a picture of the morality of the problem – what *ought* (or ought not) to be done about it. In continuation from *Chapter 1*, I will pay attention to how blame and/or condescension are potentiated by each project, of the ways that *reductive attributions of responsibility* can flow from each project's politics or moral commitments.

Additionally, this review will help the reader better understand where my study sits in relation to current addiction science and public policy, and will also better introduce the reader to the *world* of TWC, of where the institution sits in relation to addiction science and policy, and to the language, concepts, and discursive tensions that saturate day-to-day life in the treatment centre – for instance, how harm reduction can show up and create tensions with abstinence-based recovery. Relatedly, this delineation work will help further disentangle a troubling conflation I see in addiction studies, where Twelve Step recovery is dissolved into the "official" pathology

project of medical science. As an example of "world monification" (Savransky 2021), this falls short of Foucault's commitment to be ever wary of how any critical lens can *settle* into a structuralist, explanatory model. And of particular relevance in this project, I argue that this conflation overlooks the distinct *ends* that each of these projects is oriented to, the distinct "gods they serve." While the "pathology project" is more easily read as a project oriented to the ends of individualism, rationalism, and neoliberalism – and thus to overlapping aspects of "hegemonic masculinity" like self-reliance, self-control, and productivity (Connell 1987) – I maintain that Twelve Step recovery, at least in an ideal form, aspires to a relative freedom from these very things. Even in this short passage from Mark, a biopolitical reading of the "disease discourse" would be available, but I see Mark's speech relating to the Twelve Step world's very specific ways of knowing and naming.

At first glance it might seem that it is Mark's ontological status – "I'm just a drug addict" – that contains a kind of "explanation" for his past behaviour – "and that's what drug addicts do." But as much as it's meant to "explain" something, and I certainly will examine this later in this chapter, I'd also argue that many members of Twelve Step recovery demonstrate a kind of agnosticism when it relates to the question of "why" they use, or once used, drugs in the ways that they do. It's as if they are saying to researchers, like me, "that's your concern. You worry about that; I don't. I have found identity and belonging as an addict and that's enough." When he recounts "this is what happens [meaning nothing good] when I live my life my way," I again hear Twelve Step lore, and its culturally established turns of phrase, weaving through his story. This line signals a way of thinking about the addiction problem, where at the root of the "*spiritual malady*" is "*self-will run riot*." In a sense, the reason that AA strongly encourages its members to find God is because their "*instincts*" and "*ideas*," and their "*willfulness*," have led

them directly away from spiritual wellness, and into a state of "*self-centred*" isolation, of "*self-reliance*," and cut them off from the world. As it is often said, "*it is a* we *program. We couldn't do it alone*." And in this way, though God may not be reducible *to* the community (that depends on the person), God is often found and "practiced" within it.

When Mark talks about his readiness to take ownership of the problem – "I'm the problem in my life and no one else is" – it would, again, be easy to read this as a moment of unjust self-blame, or responsibilization, but I hear something more complicated, something more specific to AA. The "*turning point*" for the alcoholic might be summarized in the famous phrase: "*I'm not responsible for my disease, but I* am *responsible for my recovery*," or its perhaps more contemporary derivation, "*addiction's not your fault, but it is your responsibility*." Such statements contain two of AA's foundational "moves:" a complex form of self-acceptance that requires one to surrender to the need for help (I'm sick *because* I'm isolated/self-reliant), and then an honest reckoning with the fact that in order to stay well, one is going to have to be *active* in the transformational recovery process, that one is going to have to *practice* their faith.

Following from this, this chapter reviews how the themes of self-acceptance (the "problem") and responsibility (the "solution") show up in each of the addiction projects I am aggregating, and in the different moral orders, or different "regimes of truth" (Foucault 1976/2008), that they belong to. In the context of this thesis, and its focus on the recovery mediated transformation of working class white men, the key question is: *whose* ends does a given recovery project serve, and how much can it be said to be a project oriented to one's own ends? Do these ends "care" about my autonomy – do they encourage an autonomous "care of the self?" – or do they seek to extract, or exploit, productivity or *orderliness* from me, seeing me more as a means and not as an end? Here, "self-acceptance" concerns questions about "what" I

am thought to be and what I am supposed to become. And "responsibility" relates to the things that are supposed help affect this change. In this vein, the chapter builds towards a final section, where I will examine Twelve Step recovery's relationship to "truth" and authority – to the God (*or* gods) it serves – with the goal of answering the question: can the disciplinary recovery process (in AA, if not necessarily in a treatment centre) be said to serve the ends of a relatively autonomous, or "refusal-based" form of self-care? My aim here is to create an amount of knowingly artificial, or ideal, independence between AA's moral world and the other projects that it is entangled with (pathology, prohibition, public health, etc.) so that I can more clearly track the ways that the conflicting interactions between the worlds come to bear on the men of recovery, in an everyday way, in the chapters to follow.

In the mid-2000s, I first came "under the description of 'addict'" (Martin 2013, 287). Before, I had uneasily joked about "being an addict" with my drug-using friends, but the recategorization of my experience – of *what* I am – really landed when I first checked into a recovery house and became immersed in recovery culture. Undoubtedly, coming to understand that I had a (spiritual) disease was relieving. If I *had* been blaming myself (I suppose the drugs were helping me not to), I only really learned it in that moment, in the cathartic moment that I was freed, to some extent, from "failure." I learned that I wasn't alone, that there was a name for my problems, a community, and category, to belong to.[35] Mark, of course, says much the same. There is something in the moment that one takes on the description, when they learn to *identify*, that signifies a profound reinterpretation and repositioning of subjectivity. From here, one (can) shoulder the burden and become empowered at the same time; perhaps now reconciled to the

[35] At least, this was true at the time. Obviously, something in me didn't rest easily, nor permanently, in these descriptions. In fact, I suppose the biggest change in my relationship to recovery discourse is that I now see all of it as a *description of* – something attributed to – my experience.

responsibility of freedom (as the existentialist would have it). And yet, the self-acceptance, or forgiveness, that arrives in such a moment doesn't materialize out of thin air, following some mechanical law of physics built into the clockwork of the universe. Rather, moments of forgiveness are *endowed* with authority and *bestowed* upon their recipients. They have been authorized by someone, some system, or some God (however conceived), and that source is not arbitrary, for each one cares (about justice, history, or autonomy) in different ways.

Perhaps at the very end of his bottoming out story is a surprising clue as to the source that has bestowed self-acceptance on Mark. When Mark sneaks out an "and that's the way it worked for me" closing statement, I see him signalling to his audience – me in this case, but the same would hold for those attending an AA meeting – "I am not speaking for all of you, or on 'behalf of AA,' or from an 'objective' point of view." It is remarkable how often these, what might be called, subjective tag-ons accompany an AA member's story – sometimes in dramatic 180s from nakedly objectivist, *this is the way it is*, viewpoints. These tags reflect the community's insistence on the principle of "*identification*." In a seemingly contradictory way, the texts can certainly present AA's "positions" about addiction and recovery authoritatively, and yet it is always implied that these positions reflect only collected wisdom, the accumulation of the community's "personal experiences," and the newcomer is only asked to investigate whether they can see themself in AA's depiction of the problem. It might be said that one orients less to a (passive / rationally knowable) *Truth* about addiction and recovery, and more to the stories and practices that they *identify with*, found in the collected wisdom of the community, and in the elements of other's experiences that bring light to their own. There is something like a pragmatic maxim[36] at

[36] "To ascertain the meaning of an intellectual conception one should consider what practical consequences might result from the truth of that conception—and the sum of these consequences constitute the entire meaning of the conception." (Pierce 1905)

work here, too, where the only "true" meaning of any "idea" or "belief" can be found and verified in the practical effects for the person who adopts it (e.g. prayer, meditation, writing a gratitude list, etc.). Arguably, AA's maxim is summarized in the widely circulating phrase "*take what works for you and leave the rest*." With this in mind, one may argue that AAers are meant to serve not the God of Truth but something far closer to a subjectivist – indeed a *personally defined* – God.[37]

The story about how people like Mark come to talk like this – to *represent* themselves like this – is long and complicated, and it reflects a (relative) historical turning point that happened about two hundred years ago, which put the world on its present course to *addiction* and *recovery*. In tracking some of this history, my debt to the biopolitical project will be obvious, though of course I also aim to push out beyond its constraints. Over the course of the chapter the reader will be able to see why an insider in recovery culture, like me, has yet to see his experience reflected in any of the scientific/moral projects, and why I am motivated to use my unique position to, perhaps, better represent the men of TWC. As I will return to later in this chapter, I suspect that AA's complex relationship to both disease and God provokes theoretical challenges for the average secular thinker, predisposing the analyst to potential misrepresentation.[38] And yet, I've never been able to simply sit, philosophically satisfied, within the discourses of recovery culture, and within the complicated "apoliticism" at the heart of its project. (As will become a central theme in the closing chapter of this thesis, it is AA's apoliticism that helps contribute to the *transformation* of "problematic" working-class white men, but it is also precisely what constrains and delimits that "project.") Helpfully,

[37] This, however, brings in its own complex questions regarding apoliticism and moral relativism, as I will return to.
[38] This of course raises many questions, very much alive in anthropology, about the constraints of even the most immersive forms of fieldwork, and about the difficulties of truly seeing any culture from the "inside."

sociohistorical methods help "unmask" the contingency of addiction and recovery, of how they came to be the categories through which to approach "akrasia" (or "incontinence"), Aristotle's term for the "counter-rational," appetitive aspects of experience. And yet, the biopolitical approach falls short right at the point where it confuses condescension for compassion, a problem that pervades addiction science, across scientific disciplines. It is a problem borne of a conflation between agency and freedom, of metaphysical and deterministic outlooks, and of singular (rather than plural) points of view. But it can be remedied, and now I will attempt to.

1. Five Addiction Camps and the Moral Projects Behind Them

Pragmatically oriented as my project is, I am not aiming to settle debates, but rather to clarify the terms in which those debates are happening. I aim to make connections between the worlds that the different addiction projects belong to – and the worlds that they imagine and are trying to bring into existence – and the effects and consequences that come from these different world-making projects, what God "bestows." As discussed in *Chapter 1*, those debates can be better clarified by foregrounding the politics and correspondent moral commitments behind the "science," to allow "ought" to step out from behind "is," ethics out from behind metaphysics. It seems that each project, perhaps excepting recovery, which, though a social movement, is far less clearly a political or scientific project, is trying to say "if we could all agree that this *is* the problem, then you would see that this what we *ought* to do to fix it." The debate over "is," to my mind, entrenches the differences between the camps, whereas I hope deeper generosity and collaboration can be found in highlighting the (good) *intentions* that motivate each project.

One might argue that five of the camps – pathology, post-prohibition, social recovery, recovery, and biopolitics – each in their own way, are responding to the prohibition camp. One thing that these five projects can roughly agree on is that a public response built from restriction

and punishment has failed to curb drug use and the problems associated with it, and has only contributed to filling prisons, hospitals, and morgues with the bodies of those who use drugs. These five projects differ, however, in how they conceive of and advocate for alternative solutions. At least in a more overt political sense, my project is most at home within the social recovery, harm reduction, and biopolitics camps, in the way that these aim to radically reimagine what "solutions" might mean, in the ways that I too advocate for a reimagining of "prevention" that can address the unbalanced equation, ADDICTION > recovery, so that the world needn't forever live bailing out the boat that keeps filling up. But obviously I also have an appreciation for what the "spiritual" recovery project provokes in this conversation. Given its due, a serious reckoning with ideas like "God" and "spiritual transformation" can force social scientists to think beyond (at least reductive versions of) physics and politics and propel the addiction conversation into truly pluralistic territory.

As the biopolitical project demonstrates, questions about addiction break down into those that are normative and those more constructivist in nature. Normative questions take the concept of self-control, or choice more generally, for granted. A "choice" is meaningful when it aligns with "normal" signs of "health," "well-being," or (social) "responsibility." A drug user who is struggling to pay bills or child support, who has resorted to stealing, or continuously makes themself sick, is "struggling with self-control." They are failing to *choose*, and thus, they are suffering from diminished agency or subjectivity, such that qualifying as a "subject" presupposes that one makes (or *can* make) "rational" choices. The moral project, broadly construed, assumes that "blamelessness" comes from conceiving of addict's as "choiceless." This is roughly equivalent to a "not criminally responsible" (NCR) defense in law.

Constructivists, on the other hand, take neither the category of “addiction," nor the normative concept of choice that addiction is built from, for granted. An analysis might begin with the historical question, how did we come to carve up the phenomenological world – to make order out of chaos – with the category known as “addiction?” And here, typically, it is taken for granted that a “choice” is relative to the context in which it is made. Every choice is “reasonable,” given that context. The aim is to avoid the representational pitfalls that come with representing the “addict” as something lacking in subjectivity, as something, thereby, subhuman. A thinker, true to the constructivist project, is not arguing that a “human being” *is* a kind of thing with “subjectivity” – a thing capable of acting upon the world, rather than having the world act, solely, upon it – but rather, they are arguing that *representing* human actors as something subhuman, as something *other*, is a way of carving up the world that often comes with deleterious consequences. In this view, with choice and reason relativized, self-administering a painkiller might make all of the sense in the world – it may, indeed, be an act in accordance with one’s subjectivity. (In the introduction, I suggested that the working-class white man’s drug use can be seen as a political form of [potentially self-annihilating] *self-care*, and I was not being ironic.) This framing attempts to bring the observer’s eyes to the contexts that shape, constrain, and delimit people’s choices. Here, our eyes move more easily to social forces and structures, like poverty, inequity, systemic racism, economic systems, *and* systems of thought (e.g. bio-materialism, liberalism, etc.).

Though, again, I am sympathetic to this latter position, it is still an approach that needs to be done with care, for simply giving the power to the “structural forces,” can still lead one’s analysis, precariously, towards dehumanization. If not done carefully, agency can appear as a quantifiable entity, something that gets divided up, like magic beans or poker chips, and then

passed in different quantities to different actors. The one with the biggest pile is the one with the power, whether that be an individual drug user, the chemical properties of a given drug, a drug manufacturer with a profit motive, or an austere government disinclined to invest in "actual solutions." It is a compelling metaphor, and an understandable heuristic device – by no means am I denying the realities of inequity, nor of power differentials – and yet, as I now track the metaphysical orientation throughout addiction science, thinking of agency as "material" has carried addiction studies only so far. It can still leave us in an experience-distant "us" and "them" world, one that doesn't engage with the specificity of the actors under question. Working-class white men from deindustrialized communities are not, after all, dying at the rates that they are arbitrarily. Blame, nor pity, is going to get us close enough to understanding why.

1.1. Pathology

In the first two groups I am aggregating, pathology and prohibition, the orientation is materialist and normative. The most relevant actors in the production of social harm are "observable," in a rather strict sense, two biochemical entities: a drug and the (body of the) drug user[39]. Upon which of these actors the blame is ultimately placed is the demarcating line between these projects. In both, alcohol is an active agent that brings harm to society, but for the prohibitionist, the drinker does not escape blame. If in the pathology approach, the path to social harm is *substance → damaged personhood → social harm*, then for the prohibitionist, the formula is *damaged personhood → substance → social harm.*

Today, strident champions of the disease model see their campaign as one responding to the punitive "prohibitionist model" (Perrin 2020). This is historically noteworthy, given the

[39] I will be focusing a good deal on alcohol in these sections, but the reader can assume that a good deal of what applied to alcohol was eventually applied to other drugs. As Levine (1978) says, the ideas systematically worked out for alcohol, including that it was "inherently addicting…(were) then extended to other substances" (p. 43-44).

shared ground that these camps once occupied in the Temperance campaigns of North America, and in the politics of controlling "dangerous" substances. This present-day opposition can be seen as an uneasy alliance finally coming apart, one that managed to sustain internal tensions for nearly two centuries. The Temperance movement was never unified; it was a diverse coalition that included evangelicals, progressives, feminists, eugenicists, and many a heavy drinker (Travis 2009). And yet, for well over a century, there was a shared vision – that the state and its laws could help bring about a world less harmed by substances, through some kind of control over the production, availability, or use of those substances (Room 2002). The split in the movement, however, brings to light the two primary ways that intemperates, inebriates. alcoholics, addicts, and now those living under the description of "substance use disorder" have been ordered/othered throughout the last two centuries. In one world, they are agency-less victims. In the other, they are to blame.

In the pathology camp, it is no stretch – though it may arrive a little bluntly on the ears – to suggest that their campaign pursues the question: what makes these people abnormal? Why do "addicts" fail to make choices that the rest of "us" make? Addicts go (almost literally) under the microscope, investigated with "seeing" machines like the fMRI machine, in order that the source of their difference might be found. Those in positions to do so might thereby help bring the sick back into the realm of normal health. If the "science of the will" (Valverde 1998, 3) can be worked out, then *natural* solutions to problems of the will can follow. When the *is* of the problem is found, the *ought* will not only be found, but, in a sense, inevitable.

The word in/temperance, the word at the centre of a massive historical movement, is an important symbol in a history about "self-blame." It symbolizes a historical demarcation, on the other side of which is the world that we still live in continuity with, the world that the

Temperance physicians and the wider Temperance movement helped usher in (Levine 1978). "Intemperate" is defined by Oxford as: "having or showing a lack of self-control," and in the Google search I used to find this definition, one can see that its use peaked in the early 1800s (Benjamin Rush's era). Though likely defined by the people at Oxford without as much attention as I am giving it, there is to my mind a world of potential difference between these two verbs, "to have" or "to show." To have, still according to Oxford, relates to possession. So, what might it mean to *have* a lack*,* to *possess* an absence (of something)? Putting answers aside, the *question* directs one's gaze to make comparisons between entities, between kinds of *beings*, and what they are, or are not, constituted of. Lack (of self-control), in this view, is "found" within the boundaries of the figure in question, within the unbroken black lines of the colouring book's outline – or, within the frame of the fMRI's screen. An entity's properties are "inside" of it, and the properties it lacks are absent, or "outside" of it.

To "show" can lead less directly to the things that comprise a given entity. It is, in a sense, a more tentative verb, a more tentative *attribution* about the figure under question. Someone, or something, *showing* intemperance is making something visible, something perceivable. Certain ways of drinking have indeed attracted *interest* for centuries. (I will return to "show" below, when I consider the diagnostic approach of the American Psychiatric Association, and its famous *Diagnostic and Statistical Manual*, which at least in theory, if not practice, attempts to describe what people exhibit [show], rather than define what they *are.*)

All of the definitions of intemperate I perused call it an adjective. However, it is well known that in Rush's day, one could *be* an intemperate; thus, this word could also be a noun. One could declare, "you *are* an intemperate," or, "I *am* an intemperate." And of course, till this day, newspapers still report on "addicts," and the Twelve Step tradition is famous for its naming

ritual. "I'm Brett and I'm an alcoholic," as I've said at hundreds of meetings throughout the years.[40] When *defining* nouns, one is in the realm of metaphysics, of ontology, of deciding what a thing is, or what category it belongs to. Whereas an adjective can describe the noun, can denote a property of the thing under question, it isn't typically thought to denote that thing in its entirety. The noun, on the other hand, more obviously denotes the outlines of the thing – the individuated entity, the thing's beginning and end. In the context of a Twelve Step meeting, I qualify as belonging to the category of "alcoholic," by way of the thing that I am.[41] (And yet, there is a further distinction to be made here, about the project or cosmology that such a definition is being made in, and the kind of *authority* that its absolute or relative Truth/truth claims are thought to possess).

In the era of the medical gaze, in the world of sick not sin, it is curious the kinds of things we are, in a sense, permitted to *be*, versus the things we only *have* or possess, let alone *show* or exhibit. One can be *an* autistic, *a* schizophrenic, or *an* addict. But one *has* ADHD, PTSD, or depression. I can say, "I have depression," or even "I am depressed" (describing a state of being, but not *the* being), but I cannot say, "I am depression." (In fact, ironically, my spell checker just underlined the word "depression" and suggested "depressed," helpfully reinforcing my point[!] and reminding me of the reality I am permitted to live in.) I have no intention here, as I said, of staking out *my* ontological position, of pretending to know where a table or a rock, let alone a

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[40] To be precise, I have for years now truncated my introduction, dropping the explicit "I am." Instead, I simply state, "I'm Brett – alcoholic" (or "I'm Brett – addict," if attending a Narcotics Anonymous meeting). It is a subtle form of protest that I'm sure escapes almost anyone that hears it, but it is part of a larger system that I (and many members of the community, each in their own way) engage in that allows a kind of participation that feels reconciled to one's personal values, politics, and beliefs.

[41] In a literal sense, in fact, the 3rd Tradition (of 12) states, "the only requirement for AA membership is a desire to stop drinking." Thus, a constitutive element of a "recovering alcoholic" might be said to include the presence of (a) desire (to stop), but not necessarily the will or power to do so. But as with so many things about AA, the culture has two distinct "realities" – one moral, based in its texts and its abstractions, and one ethical, based in practice.

"human will" or an "addict," can be said to begin and end. Yet, there seems to be something lurking in language, in ways of naming and knowing, that reveals something about latent, or implied, definitions of personhood. Even though it may be the case that those that "have" post-traumatic stress may very well exhibit (show) non-normative behaviours, even dramatically so, our language does not seem to permit those with PTSD the option of classifying themselves as "other," in a definitive sense. Not so for the addict, nor the autistic. These might symbolize "damaged personhood," or at least altered personhood, at a level that propels a kind of reclassification. It's as if we have to draw colouring book lines around the notion of "human" somewhere; we have to – or so assumes the (meta)physician – decide which properties a "person" either does or does not *have*.[42]

In Rush's view, focused within the intemperate's outline, alcohol inflicted a "palsy of the will" (Valverde 1998) upon the drinker. The will, a knowable *object* now degraded beyond the boundaries of its purpose, transmits alcohol's violence onto the world. Rush believed alcohol responsible for disease, poverty, crime, insanity, and broken homes (Levine 1978). Here, as I introduced, arrives the formulation: *substance → damaged personhood → social harm*. Rush was first to give an outline of the "disease of addiction," the core elements of which persist till this day. He asserted that there is something *in* the substance, something that can overpower the drinker (today, these are "chemical hooks" that "hijack the brain" [Volkow 2013]). Then, one's will, "organic" in nature, becomes compromised by the infecting agent, and is eroded with the progression of the disease (today, "changes in the brain's structure" [Volkow 2013]). Then, the

[42] There is also likely something about "nature" vs "nurture" at work here – those "disorders" that are thought to be "genetic" or "in-born," versus those "learned" through experience. That addiction can be thought of as "in-born" is curious. Though such a notion isn't taken seriously, at least in a simple, deterministic sense, by even the most positivistic of scientists, it does have obvious appeal for many in recovery, where "I was born an addict" statements can often be heard. I will link this to the *motivations* behind our "categorical outlooks" in what follows.

cure for the disease is abstinence, the substance needing to be removed so that the body may regain balance, and the individual may regain the power of choice (here, we have the ultimate goals of treatment and recovery, though there has been movement towards integrating harm reduction practices into this overarching goal).

As noted, "to have" can connote "possession." This can connote something constitutive, but of course it can also mean how "evil" – in the forms of spirits, demons, or ghosts – can inhabit and take over, and then proceed to transmit its power through a host (Wynnyckyj 2023). If, as Levine and others have argued, we can assume that a drinker in Weber's "enchanted" world would have been "possessed" more in this sense, then it is not hard to see the historical continuity at work in Rush's picture of intemperance, and brings exorcism and abstinence-based treatment into a kind of parallel. This is not to deny the effects that have come from stepping from the world of "sin" into the world of "sick" – for one, it completely changes the authority figures one turns to for help (in steps the therapist, the doctor, the treatment centre, etc.) – but it is important to complicate neat divisions between religion and science, myth and reality, superstition and truth. As Latour (1991) once cautioned, when histories pretend to "leap" from one era to another, sometimes it is important to consider whether "we have [ever] been modern."

If an institution came along to seriously complicate the pre-modern / modern divide, it was Alcoholics Anonymous, when it arrived in 1935, thrusting "spirit" back into the centre of the addiction conversation. At the same time, AA undeniably, if not straightforwardly, thrust the "disease model" – and thus a damaged personhood model – ever further into public discourse (Travis 2009). I will carve the Twelve Step movement out of this history and bring it back within the "recovery" section below. But for now, it is worth noting the influence that AA had on a key researcher, Morton Jellinek, who published work, problematically based on already-enculturated

AA members' reports (comprising "objectivity"), that laid out the "phases" in the progression of the disease, including the still familiar language of: tolerance, physical dependence, craving, loss of control, and a "bottoming out" necessary for any possibility of treatment.

As prohibitionist laws (at least towards alcohol) failed and fell, the public response to the general problem of intemperance changed from one biological entity to another. Interventions would now be directed at damaged personhood itself. Historically concurrent, psychodynamic modes of understanding were gaining public acceptance, and thus declaring oneself an alcoholic was also a way of confronting one's denial, of confronting what was hidden in the self (Room 2003; Carr 2011).[43] Psychodynamic theories, which acknowledge the environments in which humans develop, only contributed to a growing acknowledgment that alcohol didn't affect everyone the same way. This was surely understood by many on the *dry* side of Temperance thought yet was resisted because it muddied their prohibitionist message (Travis 2009). Now that alcohol could no longer receive *all* of the blame, the metaphysical question had to change from what does alcohol do *to* people?, to what makes some people vulnerable to alcohol's (or another drug's) power? This, it might be said, is when the formula *alcohol → damaged personhood → social harm* was forced to undergo an important modification. From here, it became: *predisposition → alcohol → damaged personhood → social harm.*

Jellinek's employer, the Yale Center of Alcohol Studies, was partly funded by liquor industry players, who had a vested interest in distinguishing problem drinkers from the rest of the population (Travis 2009), thus further establishing that alcoholics had some kind of "predisposition." Yale, and its formulation, became the primary disseminator of the disease

[43] Here again, of course, is another blurry "discontinuity thesis" (CITE), as many have made the links between Christian "interiority" – looking for the presence of sin within the self – and psychoanalysis, and have paralleled religious confession with the confrontation with denial in therapy.

concept of alcoholism by embedding it deeply in the political, professional, and educational institutions that came in contact with problem drinkers. Yale's Summer School and its National Council for Education on Alcohol (NCEA) taught the disease concept to institutional representatives – clergy, doctors, hospital administrators, lawyers, etc. – and, driven by its charismatic leader and AA's first female member, Marty Mann, a public campaign was mounted to achieve broad acceptance of alcoholism as a medical problem. This would open up "clearer lines of scientific inquiry" and increase access to healthcare for those in need. Proactive treatment was also framed as a potential cost savings to employers and health care providers. The NCEA became the National Council on Alcoholism (NCA) in 1954, becoming a full-fledged lobbying agency. By the late 1950s, some 200 treatment programs based on the disease concept were available in the United States, which advocated total abstinence, and attendance at AA meetings. In 1966, Lyndon Johnson, whose father was an alcoholic, declared to Congress, "the alcoholic suffers from a disease which will yield eventually to scientific research and adequate treatment" (as cited in Travis, 2009, p. 45). With this declaration came federal funds for disease-oriented research and treatment, carried out by the National Institute of Mental Health. Now, the disease concept had paradigmatic roots in American culture and beyond.[44]

Named after US senator and recovering alcoholic, Harold Hughes, the "Hughes Act" followed in 1970 (Kennedy, 1997). The act asserted that its research initiatives would seek to "help millions of alcoholics recover and save thousands of lives on highways, reduce crime, decrease the welfare rolls, and cut down the appalling economic waste from alcoholism" (Travis,

[44] As Valverde argues, the history of addiction as we know it is in some sense an American one, and by extension is an interesting example of American cultural imperialism. The reader can assume that Canadian institutions, like the Canadian Centre on Substance Use and Addiction, have basically followed suit, currently advocating that "stigma" will be diminished when addiction is understood not as a choice, but as a health condition (ccsa.ca 2023).

2009). With the act came the creation of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), followed four years later by the National Institute of Drug Abuse (NIDA), which has also positioned itself within the disease paradigm, and championed further destigmatization of substance users. The NIAAA's website gives us a clear picture of these institutions' basic orientation:

> NIAAA has led the effort to reframe alcohol abuse as a medical – rather than a moral – issue, and to study issues relating to alcohol and health systematically, through evidence-based findings…Throughout its history, NIAAA has conducted and supported research that has improved our understanding of alcohol and its effects on the body, as well as influenced legislation and attitudes toward alcohol in our society (NIAAA, 2013).

The mandate of both institutions has always been clear: disease-oriented research gets funded and projects that do not easily translate into medical treatment get cut (Hammer et al. 2013). I will pick up from here in *Chapter 3*, when I bring this history to bear on a more specific accounting of where treatment facilities and TWC, specifically, fits within this story.

The dovetailing of the palsy of the will with the progression of brain research is the next inevitable step in this history. The current update on the disease model has NIDA defining addiction as a "chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences." And more expansively,

> [People] may mistakenly think that those who use drugs lack moral principles or willpower and that they could stop their drug use simply by choosing to. In reality, drug addiction is a complex disease, and quitting usually takes more than good intentions or a strong will. Drugs change the brain in ways that make quitting hard, even for those who want to. Fortunately, researchers have found treatments that can help people recover from drug addiction and lead productive lives.

One can see here, that although questions about "predisposition" receive a lot of attention, and funding – a line of study that typically leads to genes, trauma, and medications (Hammer et al. 2013) – the more simplified formula is still highly available for public consumption. The famous

"this is your brain on drugs" campaigns of the 1980s and 90s, well after *predisposition* was acknowledged, inevitably continued to sustain prohibitionist – drugs are dangerous – political impulses. It has only been in the last decade that the major US institutions that have led the way in spreading the disease model internationally, have finally, though quietly, begun to distance themselves from messages that feed fears about the dangers of drugs, which have always bled from drugs to their users. This is likely as much a function of wider political divisions that see "tough on crime" agendas falling out with progressives, who link this agenda to an "anti-science" stance, and to police brutality and the denial of systemic problems like structural racism. I'll come back to this newest step in the politicization of the issue, when I describe how the pathology approach is linking up with harm reduction, below.

And finally, to visit with another institution of note for a moment, one seemingly making an attempt to formulate intemperance less as a noun and more as an adjective, the American Psychiatric Association now offers the concept of substance use disorder (SUD) in its index of diagnosable conditions. There are 11 possible symptoms that make up the potential diagnosis, grouped into the subcategories: impaired control, social problems, risky use, and physical dependence. As summarized by a treatment industry player's website, "when someone is diagnosed with mild SUD, this means a person *displays* [emphasis added] 2-3 symptoms, moderate means they display 4-5 symptoms, and severe means they display 6 or more." Of note, qualifying for a "severe" SUD is also where one "qualifies" as "addicted." Given the relationship between formal diagnoses and various formal, and legalistic, arrangements – i.e., with one's insurance provider or employer – "qualify" is indeed another verb to add to the intemperance lexicon, but one that I will leave unexplored for another time.

In theory, the APA and its various committees are aware that they are engaged in ever-evolving projects of category creation, and always contentious ones at that. Psychology and psychiatry journals are full of debates about typology, about what "symptoms" should make the list that characterizes a given disorder. But in practice, looking beyond the lists of symptoms, its SUD *definition* maps almost exactly onto the neuroscience-oriented, metaphysical definition established by NIDA. Here is an excerpt:

> Changes in the brain's structure and function are what cause people to have intense cravings, changes in personality, abnormal movements, and other behaviors. Brain imaging studies show changes in the areas of the brain that relate to judgment, decision making, learning, memory, and behavioral control (psychiatry.org).

Despite the obvious ontological orientation, there is, still, a kind of real-world difference here. At the very least, one cannot *be* a "substance use disorder," and it is obvious that there is growing caution in the pathology camp to name those who use drugs, not knowing if they self-identify as such, as "addicts" (i.e., authority figures telling others that they *lack* a foundational aspect of personhood). That said, I have yet to hear a member of Alcoholics Anonymous introduce themself as "I'm _____, and I *exhibit* the symptoms of substance use disorder."

Discussion:

The pathology project's moral commitment is, ironically, one that aims to *de-moralize* the issue of drug use. The constant for over two centuries is the belief that when addiction is understood as a state that compromises *an essential part of the human body* – without it, the user is "beyond" choice, and thus blame – then, more compassion can be brought to the intemperate. *The Canadian Centre for Substance Use and Addiction* even has a three stage online "destigmatization" learning tool that walks someone through a process meant to challenge any judgements they may have about drug users and supplant their judgements with evidence about

the drug user's lack of choice over the problem (www.ccsa.ca/overcoming-stigma-online-learning). It's not that the addict isn't *trying* to do better; it's that they can't. Over many years, "addiction *is* a disease" became a "fact," having gone through what Latour (1979, 2005) refers to as a stabilization of meaning. Having jettisoned its history (one that even includes conflicts of interest), it became not a metaphor, nor even a category, but something more like gravity, a determining force. It just *is.* In this positivist worldview, "causality" is *out there*, "in" the universe, in the things-in-themselves, rather than causality being a part of the mind, a part of what humans bring to the world, as philosophers at least since Hume have argued. An *out there* fact is assumed to be something less flimsy, less subjective, than an opinion, point of view, or moral project. Against Weber's warnings, the pathologization project attempts to build values from facts. In a very real sense, of course, the brain and biology *are* "determining structures." It's not as if "choice," or human beings, can exist "outside" of the constraints of bio-organic, chemical, physical processes. And yet, the critic of a positivistic outlook does not, I assume, dispute this, but rather whether the things that we call choice and personhood can be reduced to these material processes, to these (meta)physics.

As I've indicated, I am, by day, a (mental) health worker (though I feel constrained by this category all the time!). Psychotherapists, like never before, are fielding questions from "patients" who are wondering if they might *have* ADHD, or if they may *be* autistic. I am asked, as a person in a position of socially derived authority, if I might be able to recategorize not only a client's experience, but the category of thing that they belong to. In my mind, these are questions about ontology obscuring a question about blame, and specifically the ways that people, very understandably, are seeking a kind of route (that travels the road of ontology) to blamelessness, or what I've come to think of as "it's-not-my-faultness." Given the productive pressures of the

world and in making comparisons between myself and others, *might there be some explanation for my struggles, something deeper than failure or fault*? *I saw this TikTok video, I never thought I might* have *ADHD, but now I'm wondering if I do. Might there be a legitimate reason that I* am *different from other people*? Yes, of course, I answer, and without trying to condescend, nor without dissuading them from a diagnostic point of view, I try to depict a world for them in which there are lots of legitimate reasons that people should feel less self-blame, that our world is bad at helping us contextualize our struggles, that it forces us into the *feeling* that we have to *choose* between freedom/blame and determinism/blamelessness.

When I was researching this section, I came across a YouTube video (CNBC, 2022) of a reporter asking about the dramatic uptick in ADHD diagnoses, especially amongst adults, over the last two decades, which has only further accelerated over the last couple of years. I was struck by an answer that one of her interview subjects gave her, when she asked about the correspondent uptick in prescription use. The director of the NYU Grossman School of Medicine answered, "The reason that it is treated with medication is that it is a true psychiatric disorder." If there is a clearer statement that summarizes the diagnostically oriented world's miraculous ability to hide tautologies, I haven't found it. It brings me back to the moment when someone first told me I had a disease, when I first felt the authority behind that word, the power that modern day priests have to forgive me my sins. "Son, it's not your fault." Or, perhaps as Mark said, "I'm just a drug addict, and that's what drug addicts do."

Despite the pathology project's "philosophy blindness," the moral commitment is real, and the world being championed by the pathology camp has undoubtedly brought less social ostracization to drug users (Perrin 2020). Surely there is something to be said for being a drug user in North America, rather than in Duterte's Philippines. For all its complexity, the naming

moment, the moment of recategorization, when an institution delivers *it's-not-my-faultness*, this moment has undeniable effects. And of course it does, when the drug user has to live in a world where desperate and frustrated family members plead with their addicted loved ones to "stop," and where a racist, classist, and essentializing legal system has unrelentingly tried to punish the world out of the addiction problem – a legal system oriented, after all, to individual responsibility rather than collective responsibility.[45]

That said, this worldview hinges on a big *if*. Perhaps, in a classic case of a "strawman argument," the pathology project claims to know that their campaign is the only bulwark against only one other possible world, the one where addicts are individually blamed. "*If* we don't fight for destigmatization, then the alternative is blame." And yet, I personally know that I have found a path to another world, one more complex, one less binary, where there are more choices than: disease or blame? – take your pick. In short, understanding – and yes, "compassion" – can be found in context, in complexity itself. The pathology project offers, ultimately, a false choice between two worlds; one can either attribute blame to the addict or not, and the difference is entirely based on the presence or absence of an *ability* – the foundational equipment necessary – to make choices. The Kantian, legalistic notion of agency at work here, where morality hinges on an individuated, ontological notion of freedom, found in the noun known as a human *being*, corners the world into a false choice between freedom and determinism. When freedom is constrained, moral culpability is diminished. Or, in this case, when freedom is absent, *responsibility is senseless*.

[45] A deep philosophical quagmire, as Arendt (1963) famously explored when the systemic horrors of the holocaust still had to be put on trial, instantiated one by one in individuals, like Eichmann.

The alternative world – perhaps one of many – is one in which a drug user, even one with all eleven of the APA's symptoms, can still be (if they want to be) a human; they can still be a subject. In this world, it might be easier for the men in this study to see that their "choice" to use drugs made a lot of sense in the context in which that choice was made. In this world, men like Mark, or Derek from Glace Bay, might look more instinctively, *and with more faith*, for forgiveness in the economic and political realities that have structured and constrained their experiences. In this world, they may not feel as inclined to look towards the "men of medicine," endowed with the moral authority to forgive them their sins, and the expertise to tell them what is wrong with their unknowable bodies. Instead, they might learn to trust the *authority* within their own expertise, within the sociological knowledge they possess about where they're from – to hold not only a kind of abstract understanding about the place, or to *feel* a nobility in having survived – however long – but to approach the kind of self-forgiveness *grounded in a refusal to make themselves the (only) problem*. It is the self-forgiveness found in the knowledge that in the abandoned *company towns* that they came from, the male body was as much a shovel as it was a thing to be (self) cared for, something more object than subject in the company's eyes. But even in holding that knowledge, they will have to learn the difference between self-forgiveness and something far more dangerous – aggrievement (Kimmel 2013) – something poisonous for them, and dangerous for the rest of us.

But until such a world arrives, or becomes easier to live in, Mark has an undeniable right to the relief he found when he accepted the name for what he "is," when he accepted that he is not *bad* but *unwell.* A strawman choice though it may be, there is a very real sense in which being sick is better than being a criminal.

1.2. Prohibition

The "Temperance physicians" of old and the neuroscientists and psychologists of today see themselves as fighting on the side of the *victims* of dangerous drugs. And yet, by having focused on inhibition/control, and by lending s*cientific authority* to the belief that drugs, *in themselves*, pose a danger to the public, the overarching cause of the "medical materialist" has brought *drug users* into the sphere of illegality and social surveillance. As Room (2003) points out, restriction, control and taxation all rest on the justification that dangerous substances must be controlled. In a knowable world, where a singular variable can be the cause of so much harm, it only makes sense to control that variable in the great social experiment.

This version of events, where good intentions have unintended effects, however, hides the darker aspects of the uneasy alliance between pathologists and prohibitionists. Contra the pathologist, the prohibitionist stands in one of two, only relatively distinguishable, positions in relation to the "drug problem," though they need not do so knowingly, nor need they take one or the other consistently. In the first position, the prohibitionist simply exists in a metaphysical world where damaged personhood just *is.* Even before the drugs arrive, intemperates cannot be blameless victims in their relationships to substances because there is something *essentially* immoral or degraded about *them*. Essentialism in its various iterations can be expressed in eugenicist beliefs about genetic purity, or in racist, xenophobic, or classist attitudes (Travis 2009). An assumed "we" must be protected from "them." In the second position, essentialism may very well be an effect of the prohibitionist's stance (because "context" bears little to no relationship to "choice"), but the stance itself is oriented to an anxiety about the relationship between social order and each individual citizen's *personal responsibility.* Here, in a specific vision of the "collective good," the state's need for order comes before considerations of the

contexts that shape and constrain people's choices. What the Temperance physician never accounted for, it seems, is that biomedical persons, and their potentially damaged wills, still have to live in a world where they are legal persons too. The "addict" may very well be a victim in the worldview of the physician, but there is only so much correspondence between that world and the legal world (Valverde 1998). Though those in the second position may not recognize, and may very well defend against, the claim that racism or casteism is perpetuated by their worldview, there is, by effect, still an iteration of the formula *damaged personhood → substance → social harm* at work. In a world where context has no bearing on attributions of responsibility, essentialism is being practiced, regardless of whether it is recognized as such.

The essential other:

To expand on the first position, the history that leads from Temperance, to Prohibition, and then into the "Drug War," is one that reveals a consistent slippage of blame between drugs and drug users (and, additionally, "saloon keepers" and "pushers"). In today's world, this is heard time and again in harm reduction and anti-prohibition circles, who remind us that drugs cannot technically be "criminalized;" only people can. "It is not a war on drugs, it is a war on drug users," goes the familiar refrain.

Early in the Temperance movement, even when alcohol was, technically, the demonized face of the campaign (Alexander 2010), it was only too easy to blur alcohol and its drinker in fuelling fears of the intemperate. After all, a Temperance campaign poster that depicts the saloon goer, bottle in hand, shabby, debauched, and drunk, leaves at least as much of an impression about the drinker as the bottle. Indeed, some within the movement represented intemperates as the "greatest scourge" facing the moral fabric of America (Alexander, 1990), hoping for a day when "all who are intemperate will…be dead [and] the earth will be eased of an amazing evil"

(American Temperance correspondence, as cited in Travis, 2009). Such statements reflect fears of the newly landed and the ghettoized, and utterly decontextualized beliefs about certain races being "predisposed to alcohol abuse and related vices" (Travis, 2009, p. 25-26)[46]. Throughout history, a drug and the "other" have been discursively paired, creating instances of moral panic, and often influencing policy and policing practices – the Chinese and opium, Mexicans and marijuana, Black Americans and crack, the Irish or Indigenous peoples and alcohol, the Hillbilly with meth or heroin (Valverde 1998; Travis 2009; Garriott 2011).[47] A recent example, Trump famously created such a pairing when he talked about "invading" Mexicans: "They're bringing drugs. They're bringing crime. They're rapists. And some, I assume, are good people."

In 2016, decades after the "War on Drugs" was officially launched in 1970, Nixon's domestic policy chief, John Ehrlichman, gave away the store, revealing what many knew to be true, if surprising to hear admitted:

> We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin. And then criminalizing both heavily, we could disrupt those communities…We could arrest their leaders. raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did.

While it cannot be argued that all cases of such pairings are intended, nor cynically strategic, it is nonetheless true that cynicism and unconscious fears often come to the same effect. Whether stated or not, drugs have consistently been paired with groups of "dangerous people" and their potential influence on the "rest of us."

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[46] It is remarkable how much staying power this idea holds. I talked to numerous men at TWC who iterated some version of it, applying it, especially, to Canada's Indigenous peoples.

[47] This is absolutely applicable to the men of Glace Bay, where Oxycontin was even nicknamed Hillbilly heroin.

Legal personhood:

In the second position that I am delineating, people are again individuated and radically decontextualized, but this time it is because of where they exist in relationship to the state, because of the "consent" that each person gives to hold up their end of the bargain, in the great social contract. In a narrow vision of the "liberal" state, each person, ironically, is *burdened* by a radically individuated notion of "freedom." As Valverde (1998) puts it, "the governance of alcoholism and addiction are not characterized by the government of substances as much as by the attempt to use substances (and, more recently, addictive behaviours) to govern the realm of freedom" (28). That is, if one cannot practice the kind of freedom that the state requires of its citizens – where, for instance, recognizable health, safety, and productivity practices are upheld – that individual invites sanctions from the state, and, in the case of behaviours related to "illicit" drug use, literal punishment. Addiction, here, is a "kind of shadow to the modern liberal ideal of the freely choosing subject" (Garriott & Raikhel 2010), and thus the very notion functions as "a form of disciplinary social control" (Bourgois 2000). Though the Temperance physician dreams of Kant's ideal world, where those "lacking freedom" cannot, in the name of logical consistency, be blamed, it is nonetheless true that once the intemperate leaves the metaphysics of medicine and crosses into the metaphysics of law, it is precisely their damaged personhood that serves to justify surveillance and punishment.

Garriott (2011), in a study of methamphetamine's role in a rural US community, looks at how the brain disease discourse circulates and interacts with the local criminal justice apparatus. Despite the espoused position of those within the biomedical camp, that the "fact" of addiction's disease status creates necessary grounds for understanding, this model, in practice, finds a kind of natural affinity with "predictive" criminal justice practices. According to Garriott,

"addiction's chronic character…was used to explain individual propensities toward crime. Police felt incentivized to target addicts as a form of crime prevention and to use their knowledge of the symptoms of addiction to identify potential criminals in the local community" (485). And though in theory, within the state apparatus, drug courts have been established to divert "drug offenders" to treatment settings, the treatment institution can act as an extension of the punitive system, where "recovery" is used by the justice system to leverage "good behaviour" (McKim 2008), and probation conditions are tied to "abstinence" and even Twelve Step meeting attendance.[48]

In this view (where *efficiency* reigns), the state cannot "afford" considerations of context. In the run up to the "Crime Bill" of 1994, Joe Biden, then chair of the Senate Judiciary Committee, warned of "predators…beyond the pale:"

> I don't care why someone is a malefactor in society. I don't care why someone is antisocial. I don't care why they've become a sociopath…We have an obligation to cordon them off from the rest of society, try to help them, try to change the behavior. That's what we do in this bill. We have drug treatment and we have other treatments to try to deal with it, but they are in jail…It doesn't matter whether or not they're the victims of society."

Assumedly, "they" are not permitted to be the victim's of the "chemical hooks" in drugs either. Obviously, public safety is meant to be prioritized – getting dangerous people off the streets – but as exhaustively documented, no net gains in terms of safety have come by means of "tough on crime" policies (Wacquant 2009; Hinton & Cook 2021). And beyond this, the drug war continues to disproportionately impact marginalized peoples (and destabilize other regions around the world), even in cases when it isn't explicitly targeting racialized groups.

In "tough on crime" rhetoric we find the most explicit expression of neoliberal governance, a world in which "personal responsibility" is what matters and "society does not

[48] Raising interesting questions about the legal, secular order bleeding into a world in which the sober person is legally mandated to find God.

exist," as Margaret Thatcher famously said. Once again, tidy distinctions between "us" and "them" – "offenders" and "law-abiding citizens" (in the words of Stephen Harper) – are upheld, but where the emphasis is placed on preventing idleness, indolence, and "entitlement." Take the safety net away and people will be "encouraged" to stand upright, "on their own two feet."

Discussion:

Obviously, very few who study addiction from *any* metaphysical orientation have anything good to say these days about the "prohibition model." Were there to be some coldly calculated "net amount" of safety that came by way of prohibition, the disastrous consequences of its essentialism would still make it unjustifiable. Thankfully, such considerations are unnecessary, for prohibition is neither just nor effective. And yet if one, with as much generosity as can be mustered, can acknowledge that "personal responsibility" might play some part within the grand addiction problem, then this instinct, at least, does deserve attention. How might "personal responsibility" – the burden of freedom – be rescued when it lives in relationship, rather than opposition, to context?

Seemingly in earnest, Stephen Harper stated that harm-reduction policies (in a sense, what might be thought of as "post-prohibition" policies) were akin to "giving up on people" (Gerster 2019). Though in my mind this reflects an inability to engage with the actual moral commitments of the harm-reduction project, Harper, nonetheless, may have given voice to something that speaks to the loved ones of addicts, who must contend with a desperate desire to see the drug user live a different life, who *will* them to make different choices, who plead with them to *stop,* and who often, eventually, come to ask themselves difficult questions about what it means to care or to help. What does it mean to (not) "give up on people?" Many North American parents feel something instinctively aligned with Harper's statement. In fact, many who work in

recovery – wanting to "*share the gift of sobriety*" with others – feel something similar, as I learned at TWC. In the harm-reduction section below, I will come back to the notion of "giving up on people," offering a critical observation about the current state of the harm-reduction / public health approach, but for now I will spend a moment acknowledging the moral instinct being voiced here. It is a concern that should not be dismissed outright, however dubiously it may be deployed by advocates of, and those sympathetic to, "tough on crime" policies.

Parents, including my own mother, and many of the family members of the men that I met in treatment, had to "draw lines" and "create boundaries" and eventually come to a place where they could practice "tough love." Of the most painful of human calculations, "help" had to be transformed into "letting go." It had to mean coming to terms with the limits of one's powers to create different outcomes for the addicted loved one.[49] This is true, at least as far as "letting go" meant prioritizing, and holding oneself to the practice of, care for oneself, regardless of the consequences for the addict. No, you cannot live here anymore when you keep stealing from me, even when you have no place to go. No, I will not give you anymore money, even though you have none. People come to these places, often, torturously. Some come to practice such "boundaries," but the guilt stays, the feeling that they have "given up."[50]

Bringing back the question of self-blame here, sometimes the pleas from loved ones come out "hot," filled with desperate "why can't you just…" statements. These could certainly be characterized as blaming statements, targeted at the addict's soul, will, or conscience that say, in essence, "take more responsibility" or, even more directly, "stop hurting me." As such, it is

[49] This is the fundamental goal of the offshoot programs of Alcoholics Anonymous, programs like Al Anon and Nar Anon, which are available to the loved ones of alcoholics and addicts.

[50] Though I will only give the topic brief attention in *Chapter 3*, there is much to be discussed about the cascading strain of the drug and addiction crises on the exploitable *care* of families, in the context of the neoliberal moment.

little wonder that some of these pleas and accusations are internalized by the addict and are experienced as "moral feelings" like guilt and remorse, and that these feelings correspond to *self-blaming* thoughts, like "I'm such a fuck up." Is this all just a form of injustice, a function of a disintegrated society, divested from "human infrastructure" that abandons people and families to the limited powers of their individual wills? If we allow ourselves a radical reimagining of society, where less of the burden was placed on desperate moms and resentful partners, then yes, quite possibly. But within the restraints of a reality closer to our own, is self-blame (or at least guilt) not a potential part of what motivates change? Of the prospect of the addict living a different life (granted they would want to)?

As a central theme in *Chapter 1*, one way to conceive of stepping away from a biopolitical or (neo)liberal version of "personal responsibility" that essentializes and abandons people to their wills, and bring back a "responsibility" closer to justice and distributive care, is to accept that attributions of responsibility may indeed be a necessary and inevitable part of any social order, but that blame doesn't have to be. Blame, here, simply means a reductive attribution of responsibility. Blame is an offshoot of how complexity – James' "blooming buzzing confusion" – is reduced to stories that can be meaningfully grasped, and in the case of blame, a complex social scene is cut into unfair "chunks" (Blackburn 2002). Blame is present when one is telling a story about *why things are happening in the way that they are* in too simple a way, and has apportioned the individuals in that story – the individuals and/or their "wills" – with too much of the "why."

As a therapist, one may easily accuse me of "responsibilizing" people everyday, and I wouldn't argue with them. In sitting with the one person in front of me, I have to help engender a felt sense and an interpretive framework through which the client sees themself more as a

subject, rather than as an object (or a victim), within the complexities of the world's social arrangements. But the way that one goes about "responsibilizing" someone is not arbitrary nor apolitical. How I go about trying to help change a person's relationship to the social order, and to the other actors within a person's life, however near or distant, proximate or abstract, is an inherently political act. If I am talking to someone who identifies as queer and it seems clear to me that "internalized homophobia" is present in the ways they feel about and speak to themself, and is present in their actions – for instance, "avoiding" any prospect of finding a romantic relationship – I see no way forward but to have a *political* conversation about how social norms become internalized, about how fear and hate, *in the world*, become part of one's self conception. Inherently, coming to understand that "I'm not the problem – the social norms are the problem," is a political act. When they "were" (or felt like) the problem, it felt impossible to take the risk to pursue love – for fear of judgment in public, for feelings of self-incrimination, etc. "The curious paradox," as Carl Rogers, the existential psychotherapist, once said, "is that when I accept myself just as I am, then I can change." The capacity to take a risk, to pursue that love interest, in part, comes by way of self-acceptance, by way of a dawning sense of *deserving*. A person finds subjectivity or agency by realigning themself with a new story, a new worldview that was in a sense "already there," existing in social space, but not quite available to them. Through a new context of meaning, by understanding themself in relationship to forces that are "bigger than them," forces more "just" or more "caring," they generate more motivation – more will – to care for the self.[51] Indeed, here is a version of the *naming* moment: "*I am not responsible for my disease, but I am responsible for my recovery.*" Or, "I'm just a drug addict

[51] By no means do I mean to "reduce" this change process to narrative, and certainly not to a simple cognitive process of "insight," for I am well aware, and agree, that such change processes require attendant changes in "emotional capacity" and "embodiment."

and that's what drug addicts do." And perhaps this is what Derek was reaching for when he told me, "I have no one to blame but myself."

The important thing to notice here is that this is a process of reinterpretation, representation, or attribution, not a meta*physical* change, at least in an *out there* sense. Has the queer client who is now *willing* to have their heart broken, who is now "courageous" enough to be rejected, *become a thing with more agency*? That depends entirely on what one means by "become," "a," "thing," "with," "more" "agency." Has their brain changed through this process? Surely, yes. Is that what determines their status as "agent" now? It can be, yes, if that's the interpretive framework of choice. But I would argue that that interpretive framework has specific, potentially problematic, effects, if it one dividing the world between "reasonable people" and "unreasonable people," "agents" and "victims," "subjects" and "objects," and, ultimately, "humans" and those, somehow, "less than human." This is surely amongst the most important considerations in imagining any possibility of a "post-colonial" world, a world less divided by those who know and those who don't.

A less normative interpretive framework – something closer to Foucault's turn towards ethics and "relative freedoms" – has different potential effects. Here, the person has reinterpreted their place within the complexities of the social arrangements. In coming to *see themselves* as more free, as more deserving of love and better able to "refuse" hate, they have "created" new possibilities for themselves – new ways to act. Though they are not separable from the social order, though they cannot step "outside" of it, they have changed their relationship to that social order. And in a sense, such that "being ethical" might mean being more of a "team player" in the social order, a "better" participant in some kind of greater good, how can I really step away from

the task of "responsibilizing" my clients? The question here, of course, is which – and *whose* – vision of the greater good? To what "project" am I orienting a client? To which god/God?

And here is the tension, where pluralism and truth come into conflict, where each has to act as a check on the other. It comes up *in every session* as a therapist. In my practice, I am forever trying to keep an eye on and walk the tension between two, political or moral, considerations: while wanting to help the folks I talk to step into a more empowered and just world (a*s* I understand it), I *also* want to honour their autonomy, and be careful not to condescend to them by way of imposing my "political agenda" on them. I cannot pretend that the relationship is *not* an authoritative one – authority is constitutive of the therapeutic relationship – and yet I must be wary of that authority. I cannot pretend that I'm not the one in the relationship "orienting" the client *somewhere* (politically, morally, spiritually, etc.) and yet I want to "decolonize" my practice of a *kind* of authority. It is an *encounter* between self and other and between two vital moral commitments, pluralism and truth, and yet they do not dissolve into one another, they do not synthesize into one "ethical guideline," nor a singular rule to follow. Every encounter that brings these commitments into contact requires that they be negotiated with care.

The truth commitment is an acknowledgement that there is no "view from nowhere." There is no "apolitical reality" that I can "come from" as a therapist, nor point my clients towards. Even in the most seemingly banal example – my exercise example from *Chapter 1* – this tension arises. Originating as an idea in our conversation, a client comes to realize that going for a walk everyday helps alleviate some of their depressive symptoms – this is still a values-laden practice; going for a walk is still a political act. Perhaps some part of the depression alleviation comes as an effect of the way that the person now feels "good about themself"

because they are "burning calories," in a sense now aligning themself with a political order that equates "health" to "thinness" or "being active."

But then, the second consideration immediately comes into view. Pluralism, in in this context, relates to the moral commitment behind the principle of "client-centred" care. In honouring their autonomy and humanity, is it up to me to dissuade my client from feeling good about burning calories, or about being active? Even if some aspect of this "goal" is based in a normative, conditional form of self-acceptance that rejects "fat bodies?" Even if it is based in self-hate? What if, by reaching this goal, they come to be kinder to themself in other aspects of their life, they come, indeed, to be "less depressed," and become a more "responsible" member of their family and become involved in a community organization that advocates for social change?

Thankfully, I have not found it necessary to definitively "pick" one or the other commitments. These "political" encounters are inherently complicated; they are instances of "ethical mess" (a theme central in *Chapter 3*) that require negotiation. In the example I'm using I can try and bring attention to "body positivity" discourses with my client, or draw connections between other ways that we have identified that their "perfectionism" is based in something less than kind, in something self-incriminating, or *biopolitical* (however unlikely that I use that word!). And here, we might be able to negotiate a more intrinsic motivation towards "activeness" or "vitality" that draws from a kinder form of self-care, from motivations less conditional, perhaps more aligned to Foucault's vision of "refusal." We can do this, yes, but only imperfectly. And yet, I argue that I would be engaging in "unethical practice" (or MacIntyre's modern "amoralism") if I were to prioritize pluralism over truth in this context, were I to avoid bringing attention to the ways that societies structure the conditions of one's self-acceptance. That would

be a form of "client-centred care" that I *refuse* to practice, for in agreement with Foucault, the only way that I know how to practice therapy "responsibly" is by being an active participant in "truth," rather than a passive recipient of it. That, to my mind, would be an "irresponsible" use of my authority.

It may seem that I have wandered away from the "moral commitments of the prohibitionist," but at the heart of the prohibition debate are questions about blame, condescension, paternalism, and the "right" uses of authority. In some cases, paternalism can only be truly escaped in a *relative* way. Positions of "knowing" and "authority" exist. Pretending otherwise is itself, perhaps, the most dangerous form of authority. For here, one merely represents the truth "out there," and is merely reporting to the rest of us what the higher authority – God, Nature, Science, The Law, The Economy – has revealed to *them,* the chosen ones. Much harm has come from those representing themselves as the purveyors of Truth, delivering to us God's decree, uncut.

And yet, the world needs those in positions of authority to do something with their power, including their knowledge. When one finds oneself in an ethical mess, the overarching political and moral commitment is not "picking" a side, but doing one's best to soften the edges that run along the divides that one encounters (Savransky 2021). Yes, prohibition policies have been catastrophic – evil, in fact, if that word has any meaning – but by softening the edges, and by refusing singular stories, a kind of generosity can be brought to the task of at least investigating the merits of a moral instinct that underlies the prohibitionist's approach – one that has a relationship to desperate moms, and desperate treatment workers, both overwhelmed by the overwhelming addiction crisis that is being left – far too much – in the hands and hearts of caring individuals to solve. In this, the pluralistic commitment can really act as the check that it needs to

be, allowing the possibility of dialogue, rather than *absolute* division. Indeed, perhaps Harper's instinctive fear shares something with desperate parents, who are terrified of "giving up," and who hope that their son or daughter can find their way to the burden of freedom.

1.3. Post-Prohibition: Harm Reduction + Public Health

So is there any merit to the idea that harm reduction is a model that "gives up on people?" Harm reduction itself? No. And yet, I do find that representational problems are causing practical tensions in the harm reduction sphere, especially now that harm reduction principles are beginning to link up with official governance in the sphere of public health policy. Once again, an effect found downstream of addiction metaphysics, paternalism and condescension are being blurred with compassion. Representations of people are being confused with *people-in-themselves*, the metaphysical approach too neatly dividing the world between agent and victim, knower and known, capable and not. In the context of the "opioid crisis," public health discourses are constructing statistical people who have come to stand in for complex humans, statistical people whose value or worth is reduced to the absence or presence of "bare," organic life, who need to be *kept alive.* Here, I will further probe ideas of health governance, and of a "bare minimum of care" (oriented to survival), in relation to the "epidemic" of toxic drug deaths. I will suggest that a focus on quantity (of life) obscures important considerations about quality of life. I will build up to this argument, but I will start with the good news.

As I see it, harm reduction is a social correction necessitated by the effects of the Temperance movement. It is a response to prohibition and criminalization, most obviously, but also to the abstinence model generated within the pathology camp. Foundationally, harm reduction is not an "addiction" project at all. Many within the movement, which began in the grassroots in the 1960s and then took a significant step forward in the AIDs epidemic of the

1980s (harmreduction.org), see their central mission as putting aside questions about the "nature" of drugs and/or their users – a "strategic pragmatism" (Duff 2004) that suspends the question "why?" – to simply work with the fact that drug use happens. Harm-reduction practices are built from the principle that "some ways of using drugs are clearly safer than others" (harmreduction.org). The goal of a harm-reduction program – that which determines its "success" – is not oriented to changing the *fact* of people's drug use, but rather the *ways* that they use. It isn't *drug use* that is being "reduced" but rather the harms associated with drug use. As such, abstinence is not a goal of a harm-reduction "program," though the implementation of harm-reduction policies may help potentiate changes in "amount" of use (bringing users into the sphere of treatment options, for instance), granted that such a reduction aligns with a given drug user's goals. The drug user is said to be met "where they are at" – rather than where social norms or the state would have them be (though this is far simpler in principle than in practice). Relatedly, barriers to service are kept to a minimum. For example, services like needle exchange, peer support, and "supervised consumption," are best located in the postal codes where drug use happens, or may even be mobile – *literally* meeting the user where they're at. When I was a harm reduction worker in Toronto, we even saw it as part of our mission to be as tolerant to rudeness and people's problematic points of view as we could be, while being careful not to compromise our safety. In terms of the development of policy, those who use drugs are assumed to be experts and attempts are made to enrol drug users in the development of the policies that impact them (e.g. where should a service be located? What should be in a clean needle kit?). And finally, context matters. Poverty, class, race, past trauma, homophobia, transphobia, gendered violence, and so on, all of these are assumed to "affect both people's vulnerability to and capacity for effectively dealing with drug-related harm" (harmreduction.org).

Harm reduction's pragmatics (and politics) share a lot of ground with the vision of this book, with the major difference that I do not wish to put the "addiction question" aside. That said, harm reduction's most important gift to the addiction question has been, ironically, to remind us that the addiction problem is not the only problem. There are two: a substance use problem and an addiction problem. Let's take it as a given that people simply use for the reasons they do and first deal with that. Then, and only then, let's ask questions about why they do. The challenge here is reminding oneself that this is a strategic move, for in practice, it is possible to confuse "meeting people where they're at" with a version of "giving up on people."

Early in the movement, harm reduction practices often started outside of the law (Marlatt 1996). They were initiated by drug users, who formed unions of peer support and mutual aid. Initially "outlawed" practices, like supervised consumption sites – practices that directly addressed the harms *of* the law – have now entered the realm of officialdom, especially in places like Vancouver. For decades, Metro Vancouver has been a "crisis point" in the "epidemic" of drug-related deaths in Canada, and its drug-using citizens and their allies have led the way in breaking down prohibition policies, in advancing *justice* in the face of the *law*.

Perrin's (2020) *Overdose: Canada's Heartbreak and Hope in the Opioid Crisis*, in my reading, captures something important about the "official" contemporary moment in the broad drug use and addiction conversation, and specifically the ways that Vancouver emblematically represents that moment. It's the moment when the pathology camp breaks ranks with the prohibition camp and joins forces with the harm reduction camp (welcome or not) under the banner of public health; it's the moment that the original uneasy alliance comes undone and a new alliance is formed. *Overdose* also exemplifies how it is that addiction metaphysics, once again, show up, and the ways that "good intentions" sometimes come with unintended effects.

As I will return to, these effects are starting to show up in regulated (that is, officially governed) treatment settings like TWC.

In *Overdose*, Perrin quotes and references many of the major players in BC that are involved in the overdose crisis conversation, including public health administrators, politicians, and non-governmental actors and activists. This serves as an excellent window into prevailing notions about the *two problems*. Many of these players think of the addiction problem through the lens of pathology, and specifically through the "substance use disorder" model, and they approach the drug use problem through post-prohibition / harm reduction principles. Both converge in Perrin's book as a discourse about what society should do about the "epidemic" of drug-related deaths. As readers, we are supposed to walk away convinced that if we can accept that drug users are ill, and are thus deserving of medical care just like any other sick persons, then we would be motivated to treat the epidemic with the urgency it deserves. We would stop criminalizing and stigmatizing, and reengineer policy to meet drug users where they are at. We would deal with the supply problem by tackling the "toxic supply" and deal with the demand problem with "evidence-based care," which would include trauma therapy and treatment options that measure up to a regulated standard.

Though "profit over people" drives the manufacturers of opioids (both licit and illicit) and is thought of as the foundational problem by many who observe the epidemic (CITE), for Perrin, the main issue is stigma: "if we dig deeper, we see that illicit drugs aren't really what is killing people; it is stigma" (237). Putting the drug epidemic alongside the COVID pandemic, stigma is the reason that two simultaneous public health crises are thought of and dealt with so differently. More cruelly, in dealing with one crisis, the less prioritized crisis was made worse. Lockdown meant drug users using alone, and that meant them dying alone. Perrin prompts us to

a poignant double meaning, when he says that drug users "were *counted* [emphasis added] only as they died" (5). Perrin references Goffman to define stigma: "a phenomenon whereby an individual with an attribute which is deeply discredited by their society is rejected as a result of the attribute. Goffman saw stigma as a process by which the reaction of others spoils normal identity" (CITE). Perrin relays a study in which, alarmingly, and speaking of paternalism, a majority of Canadians polled want addicts to be forced to go to treatment against their will.

In 2020, Perrin reports, 4.5 drug-related deaths were *counted* everyday in BC, and across Canada, 6,214 drug-related deaths were reported, a 100% increase from 2019. By comparison, in the same year, 14,642 people died from COVID-related causes (https://www.ctvnews.ca/health/coronavirus/cases-deaths-and-hospitalizations-comparing-canada-s-two-years-of-covid-19-1.5722463). Before the pandemic amplified the problem, opioids contributed to 500,000 deaths in the US between 2000-2015 and those numbers have dramatically spiked since then. In fact, drug poisoning is a major contributor to the fact that life expectancy is actually going down in the US. Opioids are the leading cause of death for 30-39 year olds in both Canada and the US, and a disproportionate amount of these are men in the trades, as this book focuses on.

In this picture, fentanyl is like the "moonshine" of the alcohol prohibition era – potent and homemade. "The iron law of prohibition" determines that "as law enforcement becomes more intense the potency of prohibited substances increases" (Perrin CITE, citing the activist Richard Cowan). With prohibition suppliers are incentivised to "innovate" in extracting as much profit as possible from as little product as possible. Fentanyl is so potent that it fits in smaller packages and can be shipped in ways that more easily evade policing.

In the desperate feedback loop caused by prohibition policies, the City of Vancouver has asked for an exemption from federal drug laws for the entire city, and BC premier John Horgan

asked the federal government to decriminalize people who are using drugs. BC is, indeed, now "officially" experimenting with the decriminalization of the possession of small amounts of drugs, and during the pandemic the BC government made moves to "offer" a safe supply, but, according to Perrin, in practice, the drugs supplied were "only a drop in the bucket in terms of the number of people able to access them" (257). Perrin also notes that Trudeau is not interested in the federal decriminalization of substances beyond marijuana. Trudeau, revealing his *political* positioning within the "drug problem," was quoted as saying, "do you know how much trouble I'm having legalizing pot?"[52]

At the point of contact between the drug problem and the addiction problem, in the imaginary of a post-prohibition world, those with health issues would be properly brought into the (presumed to be benevolent) sphere of health care. Perris summarizes this point of convergence as follows: "ensuring that people have safe places to use substances of known contents and potency…developing connections with them as a prelude to offering rapid access to evidence-based treatment options if and when they want to stop using" (220). As it is said (often misleadingly), numbers don't lie, and indeed it is evident that drug users are not thought of and cared for in the ways that other groups are, and for Perrin, the way to deal with stigma[53] is to bring compassion to those that *have* substance use disorders. As he argues, "opioid use disorder is a chronic manageable illness, just like diabetes or high blood pressure – and just like somebody with high blood pressure or hypertension, you've got frontline therapies that will work for most people" (171). Referencing the story of one drug-related death, Perrin encourages the

[52] Most curiously, Perrin himself does not, in fact, end up clearly advocating for full legalization. No rationale is provided, leaving the reader to wonder if there is political hesitation on his part, too.

[53] I do want to suggest that Perrin represents everyone in the harm reduction camp, here, but rather where harm reduction exists now in officialdom.

reader: “Remember that opioid use disorder is a chronic, relapsing condition. No matter how badly Brandon wanted to, he couldn’t just stop using on his own” (85).

It is this point of contact, between the drug problem and the addiction problem, between the harm reduction model and the pathology model, that brings a complex question, and with it, real world tensions. At the point of convergence, drug users are being highly encouraged by health care providers to “treat” their “disorder” with “opioid agonist therapies” (OATs), like methadone and, especially, suboxone, which mitigates the need for “street opioids,” and, crucially, can help prevent a drug poisoning / overdose. The internal logic is as follows: First, it is taken as a given that opioid use disorder typically includes relapse. Second, abstinence-oriented treatment leads to a reduction in the body’s tolerance to opioids. Third, suboxone includes an opioid agonist, naloxone, which reverses the effects of opioids, leaving users with diminished craving and at less risk of poisoning. Fourth, “saving lives has to be our top priority” (Perrin 2020, 132). Taken together, “when [drug users] almost inevitably relapse, their reduced tolerance makes them significantly more likely to overdose. For that reason, abstinence on its own is not recommended as a form of treatment for someone with opioid use disorder” (Perrin 2020, 43). Indeed, the Canadian Medical Association 2018 guidelines strongly recommend suboxone because it can help people stay alive – according to Wikipedia, “it reduces the mortality of opioid use disorder by 50%.” This position is informing Vancouver’s detox policies. An administrator that I spoke to at the health authority confirmed that patients are being “highly highly encouraged” to begin taking, if they haven’t already, an OAT. Correspondingly, regulated treatment centres are being discouraged from tapering their residents off of OATs. This is where worlds can collide.

Discussion:

Perrin's position, though it captures something about a moment in which harm reduction, the brain disease model, and public health policy are coming into general alignment, is not representative of all in harm reduction spheres, some of whom are well aware that the "addiction" framework, where drug users are *kinds of* "sick people," is by no means an obvious route towards destigmatization (Mullins 2020). As such, descriptive phrases like "person who uses drugs" are deployed to de-objectify the person under question. The language of illness can elide darker political realities, as Perrin even references himself when he quotes Shelda Kastor, with the Western Aboriginal Harm Reduction Society, as saying, "I hate people calling it 'overdose,' because people are being poisoned. 'Overdose' means they were using too much" (12). And as Bourgois and Juneau (2000) have argued, harm reduction's strategic pragmatism (if not always consciously) attempts to mobilize "medicine," "harm," and "risk" in the direction of policy change, given the ways that such terms can appear as politically "neutral," non-controversial, or even on the side of unquestioned benevolence. The recent film, *All the Beauty and the Bloodshed* (2022), speaks to this point. The film documents photographer Nan Goldin's mission to dethrone the now infamous Sackler family from their own seat of presumed benevolence in the art world, despite being behind the predatory sales tactics that their company, Purdue Pharma, used to spread Oxycontin across America and beyond. Goldin's activism uses the language of "disease" and "disorder" in advancing harm reduction policies, seemingly reaching to have drug use included in the official sanctum of *Medical Authority*. Such activism offers a curious juxtaposition of criticism of the biomedical establishment and yet still medicine's power to bestow legitimacy. These positions can sit in uneasy alignment with biopower and neoliberal logics of "quantification" and "efficiency." In earnest, I noted that

numbers regarding the drug problem "don't lie;" the "overdose crisis" does not mobilize social action in ways that other "causes" tend to, and stigma (blame) surely plays a role here. Sometimes, however, "numbers" construct "statistical people," "deviants" from the normal curve, outliers that must be brought under the eye of state measurement and surveillance "for their own sake." The statistical person may serve to justify public policies that address the statistical problem but that obscure individual variance, and the complexity of the problem and people under question.

The word "disorder" is a curious one within this discussion. Though we've come to use it as a word that implies a kind of faultlessness, as a word used in the spirit of "understanding," it's important to remember the other possible connotation: *disorderly.* The people to whom this word applies might create "disorder" living at the edges as they do. Breaching a social norm can imply a literal cost. "Unhealthy" people can cost the "taxpayer" money and can "demand" more than an even share of resources. Though the cold calculus can be discomforting (and misleading), there are plenty of studies that calculate the cost of addiction and substance use. The Canadian Centre on Substance Use and Addiction reports that substance use cost Canada $46 billion in 2017 (or $1260 per person), $20 billion of which was "lost productivity" alone (csuch.ca/resources/national). The modern state has an *interest* in the maintenance of a "healthy population." In fact, deep at the heart of the biopolitical critique, as I discussed in *Chapter 1*, is the insight that "population" is foundationally constitutive of the modern state – population, rather than territory.

When the statistical anomaly that is the person *with* "substance use disorder" is conceived of as a person who must be "saved," or, even more striking, "kept alive," I wonder if we have entered a discursive space veering towards Agamben's notion of "bare life" (Agamben 2008; Fitzpatrick 2001), and towards the starkest implications of biopolitical criticism, where

"biopower" is *power over life*. Agamben, drawing on Aristotle's distinction, separates (potential) life between two elements, the bios and zoe. The bios can be thought of as "political life" or citizenship, whereas zoe is "bare life," something closer to survival or "animal life." Someone outside of the realm of the bios, of the realm of a meaningful participation within the political order, can be said to have been reduced to "bare life." Here, social policy can be thought of as a "life support system." Agamben's work is meant to reveal the always potential totalitarianism embedded within the modern state, the potential for the "abnormal" or "unhealthy" body to be killed, or "excluded." The drug addict, as noted above, has historically been thought of as the "greatest scourge," they have been the subject of sterilization conversations (Perrin 2020), can prompt an instinct towards enforced treatment (noted above), and, of course, can still be othered and scapegoated in the most *total* of ways – for instance, in the Philippines, where in Duterte's open war on drug addicts, he was quoted as saying: "Hitler massacred 3 million Jews...there's 3 million drug addicts. There are. I'd be happy to slaughter them" (Bautista 2017). In a state of exclusion, these lives have no meaning. This, in the realm of eugenics and extreme essentialism, is where biological reductionism – where the metaphysical orientation – is at its most dangerous.

My aim is not to be alarmist, and I'm not "warning" of a "slippery slope," for of course there is a vast, vast deal of grey between BC's health minister advocating for policy changes that will "save lives" and those who would exterminate lives. And yet, there is something about a life conceived in quantitative, rather than qualitative, terms that can be discomforting, and that provokes questions about a society's responsibility to its citizens, about the class distinctions unwittingly sustained between those participating meaningfully in society, and those being kept alive. There is a question here about how "bare life" can link up with a bare minimum of care, and where "health" becomes binary, a matter of life or death. Stevenson (2014) makes a similar

point in her notion of "bureaucratic care," as she explores the rationale applied to Inuit suicide by government agencies, where "care" means little more than keeping bodies alive.

I only mean to complicate the "compassionate" commitment of the public health approach, and to again circle back to the places where our representations – in trying to avoid blame – end up overcorrecting towards condescension and a politics of pity. For when, within the state's logic, responsibility needn't relate to quality of life but rather the bare fact of it, it's easier to see where an instinct about "giving up on people" arises. I confess, I winced when I read Perrin recount a moment when he communicated his emotional struggles about the opioid crisis to his kids: "Some people use drugs because they're sad and want to feel better, then they can't stop" (147). I want to be careful to turn the condescension right back at Perrin, but it is difficult, for it is important to realize that sometimes pity is just another way of creating tidy, comforting lines between "us" and "them." Or, as Garth Mullins, the renowned activist behind the *Crackdown* podcast put it, *much more directly*:

> [There have been] two modes of storytelling. There was the 'zombie scumbag criminal…that sort of right-wing way of describing us. And then there was this political centre, mushy liberal middle way. That was kind of like, 'Oh, these poor helpless waifs, they need to be saved.' They didn't give us very much agency" (Know Your Local Podcast, 2023).

Those who work in treatment, who live "sober lives" told me repeatedly that they want more for those that they work with, whom they see their former selves in. They want more than mere survival for them. As Dan told me, "I've got no love for the methadone and suboxone thing. You're still annihilated…I was over here [a treatment residence] on Saturday, and there mighta been 6 or 7 guys watching TV and 5 of them are on the nod[54]...We're a recovery

[54] Being "on the nod" is an opioid-induced state of semi-consciousness.

house…And doctors are prescribing guys 90 or 120 mgs. That's not sobriety, right?" Indeed, I noted something similar on a couple of occasions. One particularly stark image stays with me. A younger resident was out on the deck, his eyes half open, his mouth hanging fully open, not awake enough to notice that his lit cigarette was slowly becoming only ash. Though I do not draw the same conclusions as this staff member about OATs, and my feelings do not slide towards a normative position about any of this, I understood something about what he was voicing. Dan further added: "it's almost as if the government would like to have you put on methadone, put on suboxone, put you on welfare and have you dumbed down as much as it possibly could. Ya know, keep you suppressed."

Harm reduction advocates staunchly, and rightly, defend the fact that harm reduction and treatment need not exist in opposition with each other. Harm reduction can be a low barrier entry point into the sphere of healthcare, where one may want to explore treatment options, if they so desire. Harm reduction practices can be said to align with a project of expanding the circle by which people may be reincluded in some kind of meaningful citizenship. And many who work in treatment do recognize that harm reduction practices are essential. As one TWC staff member put it to me, "a dead person can't get sober." For all of the complexity coming with it, harm reduction, and post-prohibition thought more broadly, is making inroads into official governance. Weed is now legalized, and it's increasingly easy to see a future in which other drugs will step back from the world into which they were banished. This is already bringing tensions into abstinence-based treatment environments, where rumours circulate about other clients whose OAT dosages are "too high" and about the rare client with a prescription to a THC-based *medicine*. John asked me, pointedly, "how am I not going to get triggered, when the guy snoring in my room is, like, fucked up on the drug that I'm trying to quit?"

In a world oriented to efficiency, productivity, and statistics, and that sees two-dimensional "survival" as an unquestioned good, there is a potential for public policy to veer towards a version of "giving up on people," when we decide on behalf of others – because of their "traumas" – what they are capable of. While caught in a false binary, there is an instinct hidden somewhere in Harper's blame, in Dan's frustrations, and in a mother's pleading that voices something important. Compassion and care would ideally mean more than keeping people alive. But then arrives the ultimate contradictions embedded in the unbalanced question, ADDICTION > recovery: of an economic system built upon privatized care, and from industries that are not "incentivized" to care more about the surplus population.

1.4. Social Recovery

If the overarching aim of the biopolitical project is meant to expose addiction as a contingent phenomenon, one constructed and established by specific, culturally based ways of knowing and naming, then other sociocultural projects take the historical construction of addiction more or less for granted and focus on the socio-material conditions in which problematic drug use happens. These projects attempt to address the unbalanced equation, ADDICTION > recovery, by focusing on resources and infrastructure. Here, an individuated recovery – "medical" treatment – cannot do the work being asked of it by the social problem of addiction, and as with any unbalanced equation, we are left with a remainder. Without structural change, without a politics oriented to investment and a redistribution of resources, addiction remains. What is needed, therefore, is a "social recovery" (Alexander 2008) that, one might argue, aims to rebalance the equation: (social) addiction = social recovery. Currently, in an under-resourced world, in a world of divestment, we default to seeing people as "sick," for it is the closest such a world can get to "compassion," to making it not their fault.

In TWC, there is very little explicit discussion about the systemic conditions that impact drug users. Although an individual counsellor or group facilitator might reference a broader framing of addiction, the presentation of any material in this direction is virtually absent in TWC's official programming. Though the house that I was based at was often constituted by men from a specific demographic, and sometimes even a specific region (e.g. Cape Breton), little attention was drawn to this fact in anything like an intentionally focused way by staff (notwithstanding the attention that I brought to it, when I facilitated my "addiction and society" group). This is no slight to TWC counsellors, it simply isn't how addictions counselling is done. All of this said, if there was one structural critique of addiction that has managed to find its way into circulation at TWC, it was "Rat Park."

In one of the most famous examples of a classically *structural* approach to addiction, one meant to uncover the social world's inner clockwork, Bruce Alexander's *Rat Park* experiments "relocate" the "source" of addiction (or at least a rat's habitual drug taking) from the drug to the environment in which use happens. His experiments revealed that when rats were isolated and locked in cages, they chose drugs over food, and often did so until they died. (Perhaps their rat lives were not worth living?) When the rats were placed in different experimental conditions, this time in an enclosure with other rats and with space to roam around, they were far less inclined to the drugs and lived out their days. Alexander's experiments powerfully subvert the simplistic notion that drugs "cause" addiction, a notion that has persisted ever since Rush's initial formulation: *drug → damaged personhood → social harm*. The experiments provide an analogue to the insights provided by Actor Network theorists, where the agency of a biochemical entity, like a drug, cannot be found "inside" the individuated actor, but rather corresponds to the network of action in which it takes part.

Alexander became an increasingly influential figure in post-prohibition circles over the decades that he spent as a researcher and public intellectual in Vancouver, and his work has since been popularized by others, like Johann Hari and Gabor Mate. Alexander's "dislocation theory of addiction" has inspired a lexicon of phrases and notions that circulate in both harm reduction and recovery circles, like "addiction is not about the drugs," and "the opposite of addiction is not sobriety, the opposite of addiction is connection" (stated by Hari, in a popular *Ted* Talk). Alexander extrapolated from his initial experiments and went on to make the case that amongst a capitalist system's harms is a propensity to fragment communities and isolate citizens, leading to a state of "dislocation" or spiritual impoverishment, an analysis that shares much with Durkheim's studies of suicide, a century before. If addiction is more about the cages we live in, then any notion of recovery that doesn't address the "cage" is doomed to fail.

Beyond Alexander, the social recovery camp finds shared ground in critiques pointed at social inequity and cultural imperialism. Hansen (2013), for instance, explores the role of globalization in two sites, one in the contiguous US and one in Puerto Rico, and he finds that the disproportionate drug use in both "are products of a unique postindustrial form of dislocation, of a radical individualism and anonymity that reflects unstable social connections, and a thin sense of authenticity and purpose" (124). Singer (2012) depicts the cycle of addiction as one in which the interior self always reflects an external competitive world: a "vicious cycle of felt stress followed by self-medicating drug consumption and resulting social stigmatization and a sense of damaged self-worth (which, in turn, triggers the desire for comfort through drugs)" (1751). Garcia (2008), in her study based at a New Mexican addiction clinic, discusses how the clinic's residents recast "street opioids" as "medicine [that treats] the recurring pains associated with the ongoing history of loss and displacement that [has] come to characterize Hispano life" (720).

The "loss" here signifies traditions and practices, the loss of ancestral land and language, as well as the frequent losses of life to overdose that has "younger Hispanos poignantly [referring] to themselves as 'heirs of nothing'" (721). Garriott (2011) depicts a direct relationship between globalization, industrial collapse, and social abandonment, and a predictable turn towards alternative (drug-oriented) economies and careers. And finally, Bourgois (2009) deploys terms like the "social production of suffering" (17) as a contextual framework for the disproportionate misery that those excluded from power relations live with, and "structural vulnerability" points to the "social orderings [that] create tremendous difference in potential and actual human self-realization" (Quesada, Hart & Bourgois 2011, 340). In sum, these analyses develop the link between material relations and the kinds of constraint that do or do not encourage anything like a normative concept of "agency" or "freedom of choice."

Discussion:

Unlike a biopolitical critique, a more strictly materialist critique is, naturally, less concerned with "poststructural" concerns. Alexander, for instance, whose project is about as "zoomed out" as it is possible to be, demonstrates few qualms about an explanatory model, nor about *speaking for* the other. As such, these projects can be "experience distant,"[55] lacking the descriptive power to account for "individual variation," certainly among individual persons, but also between different groups demarcated by gender, sexuality, race, caste, and so on. In the context of my project, capitalism – broadly conceived – cannot fully account for the reasons that

[55] Garcia, Bourgois, and Garriott, though their analyses place substance use in relationship to "material conditions," certainly do not fit the description of "experience distance," for these ethnographers both zoom in and out in their studies.

men of a certain age, or *men from certain towns* disproportionately die from addiction, and are overrepresented in treatment centres.[56]

"Theories of everything" can be profoundly persuasive, for good or ill. In the group that I ran on Fridays during my fieldwork, when I led the guys of the house in a conversation ostensibly about "addiction and society," I found myself often resorting to Alexander's "dislocation theory" of addiction. I knew of its powers of persuasion personally. Alexander – Bruce – was a friend and mentor in my early years of sobriety, and his work spoke to the part of me that intuited that there must be some connection between problems of consumption with a society that had turned citizens into "consumers." When talking to the men of TWC, I knew that in the span of a few minutes, simply by describing the experiments to residents, I could use context and narrative to elicit an "it's not my fault" moment, without having to resort to pathologization. This is the great gift of Bruce's experiments – a kind of magic trick that immediately destabilizes a taken for granted assumption. Now, while I knew that I was deploying Rat Park as a "metaphor," as something necessarily reductive, I also knew that the Rat Park narrative would register as an *explanation*, as something that reveals the "real," hidden and deterministic, "clockwork" of society. I was well aware that I was making a concession, speaking from an authoritative place, representing an authoritative theory that an expert had worked out *on behalf of* the residents. I suppose I took comfort knowing that I was also there as an ethnographer, trying to build my own theories from something closer to the ground of the resident's experiences and perspectives, trying to reach for complexity, and trying to check my commitment to truth with my commitment to pluralism. On the other hand, I cannot pretend that

[56] There is research that makes more specific links between deindustrialization, masculinity, and drug use, which I will return to in *Chapter 3.*

I didn't also, if unconsciously, take comfort – for good or ill – knowing that if these working class white men were going to adopt a theory of everything, something that explains what's wrong, and what's wrong with them (Christman 2023), better one critical of capitalism, rather than one that potentially crafted their impoverishment and sense of deprivation into a weapon.

As I will revisit in chapters to come, often enough the men of TWC reported their love of Joe Rogan and Jordan Peterson to me – sometimes asking me what I thought of them – and these were sometimes the more moderate influences referenced. As such, I was often drawn into overt politics, even when I wasn't instigating it. When I was asked about Jordan Peterson, I tried to be diplomatic but if pressed, I might disclose that I found his way of essentializing the differences between "men" and "women" troublesome, and perhaps point to some of the effects of such distinctions. I tried to press my own points only so far, at least most of the time (see *Chapter 6*!). But these moments of *encounter*, when worlds collided, when the culture wars came alive, or when racism blatantly showed up, have prompted me to reflect on the (at least) overt apoliticism of spaces like TWC, and Twelve Step culture more broadly, and, relatedly, of the principle of "objectivity" in research. In retrospect, in the moments that I chose to explain Bruce's theory, or to engage in conversations about race and gender, I was addressing the absence of overt politics in the treatment environment. In a sense, in trying to convert, to save, or to help, I "chose" to prioritize truth over pluralism, particularly at a moment in history in which *white working class men who feel deprived* pose a very real danger to the social order. I am not justifying my "activism" here (nor, for that matter, my diplomacy), for I am far from settled in knowing that my "interventions" with the men of TWC were "justified." I will come back to this, when I focus on these tensions, between truth and pluralism, neutrality and interest, authority and "respect for autonomy," morals (abstractions) and ethics (practices), in *Chapter 6*.

For now, I will conclude by saying that though the social recovery camp fights an important fight in trying to reimagine "recovery" as a social endeavor, there is little question that theirs is a marginalized project in "official treatmentdom." At this point in history, the treatment industry, if only by default of tradition, suspends overt politics in the name of a kind of pragmatic or "strategic" pluralism inherited from the Twelve Step tradition, where people regardless of political orientation can unite in the spiritual project of "recovery." And I'm not sure that this isn't a *political position* without its own merits.

1.5 Twelve Step Recovery[57]

Bill Wilson, the co-founder of AA, is anything but unknown as the "anonymous" author of AA's foundational texts, including the "Big Book," published in 1939. The first AA text depicts the early years of the movement, a movement that began in the depths of the Great Depression. The story of Bill finding his own "bottom", "turning point", and path to God, is the first chapter of the Big Book. In *Bill's Story*, the founder recounts how his unsustainable "self-centredness", "willfulness", and "big-shot-ism" led to "demoralization," and then to "ego deflation" and the humility to accept help. Then, in order to *keep* his sobriety, he realizes he has to *give it away*; he would turn towards a life of "service," towards community, or "fellowship." However politically veiled, it is not hard to spot a critique of individualistic excess and hubris, set as it is in the 1930s, and an argument for a turn towards something more collectivist, and less materialistic; that is, towards something "spiritual." As Kurtz (1979) puts it, in order for the alcoholic to get well, they must confront their fundamental limitedness, that they are "not-God,"

[57] I'm going to stay more or less focused on Alcoholics Anonymous in this section. From my experience, there is a good deal of carry over from AA into the wider Twelve Step culture, and though there are definitely tensions between AA and the wider recovery and treatment industries, those tensions will become the focus of the next chapter.

and this makes it possible for them to see and accept the importance of their "connectedness" to others (4). This truth arrives for Bill in the moment that he "carries the message" to Dr. Bob, AA's co-founder. In a sense, the recovering alcoholic arrives at responsibility and sobriety at the same time, by way of a practice of reciprocating ethics that has no clear sense of directionality. As it is said, "in order to keep it, you have to give it away."

As Travis (2009) rightly points out, early AA was predominantly composed of men, and undoubtedly its foundations were conceived from a man's perspective. There is even a chapter in the basic text, the Big Book, called "To Wives." Thus, though I find Kurtz' interpretation compelling, it can only be completed when gender is considered, for surely "big-shot-ism" and "willfulness" can be thought of as masculine-coded, if by no means the exclusive domain *of men.* Though I will maintain a focus in this section that places AA more in relationship to modernity and individualism than gender, the archetypal man at the centre of this study brings a certain convenience here. For even in placing gender aside, the reader can assume not a universal experience, but one more or less applicable to the experience of men in this study. The reader can assume that the process here described, of the alcoholic opening up, becoming unbound from modern isolation, more "porous" to premodern spirits – almost *reenchanted* (Taylor 2007, referencing Weber) – can be thought of alongside of the process of the working class white man undergoing the transformation of invulnerable to vulnerable, of self reliant to dependent; two processes interlinked if not reducible to each other.

In AA's texts, one can see the trails of Temperance thought, of the campaign to bring inebriety into the modern register of disease, of medical materialism, with AA's founding moments coinciding with the end of alcohol prohibition (1919-1933, in the US). Described as a "cunning, baffling, and powerful" substance, one that at least for the alcoholic, sets off an

"allergic reaction," a "hopeless state of mind and body" that only leads to destruction, the alcoholic must come to a "complete admission of powerlessness" over alcohol. Alcohol's agency, in other words, is well acknowledged, though it is the alcoholic's predisposition that makes the substance dangerous. Here is Rush's modified formula again, the one centred within the pathology camp's approach: *(predisposition) → substance → damaged personhood → social harm*. And yet, causation, at least in anything like a rational or scientific sense, seems of little importance to Wilson. Powerful though alcohol may be, AA was never "with the drys," and no Twelve Step organization has ever held an officially stated, or even discernibly implicit, position regarding legal prohibitions on alcohol or any other drug. Similarly, AA's relationship to medicine and to "the disease model of addiction" is far from synonymous with that of the more official, *institutionalized* pathology camp. More broadly, the entire tradition's metaphysics, as I introduced earlier, can be said to relate only to the "truths" verified by collected experience.

Wilson was known to have an intense aversion to "absolutism" (Kurtz 1979). Wilson's conversion from secular thinker to "believer" (or, perhaps more accurately, practitioner of faith), had not been blocked by religion or God, as such, but rather by the absolute beliefs that others held and the ultimate truths that others pretended were knowable (Kurtz 1979). His aversion also found expression in a particular way of implementing the discourse of disease, Wilson insistent that alcoholism was "spiritual in nature," rather than a knowable "disease entity." One might say that Wilson, if only following a particular kind of authoritarian skepticism, consistently demonstrated a refusal to claim knowledge about *things-in-themselves*. On the other hand, a chapter entitled "The Doctor's Opinion" does preface the rest of the Big Book. Kurtz discusses how Wilson expressed hesitations about medicalizing alcoholism, but eventually relented to the authority of said doctor. He relented to the strategy of "hitting them hard" with the "medical

business" (Kurtz 1979, 26). It is interesting to see, again, the authority to be found and operationalized in (meta)physical claims, claims that are in the body and thus (supposedly) deeper than choice. But equally, it is interesting to see in Wilson's hesitancy something still detectable in AA today. There is something in Wilson's folksy, and anything but analytically rigorous approach, that means that nearly a century later, members can still hold a diversity of perspectives and find what they *want* in the text. The Big Book is indeed a sacred text in this sense alone, though in this case, the reader is encouraged to "*take what they want, and leave the rest*." In other words, the reader can find *Truth* and/or *pluralism*.

Kurtz, a renowned historian of AA, compellingly argues that Wilson was not a traditional intellectual, suggesting that he does not easily fit the description of a "deep thinker," but rather that he only sought to satisfy his *intuitions*, which found accord, especially, in the writings of Willian James. In the broad, pluralistic vision of religions and God(s) that James (1902) presents in the *Varieties of Religious Experience*, Wilson found a concept of God that held a plurality of possible meanings, and in this he found a conceptualization broad enough – perhaps vague enough – to house his notion of belief, a belief in a God that was already *working* for him, that he had *experienced* in his "white light moment," when the obsession to drink was lifted.[58] If God didn't have to be the God of doctrine, defined by institutional authorities, and if God could be *known* in the effects produced by the *practice of faith*, then and only then, Wilson felt, could he be trusted. This God didn't require "blind faith" but could be verified through experience and defined *personally.* In perhaps the ultimate symbol of Wilson's commitment to pluralism (or at least, commitments *against* institutionalized doctrine), he and the other members in agreement

[58] Included in an appendix in the back of the Big Book, James and Herbert Spencer are the only two explicitly cited authors/thinkers in the entire book. Carl Jung is also known to be referenced in the text, but is not explicitly named. This suggests, again, Bill's wariness about authority.

fought to have a clause included in the ratification of the Twelve Steps. As it was written in the 3rd Step, and remains till this day: "[We] made a decision to turn our will and our lives over to the care of God *as we understood Him.*" So important was the clause that it was italicized (this time, emphasis *not* added). To clarify, the first hundred or so members of AA who decided to publish the original text, who Wilson is known to have written on behalf of, this is the "we" implied in this and other Steps. They are not signalling a collectively agreed upon *particular* God – a specific "being" *named* "God" – but rather, something that *each* member understood in their own terms.[59] Though that said, if the "God of AA" can be said to have a minimal ontology, a broad definition, Valverde (1998) argues that the "higher power" provides "the alcoholic with a name for that supra-individual source of strength that can be drawn upon to effect what the individual's willpower has not managed to accomplish" (133).

Kurtz speculates that Wilson's intuitive alignment with pluralism (anti-authoritarianism) might be found in his views about alcoholics. Wilson believed an alcoholic, above all, to be an "all or nothing person," so closed off are they in their own world, in "playing God," where one's will is bent towards the "control of everyone and everything." It is easy to see a certain resonance with psychoanalytic thought, where the alcoholic lives in a state of arrested development, an overgrown child bent on the belief that "freedoms" (from social responsibility, from negative emotional states, etc.) can be found by bending the world to one's instinctive desires rather than come up against the constraints of what might be called "maturity," or "ethical citizenship," where other people's needs must be considered, and where "interconnectedness" is recognizable. Similarly, stricken by individualism, Swora (2001) argues

[59] That "God" can be a descriptor rather than a proper noun is a live debate in theological discussions. Obviously AAers came to their own conclusions about what God is allowed to be (see Lam 2017 for a fascinating discussion of the consequences that come from determinations of what "God" signifies).

that AA works by "[re]engaging the alcoholic as a social actor in a moral community" (2). And Denzin (1987), from the perspective of symbolic interactionism, discusses the ways in which AA engages the "recovering self" in "adult socialization and identity transformation" (19). That is, the isolated drinker must *become* "the recovering alcoholic," socialized in a new identity that is shared with others in an identity-based community. Significantly, though one "becomes" an alcoholic upon being *named* in this realm, that identity then becomes the prism through which to interpret and re-story one's past (Goffman 1968).

Though Wilson writes with an *authoritative voice*, one that implores the alcoholic reader to find God, and to align their will with His, for they might well be doomed otherwise, this authority is derived from the personal knowledge and evidence of the early AA members that he is representing. Written in the collective "we," the text thrusts assertions at the reader but then softens with a "we have found," or "if you find another way, our hats are off to you." Even stating "we have no monopoly on God," Wilson refused to see AA as the "one and only" path to God. Nor was AA itself meant to be seen as the only path to sobriety. Many members till this day can be heard stressing that it is the principles and practices that AA points to that count: honest self-reflection and accountability, acceptance, being of service, meditation and prayer, etc; it is *not* AA itself, *as an institution* (not to dismiss the fundamentalism and sanctimony that can often be heard at meetings). AA's pragmatic pluralism comes together in the AA slogan, "take what works and leave the rest." In other words, if our messages and practices work for you, if you can identify with them, then adopt them; adopt them only if they pass these tests. Indeed, AA's pragmatic pluralism is enshrined in some of the official Twelve Traditions that accompany the Twelve Steps. AA's "common welfare" in maintained by simultaneously keeping membership commitments to a bare minimum – "the only requirement for membership is a

desire to stop drinking" (Tradition 3) – and by distilling its mission to a "singleness of purpose," summarized in the "preamble" read at meetings: "AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety." AA asks for no doctrinal allegiance from its members, but if members in any way break their anonymity in public, they are asked to distance their politics, religious beliefs, and other outside opinions from connection to AA.

It is important to say that AA, like any culture, is more two things than one. Using the distinction that I established in *Chapter 1*, AA has "morals" (abstracted beliefs, commitments, principles) and it has "ethics" (practices). It has a mythology and set of principles referred to and revered by many of its members, that are set down in texts often sacred to community members. But then, Twelve Step culture is also what *actually happens* in meetings and in the myriad ways that its diverse members relate to and practically carry AA into their lives. One can attend a given meeting on a given evening that sounds much more influenced by contemporary psychotherapeutic discourses and pop psychology, and it might seem that "God" is playing a minor role within the production. On another occasion, an "angry atheist" would surely find grounds to be, yes, angry. Seemingly sharing Wilson's pluralistic inclinations, and his skepticism of authority, I can walk into a particular meeting and feel immediately repelled by the "this is the way that it *is*, and this is what you *have to do*" attitude reflected by the story tellers in attendance. As is well known amongst members of the community, each meeting can take on its own more rarefied cultural norms.

By attending meetings in East Vancouver, I am less likely to encounter, what I determine to be, this more absolutist strain of AA, more likely to find people talking about therapy, less

reference to "Jesus," more use of "they" pronouns, and a very specific way of protesting the language of the Steps as they are still written and displayed in AA's "rooms." That is, when the Twelve Steps are read aloud at the beginning of the meeting, I am more likely to hear someone swap out every male pronoun in reference to God for something gender neutral. Rather than "we decided to turn our will and our lives over to the care of God *as we understood him*," the reader might say "...God *as we understood God.*" One can even find meetings that identify themselves as "atheist." At these, the meeting format is basically the same but excludes formal readings that mention God. Interestingly, these meetings are allowed to call themselves Alcoholics Anonymous meetings, but in some regions, they will not be listed in the officially recognized "meeting guide." This, it seems, is about where AA, as an institution, draws something of a line and guards its "primary purpose." This is where it chooses to make delineations between what it is and isn't – in making active determinations about what makes AA *AA*.[60] Though here too, AA seeks a minimal ontology. The question is, what is the most essential version of us that we can be, and yet still be AA – thereby reaching the most people? This goes back to Wilson's inclinations towards pluralism, towards finding a God roomy enough to include him, and as many people as possible. Much in the way that Spinoza once famously said of God, it would be fine to live in a world with multiple iterations of God if only we could live without going to war over the "right" one.

AA creates the pluralistic space that it does by ways of its broad, minimal definitions, by its promotion of personal experience, by its commitment to non-professionalism and

[60] AA has a service structure comprised of as few paid employees as possible, none of whom are involved in decision making. Decisions about AA are made collectively, where delegates from individual meetings participate in an expanding service structure that brings collectively-made decisions to the General Service Office in New York .

volunteerism, and by constraining politics, in two senses: first, overt politics (inclusive of things like religious denomination and "activist causes") are meant to be checked at the door. When one shares at a meeting, their message should relate to their alcoholism, though what *doesn't* relate to one's alcoholism is anything but obvious (how about gender, race, police brutality, or colonialism?). Thus, creative license is typically extended here, but sometimes backs get up. Second, and more strictly, AA, as an institution, doesn't involve itself in projects beyond helping other alcoholics, and specifically in the AA way: meetings, sponsorship, "working the Steps," and so on (which I'll further clarify in coming chapters). Though an individual member may determine that structural change might "help" alcoholics (and this one obviously does!), AA itself does not involve itself in policy change or causes. Valverde sees here, in AA's scope of practice, a certain consonance with virtue ethics, where means and ends dissolve in a kind of localized, circulating system of practices that benefit the *ends* of the local system (MacIntyre 1984). Indeed, such that AA can be categorized as a religion, it differs from others in that "it does not attempt to universalize its ethical techniques" (127). Again, in expressly committing itself to its "singleness of purpose" – its *telos* of helping alcoholics – it declares agnosticism or neutrality beyond its own communal boundaries.

Along these lines, Travis (2009) sees in AA's ideal form a functioning gift economy. The gift of sobriety is potentiated by way of surrendering to the disease, the spiritual condition *common to everyone in the community*. With the *only* authority established as a loving God, everybody (else) starts in the same place, united by the singleness of purpose. The colloquialism, "*the most important person is the newcomer*," is really only an acknowledgement that the economy only functions if there is someone there to receive the sobriety gift, for "*you have to give it away to keep it.*" In other words, there is no difference between exchange value and use

value, for sobriety's value lies only in its continuous circulation – it would stop being *what it is*, and *doing what it does*, were it to be abstracted and commodified. "The sober AA is only sober," as Travis (2009) puts it, "because another alcoholic gave him the gift at an earlier time…[and] 'passing the gift along is the act of gratitude that finishes the labor' of the original giver" (92, citing Hyde 1983). The equality of disease and the sobriety gift bring the community into mutual ties with each other, functioning as a space in which obligation *feels* freely chosen. The care of the other is the most essential way to take care of the self, and yet this principle is best honoured *without* self-renunciation, without self-sacrifice, nor without "charity." For charity is "structurally equivalent" to pity, which, according to Muehlebach,

> is not invested in the overcoming of suffering or the production of equality. It revels in the status quo and locks those who feel pity and those who are pitied into an immutable, frozen embrace. In this sense pity…wounds so profoundly because it 'does not enhance solidarity.' Instead, it exists outside of any mutual ties and 'entails no further claims from the recipient' (Muehlebach 2012, vii, referencing Douglas 1990).

There are, one might say, no politics, and no society external to this enclosed world. The gift economy is the *only* political economy.

Though politics are obviously narrowly defined here, the pluralistic effects within the enclosed world of the circulating gift are real. People that may otherwise be divided in the outside world are able to put differences aside and share openly about themselves and develop supportive friendships. One can notice deep breaths at meetings when a speaker breaches norms, but only in rare cases does conflict erupt, or is a speaker asked to stop, though they may be approached, and in a sense "coached," after the meeting. I've seen sponsorship relationships formed from two people from very different politics, and in business meetings, which is where individual AA meetings work out their own, more autonomous approach to AA, conflicts and tensions are navigated by way of consensus building and by making sure that dissenting voices

are heard. That said, faultlines inevitably develop; new meetings are said, with humour, to begin when someone "catches a resentment."

For all of its pluralism and democratic practice, however, there is a very real conservatism at work in AA. It shocks (me), but doesn't surprise (me), that AA has yet to make the gender of God neutral in its print material. And currently in Vancouver, land acknowledgments are beginning to show up at meetings, but many resist the, apparently, overt politicization. Others push back, attempting to clarify that there is no such thing as "apolitical," that even "apoliticism" is itself a political position. In these discussions, I find myself caught somewhere in the complexity, wondering, as Wilson and the founders seem to have, about how far AA can depart from its minimally defined essence and still be what it *is*, and *do what it does.*

If gender and politics are two of the forces that tend to interject themselves into the conversation about what AA *is* and should be, then there are two more that prompt, perhaps, the most foundational questions: the abstinence model and God. Taking them in order, the abstinence model is increasingly coming into conflict with harm reduction and post-prohibition thought, including a new dawn in which psychedelics are being, again, recategorized as "therapeutic." And I mean *again*, for Bill Wilson himself is known to have experimented with LSD (with Aldous Huxley), in order to deepen his spiritual connection and help with his struggles with depression.[61] This was controversial amongst AA members even at the time, in the 1950s, but such experimentation was relegated ever further away from reconciliation with abstinence/sobriety when Nixon's campaign paired LSD with hippies and counterculture and

[61] From Wilson: "It is a generally acknowledged fact in spiritual development that ego reduction makes the influx of God's grace possible. If, therefore, under LSD we can have a temporary reduction, so that we can better see what we are and where we are going – well, that might be of some help. The goal might become clearer. So I consider LSD to be of some value to some people, and practically no damage to anyone. It will never take the place of any of the existing means by which we can reduce the ego, and keep it reduced" (AA World Service 1984).

rolled psychedelics into the war on drugs. But as that ideology loses its grip, and with the increasing *medical authorization* of OATs and psychedelics, the equating of strict *abstinence* to "sobriety" is becoming increasingly unstable again. These tensions are very alive in TWC, as I will return to, and I personally know people that exercise autonomy in defining themselves as "sober," while regularly using psilocybin and other "mind-altering substances." I'm left wondering about a future in which determinations about "sobriety" will be based not on a tidier *objective* marker like the physical consumption of mind-altering substances, and more on an intention-oriented, *subjective* distinction.

On the second question, many imagine a more inclusive AA without God. I sincerely wonder about that too, but then, I also wonder about whether a part of AA's effectiveness can be found exactly in the immensity of the metaphysical confrontation – the "worldquake" (Savransky 2021) – that AA hits its newcomers with, being told, as they are, to find God. It's possible that for some, the (supposedly) necessary "spiritual awakening" happens right at the spot where biases and taken-for-granted conclusions are destabilized and reassembled. I, for one, am not sure that I'd be the anthropologist taking pluralism as seriously as I am without having had to reckon with God and come out the other side. And so, how long can the centre hold? With challenges from gender politics, a critique of "political neutrality," the collapse of prohibition, and ever evolving questions about whether "God" can be translated into "something else," is it possible that AA's achievements, in terms of recovery, spiritual and ethical change, and pluralism, can survive if the ways that it currently *encloses* itself cannot be sustained?

Discussion:

Unlike every other camp so far, one can argue that AA's project is moral but not political – at least in the particular way that it encloses itself in its *purpose* and retreats from a universalist

mission and from absolutist claims. It makes claims about alcoholism, but even those are grounded in the personal, in the relative. That said, Valverde (1998) is right to point out that for all of AA's pluralistic, pragmatic, and local commitments, it is still possible to discern a "free will" in AA lore that brings it into the realm of essentialism, of *a* metaphysics. For her, AA powerfully propelled an already existing notion that there is a discreet difference between heavy drinkers (in fact, it helped normalize heavy drinking for "everyone else") and those "who have lost control," a conclusion that distinguishes one from the other on the basis of the kind of *person* that one *is.* Valverde continues,

> The alcoholic identity, like all contemporary identities, tends to unify and centralize the set of habits and turn them into parts of a system. People both in AA and outside of it often say: I smoke because I am an alcoholic (or an addict); I work really hard to please the boss because I am an alcoholic; and so forth…The drinking of normal people is a series of acts, while the drinking of the alcoholic is determined by the underlying soul / psychic condition (142).

However, Valverde also sees something more complex than pathologization and responsibilization here. For she permits that in AA's cosmology, the spiritually sick drinker is offered an antidote to the worst effects of liberalism – where "freedom" can become twisted into isolation and moral atomization (i.e. self-centredness) – at least as much as it reinforces liberalism. It's possible to see that the "program" promotes "ethical practices of the self" not in order to coercively and instrumentally align one with the productive order (Foucault's "economic plain of reality"), but because ethically orienting to God and to community are their own rewards. The fact that one may become "responsible" or "productive" are not the goals so much as the effects that extend from ethical practice. Valverde demonstrates, here that she is the rare thinker that I have encountered who consistently demonstrates the capacity to sustain the

biocritical critique and a close, respectful, non-condescending reading of AA's cultural practices, *at the same time*.

In *Chapter 1*, I made the case that a deterministic, metaphysical orientation – one that pits agency and context against each other – can help us understand how it is that the *disciplinary* Twelve Step recovery world is consistently misread and/or conflated wholesale with the pathology camp. I want to further that argument here and add an element to it. I will wager that in addition to the determinism trap that I have laid out, part of the reason that recovery culture has seemed to challenge those researchers nominally aligned with poststructural, decolonial, and pluralistic commitments has to do with God. Specifically, God presents a roadblock to a more nuanced engagement with the *world* of the "recovering person."

One might argue that words like "disease," "will," and "responsibility" are the more primary problem, the words throwing the critical addiction scholar off the trail, sending them down the exclusive path to "recovery is a technique of self-blame." As I referenced in the first chapter, this seems the more likely reading for the limitations I see in Garcia's (2010) work, who aligns the "Twelve Step model" almost entirely with the *official* brain disease discourse and with liberalism, interpreting that the Twelve Steps are a project aligned with "individual choice" (17-18). She does so even while elsewhere in her work she finds space for a complex view of the subjective potentials in "faith-based initiatives" oriented to collective care. I can only assume that Garcia just couldn't look beyond the words "disease" and "responsibility," which cued up the biopolitical critique – this, despite the asymmetries between the *official* "brain disease" discourse and "the spiritual malady" discourse, which commonly circulates in Twelve Step cultures (it certainly circulated in TWC). In this, perhaps God is enfolded into the process by which the recovering person is "subjectified" by the deterministic social forces that

responsibilize them with the social problem they can't fix, aligning their wills with the authority of the liberal order. Here, the spiritual and ethical practices that are encouraged, if not mandated, in recovery institutions, serve the subjectification process. Again, given Garcia's nuanced views on faith elsewhere in her work, it seems less compelling to level a God bias at her.

In other treatment-based scholarship, however, when the biopolitical critique is present, even in the face of messages about gratitude and freedom from residents, God and spirituality are either translated into "what's *really* going on," or omitted altogether.[62] For instance, in Carr (2011), the Twelve Steps and the language of recovery are translated into the techniques of therapeutic self-disclosure, and McKim (2017) dissolves Twelve Step discourses into larger projects of normative and juridical dominance. "Through sobriety," McKim says, the treatment centre that she was based at "aimed to redeem women by returning them to respectability. This required them to be useful in 'normal' social roles" (2). Though the women in her study demonstrate forms of resistance – of *refusal* – that McKim clearly appreciates, when they say things like "Thank God I'm sober," the reader is guided to hear this as a painful moment when the normative order is coming out of a woman's mouth, the symbolic moment of her victimhood. And, again, both Carr and McKim have valid points. By no means am I dismissing outright the ways in which God talk and spirituality talk can be enrolled in other projects. (C*hapters 3* and *6* will explore the complexities of this in depth). As Travis (2009) compellingly argues, AA, and its promotion of *personal experience* to "truth," has inevitably played a part in the "Oprahfication" that characterizes a wider "self-help" movement, and within "new age," "alternative wellness," and the "I'm spiritual, but not religious" discourses that populate bookshelves, podcasts, and leadership conventions. It can be a world marked by a specific kind

[62] Palm (2021) is a notable recent exception.

of *passive-regarding-truth*-apoliticism, in which "popular psychology" supersedes sociology, and where one orients to (or arguably, consumes) practices meant to bring individual happiness.[63] All to say that "spirituality" and "wellness" can and often do blur, and a biopolitical lens can usefully keep an eye on the places where the norms of "health" and "productivity" are at work, and where even "God" can be enrolled in a project oriented to the ends of a consumer society.

If I am flagging a representational problem, though, another possibility is that God is being overlooked because of its symbolic place within the culture wars, God, of course, on the "wrong side." Here, recovering addicts may be construed as victims of a backwards enculturation process. Or, perhaps, it's possible that secular researchers' "arts of noticing," to use Martin Savransky's term (2021, 42), are being constrained by a default "modern realism" (10). As Savransky argues, "realism" is a subtle but powerful form of imperialism that confuses the "provincial" customs of the West with absolute ways of naming and knowing. Realism is turned "into a weapon of mass disqualification" (10). For Savransky, projects committed to decolonization must be open to the possibility of a "worldquake," a moment of a vertiginous sense of destabilization, where something alien can inspire, if unchecked, an unconscious retreat to something safe and *known.* He argues that sometimes an observer needs to "learn the language of sorcery" (32), and embrace "an art of noticing [which] is not learning to see things differently, but learning to see different things" (42). In encounters with *the other*, even an act of omission can be a way of taking spirits and sorcerers and *Gods* and taming them and "[making] them behave" (52). From this view, it's possible that God's role may simply be *invisible*.

[63] Though as the pandemic has brought more clearly into sight, anti-vaccine and "wellness" communities are certainly capable of advancing towards a more overt politics.

Savransky's worldquake well describes my own experience early in recovery culture, when I found myself confronted with *that hostile word* plastered all over the walls of the recovery houses I lived in and in the church basements where the meetings that I was mandated to attend were held. I figured I would have to find a work around, if *recovery* was going to work for me. Speaking of culture wars, I now realize that I had neatly divided the world between "smart people" and "stupid people." You can guess that God and Science were on opposite teams. But it wasn't too long before I was able to admit to myself that not everyone in the meetings fit my tidy categories. This is when the tremors began. If these people had found a way to God *as they understood God*, and when homeless shelters, the loss of access to my child, and the risk of death, were my evermore likely alternatives, then a capacity to "see different things" started to have appeal. My gateway was an appreciation of the simple principle "accepting what we cannot change." It amuses me now that for the first time, in the latter half of my 20s, I came to realize that there were things beyond my control, that there were "powers" beyond me. I was primed to come to my own "as we understood God" moment. It happened at a bus stop.

I was living at Freedom at the time, late for an appointment, and *willing* the bus to come. While noisily blaming stupid Halifax Transit in my mind, something abruptly shifted. I realized, acutely, that I was gripped by feelings that had no bearing on what I desired. I relaxed, and then I laughed at myself. It was a moment of "metaphysical indetermination." I was "confronted with a maybe" (Savransky 2021, 59), where there wasn't one before. Certainty was destabilized, and the "I know" let go of its brittle hold. I knew at that moment that I could call this opening, this release, "God," *if I chose to*. I could work backwards from something practical, something with an effect, to something I "believed" in. I agree with Savransky that sometimes asking why someone "believes in God is to miss the point entirely" (54).

Now I'm left wondering not only how long it takes to "learn the language of sorcery," but *what one must go through*. How do researchers come to the arts of noticing that Savransky advocates for? I question whether one can read enough postcolonial theory, and find these capacities embodied within them, though that may well be a good start. At TWC, I was both an insider and an outsider, both "one of them" and most certainly "other." But I did spend many years learning to not only decode but fluently speak, *for my own reasons* and not for the purposes of research, at least a dialect of their language (or at least one of the languages spoken in a multilingual space). In the ultimate step, I even managed, years ago, to disassemble and reassemble a word that I was certain barred my entry. But had I not had to, would I have ever done this? Without necessity, would I have been *able* to?

In Mark's "turning point" story from the beginning of the chapter, AA's influence, and more specifically, Bill Wilson's influence, is present. To borrow Carr's (2011) phrase, the addiction-recovery "script" is certainly detectable. And yet, some of what scripts Mark's story is incredibly local and specific. Take Mark's comment, "I'm the world's biggest fucking loser…Ya know what losers do? They lose." Undoubtedly, in many people's ears, perhaps especially in the ears of those trained to track "self-blame," this sure seems like a good candidate for that interpretation. And yet it's only by a specific set of circumstances that I just happen to be the researcher able to *notice* that Mark is citing a local legend in Vancouver AA, one famous for his self-effacing humour. A whole world of meaning can be missed, or caught, because of the specifics of circumstance. And this is where "scripts" and "structures" and "interpretive frames" inevitably get us in trouble – they cannot *not* do so, of course – and where we come against the limitations of our empirical practices and methods. I suppose my role here is to be the person saying back to the researcher, "well, that doesn't sound like me. I think you misunderstood

something here." In the end, our analyses are never complete – they require the *spoken for* to speak back.

2. Conclusion

AA has had a tremendous influence on the ways the world thinks about addiction, and about the ways that addicts and those in recovery talk about their experiences. It is estimated that between 70% and 90% of residential treatment centres use the Twelve Step model in their programming (CCSA.ca), and that amongst staff working in treatment, more than 70% are in recovery themselves (NCBI.NIH.gov). There are over 200 iterations of Twelve Step recovery, covering everything from Clutterers Anonymous to Debtors Anonymous to Emotions Anonymous, and over 2 million people around the world "belong" to AA alone (though membership peaked about two decades ago, and has slightly declined since). AA has also inspired an entire publishing industry. The books of *Hazelden Publishing*, connected to the famous Hazelden Betty Ford Foundation and treatment centre[64] line the shelves of the "self-help" sections in bookstores, and are filled with the hallmarks of Wilson's writing style, where personal experience is the evidence that counts. As Valverde (1998) points out, one of AA's most enduring legacies is that it "historically opened up the possibility of identity-based forms of power and knowledge not controlled by established professions and bodies of expertise" (137). And yet, AA's orientation to "truth" can bring it into one of the most serious and contested discussions of the day – of the dangers that can come with traditions that have no relationship to "facts," or at least no relationship to "truths" verified by something other than personal experience. In this way, serious questions can be raised here about the need for a *truth commitment* coming to bear on a *pluralism commitment* (or at least, a relativism commitment).

[64] Named after the former First Lady, who disclosed her own struggles with alcohol.

AA and the broader recovery culture have undeniably promulgated the "disease model of addiction," and as such it is wide open to biopolitical criticism. It can be seen to have contributed to the sleight of hand that allows governments to offload notions of collective responsibility onto non-governmental actors and onto the wills of individuals. And yet, conversely, mutual aid movements can act with autonomy and by way of different ethical concerns than those channeled through official governance, and sometimes those ethics counter hegemony as much as they reinforce it.

AA's pluralistic, "spiritual" project – its blend of instinctive and strategic apoliticism – provides a real world example of a culture that holds together a profound kind of diversity across political and ontological lines, precisely at a moment in history when the spaces meant to hold difference are becoming, seemingly, more brittle by the day. And yet, it accomplishes its pluralism by way of a kind of enclosure that makes it hard to generalize beyond its borders.

I hope to demonstrate here what I have attempted to demonstrate throughout this chapter, with all of the projects each in their own way trying to *do something* about the addiction problem. With enough generosity, and by focusing on the moral dimension of each project, it is possible to see what each of them is *trying* to accomplish. I make no excuses for what I believe are the shortcomings of each, but being able to mediate between the differences without condescension, by focusing on the practical effects found downstream of each respective project, and searching for plural meanings wherever possible, hopefully means that a more mediated space for dialogue can be found. Perhaps, then, we might be able to imagine the science wars running out of ammunition.

In the end, truth and pluralism must live together, like any couple, permanently unsettled. And yet, it must still somehow be pluralism's job to underwrite and contain both. It is the

pluralistic commitment that has to keep reminding us to reach for an ineffable space beyond words, agreements, and translatable realities – where difference can sit there. For Savransky, what is needed is "a speculative pragmatism that is not *against* the work of metaphysics as such, but resolutely *other* to its imperial expansions into an all-inclusive system" (Savransky 2021, 9). If metaphysical questions are interesting, important, and inevitable, it is the pluralistic commitment that watches out for the part of us that craves the singular absolute *is*.

CHAPTER 3
Not All Gods Love You Back: The Potentially Fatal Consequences of Transforming a Gift into a Commodity, and Service into Work, in the Treatment Industry

"That's where things really started going bad," Justin tells me, referencing the time and place in which "big money" arrived in his life to propel his drug use. Justin is from a small town in Alberta and is now in his early 30s. At 20, he started making upwards of $80,000 in the Alberta oilfields, when he entered the resource-based economy. The combination of money and the "work hard, play harder" culture led him to trouble at work, and then, eventually, to his first stint in treatment. This was not that stint. Despite all that Justin has going for him, he had "been bouncing in and out of treatment centres for years" by the time I met him. Justin was easily amongst the brightest, most articulate residents I met. He actively engaged in my "society and addiction" group, contributing to key insights over the course of my fieldwork, and he converses with an earnest and caring energy that he brings to treatment work, especially with newcomers. He embodies many of the key qualities of Twelve Step recovery, and the fact that he was encouraged to become a part of TWC's labour force is not surprising. Those qualities make him useful as a staff member, a good candidate to help "*carry the message*" of – or is it sell? – sobriety to new residents. As it turns out, that distinction is anything but arbitrary. And this chapter takes as its central focus, the problems that arrive when the gift of sobriety is transformed into a commodity, and when a relatively autonomous freedom, established through *practices* of self care (Foucault 1984), becomes transformed into a care no longer oriented to the self, but to the ends of a productive order that does not give back what it takes – a God that does not return the love that is given.

Justin, like many of the men that I met, is compelled by the prospect of a life working in treatment. It offers him a way out of heavy labour, an opportunity to transform his struggles with

drugs, his ability to tell his story, and the refinement of his spiritual skills, into the resources that he can offer to other people. It seems the much safer path, a path that might help him hang onto his sobriety, even if he knows that it won't make it bulletproof. Nevertheless, it is a critical consideration when the only other path that Justin knows is the oilfields, a career that asked him to walk the most precarious of wires between discipline and disorder, between long grinding days of labour, and "coke-fuelled sleepless nights," a balancing act that Justin says he is unlikely to master, however compelling the "big money." So much feels at stake because treatment appears like it might be the answer to not just one crisis that Justin is caught up in, but three: an addiction crisis, a masculinity crisis, and deindustrialization.

For newly sober men like Justin, the treatment industry and heavy industry can present a stark career choice, a choice between a spiritual path and a cold material path, with the now more porous (Taylor 2007), spiritually awakened man longing for something different, something meaningful – something, perhaps, *missionary* – and aligned with a new image of honourable manhood (Connell & Messerschmidt 2005), which has been modelled to him by sponsors and treatment workers. The two models he had aspired to in Fort Mac seemed always out of reach: the "respectable" man, who flew in for his three straight weeks of work, collected his paycheque, mostly watched TV in his room in "camp," until he could return "to his family back home," and "the coke and strippers guy" who *played hard*, but always kept up the other half of the bargain – to unfailingly show up at the start of a shift and *work hard.* Striking that Justin's model for respectability is a man a long way from home, isolating himself in his room. And as I will return to in *Chapter 5*, the work hard, play harder form of manhood is also a template for respect, if not quite "respectability," but a respect earned through other means, through the at least apparent capacity to balance between discipline and disorder, without falling. Justin found himself

constantly drawn back to the work hard, play harder path because it was the natural extension of his boyhood, of high school hockey, girls, and partying, but like many of the men that I met, Justin learned the hard way that he was too vulnerable to the kind of exploitation that happens in contemporary heavy industry, in "camp life." It took too much of his body and spirit, without *giving* nearly enough in return.

For others, who lived in continuity with boyhoods of drug dealing and "juvenile delinquency," who ended up with criminal records, or who had spent time on the street, they too had pursued respect by walking near the precipice of disorder, through an "I have nothing to lose" invulnerability (Gutmann 1996). But then nobility wound up out of reach for them, too. And treatment work is the rare industry where a record or a "low bottom" can work in one's favour, bringing credibility to the role. Both of these paths deepen the theme of survival in one's war story, and treatment work offers a way to transform histories of violence and degradation into a radically different, and now deeply appealing kind of respectability – even heroism. In treatment, the newly sober man is surrounded by staff members that somehow, improbably, have managed to hold on to months or *years* of sobriety, and they talk fluently in a language filled with wisdom, aphorisms, and self-effacing humour. They offer a recovery instantiation of the "most honoured way of being a man" (Connell and Messerschmidt 2005, 832). These men, who display the confidence to laugh at themselves, tell him, "we were once like you, and now we're grateful to be where we are. We have the *'gifts of sobriety*.'"

Given the places that working class drug users come from – geographically, historically, spiritually – this can be a powerful vision, a vision that *at last* appears to address what has always felt so wrong, a *wrongness* (Christman 2023) that haunts the towns they grew up in, which they felt as boys, and that their fathers – so often drunk and too often violent – obviously

felt too. The first step was to build that I-have-nothing-to-lose suit of armour around the wrongness, but then when they *did* start to lose good grades, hockey teams, jobs, high school girlfriends, and dignity, they tried crime, partying, and then, eventually, money in remote, far away places, where men still worked with their hands and took things from the earth. In *that* vision, though, there was something more than money that they allowed themselves to dream of. It was something, somehow familiar, something they glimpsed in their grandparents, and in photos they had seen of the once bustling Main Streets of their hometowns: nobility. But despite the promises made, the camps of heavy industry did not bring that world back.

Willy Laughman, the Salesman, couldn't shake the wrongness and never found his second birth. But the treatment worker *has* been reborn. He appears, at last, as a model of where to finally land at the end of the migratory path, and he is telling the working class white man: that world is gone, there is no going back, but you can finally belong in the present, in the contemporary (feminized) world, where your experience can be transformed into labour that has value. Neither your drug-use rebellion, nor your nihilism, nor your resentment are going to bring the old ways back, but there is a new way. But it will take a profound transformation to *become* it. It will require a radical reworking of your manhood. Invulnerability will become weak and vulnerability will become strong, and the pursuit of big money and a new truck will recede, as spiritual payoffs take precedence. If you want to hang onto the new way, however, it will require you to learn some things: first, "prioritize *your* recovery" above all else, for through the practices of recovery, you can maintain a channel to God, and God's caring wisdom will keep you sober and free. Second, you'll have to learn that *recovery* and *treatment* are two different worlds, and "treatment work alone won't keep you sober." And third, you'll have to learn that your new employer, the treatment centre, will not always know how to distinguish between your needs and

theirs, when it comes to *your* labour. This new way can finally be an answer to the wrongness – the wrongness that we felt too – but it will be on you to guard the gift of sobriety.

Years ago, when I was weeks sober myself, the live-in manager of the recovery house I was staying at relapsed and disappeared. The director of the *It's Up You* recovery house, now in a bind, asked me – I imagine because like Justin, I "presented well" – to step in until he found a new manager. The month or so that I spent managing the house went surprisingly well. I was lucky that the dozen or so men in the house at that moment, some of them longer sober, didn't give me a hard time. In the space they granted me, I felt more upright, providing an ear when necessary, and – now shocking to think about – entrusted to manage the other residents' methadone doses. One day, a resident even younger than me at the time, and now dead, told me, "you know, you might want to consider doing this for a living." Months later, I was enrolled at Simon Fraser University, working on the prerequisites for the eventual graduate degree I would do in counselling. I don't know if that would have happened without his encouragement, his gift. And though I *am* grateful, and my work *is* meaningful, I have come to learn that my job is, in the end, a *job.*

As Josh's story will illustrate, treatment work is not the "purely" spiritual path of recovery. "Working *in* recovery" is not the same thing as "working *on* one's recovery."[65] These two forms of labour, these two ethical practices, orient to two different ends, belong in two distinct ethical worlds, which serve two different "Gods." One is a utilitarian world oriented to the ends of a productive order, and the other is a more localized system of virtue ethics (Valverde 1998) that blurs giving and receiving. Every long term staff member at TWC I talked to had,

[65] I'm putting quotes here to explicitly signal that these two phrases, seemingly so similar, are commonplace in the specific treatment industry dialect.

through experience, come to know the difference between what each of these worlds of ethical practice produce, in terms of effects (e.g. a paycheque vs a sense of belonging), and to feel the textural differences when living in either world. Each staff member delivered to me a version of the same line: *recovery work won't keep you sober*. That is, each man understood that while a given ethical *technique* might be the same – say, helping someone else work through one of the Twelve Steps – if one did so while on the clock, it came to limited effect in ensuring one's spiritual wellness. While on-the-clock recovery work might contribute to a rewarding *career*, the kind of "work" understood to help with one's *recovery* – with the "maintenance of one's spiritual condition" – has to happen off the clock, in the more truly volunteeristic world of one's Twelve Step community, where care is *freely given*. In the spiritual world, the merits of one's efforts – the means – align with the ends of self-care, and have a relative amount of autonomy from some external end, like that of the institution's bottom line, the *productive economic order*, or even saving another man's life when that comes *at one's own expense*, care having been made transactional, extractable, and exploitable – a resource of the care economy.

Again, while every staff member knows this at TWC – at least when directly asked – I observed a curious slippage in TWC's hiring and recruitment practices, where newly sober residents were being led to believe – or, at least, not being sufficiently disabused of the notion – that treatment work *would* help with their recovery. While it might be tempting to point the blame squarely at opportunistic administrators concerned with bottom lines and labour shortages, I refuse that reductive analysis. Rather, I will frame the perpetual risk of exploitation in addiction treatment – the risk of transforming reciprocity into something transactional, the risk of transforming a gift into a commodity, the risk of *taking* from the newly sober treatment resident the sobriety that he has been *given* – within two broader problems. The first, as I have

introduced, has to do with confusing one ethical world for the other, the spiritual world for the material world – easy to do when the *same* ethical practices, the same means, take place in both worlds. The second relates to the unbalanced equation, ADDICTION > recovery, and concerns the contradictions built into the treatment industry, just as these same "perverse incentives" (Winant 2021) are built into the broader care economy. In short, the treatment centre by default of its position within the broader transformation from industrial labour to carework, is in a position of conflicting interests. The treatment centre only exists as long as there is a steady, if not growing, demand for their supply, for their "solution" to addiction. And because the treatment industry is at least as much a solution to a labour problem as it is to an "addiction" problem, the more pervasive, and arguably overriding, needs of the public-private neoliberal state are always operating in the background – a state that needs private industry to stabilize an economy, and employ *and manage* those impacted by deindustrialization. With the state disincentivized to *prevent* the "diseases of despair" (Deaton 2020), the private treatment industry exists on the wrong (recovery) side of the equation, at the wrong moment in time, trying to solve a problem after it has already been created, forever bailing a boat that needs its hole fixed.

On the ground, this means an addiction crisis not getting better, and a private industry desperate for labour. On the one hand, TWC knows that successful treatment requires that men go through this process for *themselves*, in service of their own ends, as these relate to the spiritual path of sobriety. On the other hand, it knows that men who demonstrate sufficient spiritual change make effective treatment workers, and they need the help. Thus, there is a perpetual risk that the treatment centre will forget – and I do mean *forget* – whose ends to serve: theirs or their residents. And as Muehlebach (2012) warns, there is always the risk in the realm

of "relational labour," that care will not only be exploited, but that care will be called, feel like, or even *be* something else – something loving, or genuinely heroic – while it is being exploited.

For years, I have looked back at my own experience roleplaying recovery house manager as an "opportunity," and it's only now that I see the ethical complexities of that moment. It's only now, writing this chapter in fact, that I can more clearly see the pure good fortune, the dumb luck, that the house was filled with guys who weren't threatened by my (arguably) unearned authority. It's only now that I can spot the unbalanced equation hiding in the background of the moment that I was asked to take on so much responsibility. Weeks sober as I was, *I had keys to a fridge full of opioids*. Though I didn't notice at the time – which reinforces the point – the *work* I was asked to do *asked a lot of me*. If I hold the experience one way, my labour was exploited. If I hold it another way, I was, and still believe it to be true, given an opportunity.

Together We Can operates precisely at the faultline between two ethical worlds, the same faultline that Burt, the director of that recovery house, stood at all those years ago. I'm sure he thought he was delivering me a vote of confidence (and he did!), but only now do I appreciate that he was in a desperate situation, navigating one of the everyday ethical messes caused by a world overwhelmed with addiction and under-resourced to deal with it, in part because of the perverse incentives of the care economy. That it went well for me, as I said, was in no small part circumstantial. With a variable or two changed, it could have gone disastrously, another life – simply mine in this case – lost to the unbalanced equation. And I heard these stories at TWC, where an initial opportunity led to exploitation, and then to a fall. Being asked to do a *job* that exceeds their capacity, treatment centres operate under duress, and in these conditions, they can't avoid offloading that strain onto their labourforce. And yet, in the conclusion of this chapter I

will argue that there might be something they can do to at least mitigate the risk that mere circumstance will dictate the difference between opportunity and potential death.

1. Breaking Point: The Consequences of Exploitation in the Treatment Industry

At the time of our interview, Justin was about a month sober, back in TWC after a relapse. In what follows, he is describing to me the events that led up to that relapse. During that previous stint at TWC, within weeks of being sober, he was moved to one of the centre's second tier houses, where men who seem on better footing are granted more autonomy, getting "privileges" like the freedom to come and go with less oversight, unrestricted access to their phones, access to their cars, and the ability to return to work outside of TWC, if they so choose. At 60 days sober, in exchange for a discount on room and board, and for a modest daily stipend, Justin was offered a "volunteer" role as an assistant manager of his house, which meant things like oversight over the other residents' chores. It wasn't long before he was *volunteering* 40 hours a week, picking up more shifts and more emotionally complex tasks, like doing "house searches" (looking for contraband), and picking up medications (including OATs) from the grocery store. He told me that the authority was "starting to go to [his] head a bit." He was even given a log-in so that he could access other client's personal records, all while still officially designated as a volunteer.

Here, he is telling me about the difficulty he was having trying to strike a balance between the two worlds of labour – between working *in* recovery and working *on* his recovery – and about TWC's role in the lead up to his relapse:

> Three or four days a week is what I wanna do. I can balance that, I won't get too tired, I can handle the stuff at [the recovery house that he is helping oversee], I can concentrate

> on my recovery, 'cause my recovery has to come first. So with…how short-staffed[66] they were, a little birdie was put it in my ear that now is a great time for me to become an employee and a staff member here. So "just keep doing what you're doing, and there's a good chance you could sneak in the door right now." So, that was part of my motivation. And when Steve [the volunteer coordinator] came knocking, I was eager to say yes**.** No, I wanted a foot in the door, I wanted to work at a treatment centre, I thought that would be the end-all be-all and would *help me with my recovery* [emphasis added]. I would just watch Kyle [Justin's longtime friend] do it. He's just about two years sober, so that was like, "Okay, yeah, I want that. That'll be good." And then it ended up, I was working full-time, five, six days a week, eight hours a day. My schedules were 2:00 to 10:00, or 3:30 to 11:30. So I'm up till 1:30 or 2:00, and then I don't get up till 10:00. So there I am sleeping in, and I wake up, everybody's gone so I'm alone. No motivation. I just worked and I'm tired, so I'm just gonna watch Netflix and play video games until I have to go to work.

Justin is here beginning to bring into view the faultline between "opportunity" and "exploitation." He is trying to model himself after the honourable men that work in treatment, longing for what they have, or have become, where he can share his gifts, and be looked up to. And TWC *is* recognizing those gifts and incentivizing his "good behaviour." At one point, the volunteer coordinator lets Justin know that with all of the staffing shortages, he has advocated for Justin, asking the executive director about the possibility of expediting the hiring process. The coordinator had to relay the message back to Justin: "Yeah, I know he's doing a great job, but I can't in good conscience hire him. He's not even 90 days clean, sober." A curious word in all of this – "conscience" – when Justin is *already* doing full-time hours and has an employee log-in.

Justin is describing how he is losing work-life balance, beginning to withdraw from the practice of his own recovery work – the very work that has helped him become the exemplary recovery model, the man that other residents can look up to. Recovery's meaning was crossing from one side of the faultline to the other, from an end in and of itself, to a *means to an end*. As

[66] When Justin mentions how short-staffed TWC tends to be, and the fact that he was constantly getting calls to fill in for others, he is pointing to the harsh reality that the reason work schedules are ceaselessly changing is that, at least in no insignificant part, volunteers and staff frequently relapse, and "go back out."

he tells me, “I was building connections and relationships with the guys that work there, they were helping me, and those are the guys telling me how good I was doing, which was the motivation.” In looking up to them, towards the special status they hold, as *recovery workers* – on the other side of that magic hiring line – they held a special power to bestow approval on Justin. Then, he references that another “birdie” found his ear. The executive director, Stacy, who makes the final calls on hiring, passed along another message to him: "Keep doing what you're doing for two more months and then we'll hire you. I promise." Stacy is widely respected at TWC for his hard work, his genuine care for the cause of addiction, and for his more than fifteen years of sobriety. Even for those with resentments at the institution and at other administrators, Stacy’s word means something to the men in treatment – being *chosen* means something.

The breaking point arrives on day 88 of his sobriety, two days before he would achieve the 90 days that would make him officially hirable, the two month mark that was promised to him by Stacy. With two days to go, Justin returns to what he knows, but seeks it in a place he’s never been. Given Justin’s aspirations towards spiritual labour, on a path meant to carry him away from the grind of heavy industry, it is the worst kind of poetry that his breaking point arrives while doing *manual labour*:

> I was mopping and I fucking knocked it over and dumped the whole mop bucket and that was it. I instantly fucking locked both kitchen doors, pulled out the tinfoil and ripped myself off a piece of tinfoil, found a pen, that was in the desk, pulled it apart for a hooter, stashed it in my pockets, commenced to clean up the mop bucket…So I left and went straight down to Hastings. First time I'd ever been on Hastings in my entire life, right?

Justin, to be clear, is an opioid user, and he is gathering the gear necessary to smoke fentanyl, his drug of choice. This, as I introduced in the beginning of this book, is a moment that symbolizes

the move from the 3rd to the 4th stop along the addiction migration route[67], from treatment to Vancouver's Downtown Eastside. Justin, mercifully, only "went out" for a short time, and at the time of this interview he had been "back in" for about a month, making it the "too many times to count" occasion that he had started treatment, again.

He continues with frustration, "When do they make the change? When do they stop giving this *opportunity* [emphasis added] to people? Where do they start to take responsibility?" I find it profound that Justin is framing this, even with the hurt and resentment, as an "opportunity." If *he* had made the scare quotes gesture, it would have been fitting, but he didn't. I suppose he left that to me. And then he continues:

> Do [they] not see that this is... People's lives are way more important than money? I really strongly believe that their...motivation for money outweighs that in a lot of situations…I never experienced private treatment. This is the first time. The one thing I do wanna say though is that all these concerns and opinions I have as far as TWC goes, based on my past experience is, like I said, there are people there that really care. They have compassion, they wanna help…

And then, he pivots, offering a suggestion: "This TWC place has so many people under their umbrella, so many houses and things going on. They don't have the logistics or the staff to take care of it all… Maybe get rid of one house and make sure [things] are taken *care* of" [emphasis added].

Justin would go on to add that he still wants to work for TWC, but this time he's really going to work on his "boundaries," and put his own recovery first. In yet another of the widely circulating AA slogans, which I hear Justin gesturing towards, it is said that "whatever you put in front of your recovery, will be the first thing that you lose." I didn't ask about what these other priorities were, but it was clear from context that Justin was referring to the ends of ambition, of

[67] The five stops: hometown → oilfield → treatment centre → Downtown Eastside → TWC labourforce.

career, of approval, and material security. These were the *things* that Justin was trying to get back in a transaction that had seen recovery become professionalized and sobriety become an alienated commodity, something for sale to someone else, and no longer *his.*

Not unlike what I notice about the men from Glace Bay, like in the case of Derek's self-blame from all those years ago, there is dissonance in Justin's story; tensions and conflicts struggling to line up, to reconcile. In his attempt to apportion and distribute responsibility to the different actors in his story, I hear Justin actively resisting a simple, *singular* story, I hear him reaching for complexity. As he says, "I don't hold a resentment towards them. I do have concerns. Also, I did a lot of work to learn how to take responsibility for my actions. I don't hold them accountable for my mistakes, but I can see where they played a part." He still wants another shot at employment in TWC, and for multiple reasons: because it could be the beginning of a potential career path; because he wants to envelope himself in the recovery world where he assumes he'll be safer; and to achieve what he fell two days short of, to prove something about his value – I'd imagine to the executive director, specifically. And yet, he resents this, perhaps especially the part of himself that seeks this approval, *in these circumstances.* Obviously he has legitimate grounds to blame the institution and yet, Justin knows that if he doesn't find a way to take *some* of the responsibility here, to "*clean up his side of the street*," then he risks living in resentment and "*self-pity*" – emotional states that are the "*dubious luxury of normal men.*" When Justin says to me, "this time it'll be different," it's not clear if it's he or I who he's trying to reassure, but it is clear that he is trying to position himself as the subject in his story.

Given the story that Justin and others have told me about TWC's labour practices, it would be easy to align myself entirely with the parts of their narratives that speak to injustice and exploitation, and if I were following the biopolitical *program*, it would be easy to point to the

ways that Justin is (over) responsibilizing himself. By no means are these inappropriate terms to describe what I heard from these men, but I also want to fairly represent their attempts to "own their own shit," to follow *their* lead in telling complex "both/and" rather than "either/or" stories about what is happening in TWC, and about the complexities of *responsibility* in the treatment world, more broadly. To what extent, then, can TWC's management be held accountable for the exploitation happening in their institutions, or does the unbalanced equation hopelessly "determine" this ethical mess? How should responsibility be dispersed amongst the actors involved? My aim is to understand what might be within TWC's power to address, rather than to make excuses for or reductively blame the institution.

Before narrowing in on the institution specifically, I'll next move to provide a better picture of the historical currents that the treatment industry and the labourer-turned-treatment-worker are caught up in, within the broader transformation of labour, and thus within the forces *structuring*, if not utterly determining, the exploitation of labour at TWC.

2. The Decline of Industrial Labour and the Rise of the Care Economy Part 2

In the *Introduction*, I began to discuss the massive "shift" (Winant 2021) away from heavy industry and towards the service economy that accelerated in the late 1960s in places like Cape Breton. Further developing that historical picture here will add further dimension to the question of supply and demand at the centre of this chapter – about what service the treatment industry provides and in response to what *need* – within the broader context of the care economy.

Industrial decline was well underway in places like Cape Breton and Pittsburgh (Winant's focus) by the 1960s. The growth that had been insured by way of the commodities that men produced, by way of increased productivity in resource extraction and manufacturing, had slowed, and private companies were divesting. In Cape Breton, the steel industry, and the coal

industry embedded within it, were nationalized in 1967. The profits that had once been accumulated by extracting coal from the ground, and by extracting long, arduous hours from the labourer's body, were diminishing, partially, and perversely, because collective bargaining had won better pay, better benefits, pensions, and shorter days and weeks (MacKinnon 2020); that is, because their labour had become "more expensive," or better put, *less exploitable*.

Before the accelerated decline of the 60s and 70s, organized labour had been making gains since the 1930s. In the "progressive era," social policy and labour roughly aligned and collective bargaining became enshrined and promoted. In this moment, the labourer's body – its value – was transformed. No longer (merely) expendable and replaceable, the male blue collar worker became a basic unit in securing the social order (Winant 2021). He was not only a producer but a consumer of the mass-produced goods that filled his house, and his wage, alone, materially provided for his family. His wife, meanwhile, provided informal care in the home, carework being the "immaterial labour" (Muehlebach 2012, 7) that *produces* other people's well-being. "In this way," Winant says, "the household's internal power relations sustained the ideology of a heroic breadwinner" (92). The alignment between state actors and organized labour meant that the maintenance and longevity of the labourer's body (and, to an extent, spirit) became, however reluctantly by some industrialists, a recognized social good (Simpson 2012).

In Canada, the labourer's health was a core concern for Saskatchewan's Co-operative Commonwealth Federation. Led by Premier Tommy Douglas, the party expanded collective bargaining rights, pushed through hospital insurance, worker protections, pension reform, and eventually universal healthcare, and then, these entitlements gained traction at the federal level (Simpson 2012). As Muehlebach (2012) discusses, Mauss glimpsed a semblance of the gift

economy in the post-war moment, in the arrival of the (in this case, French) welfare state. In Mauss' words,

> The worker has given his life and his labor, on the one hand to the collectivity, on the other hand, to his employers. Although the worker has to contribute to his insurance, those who have benefited from his services have not discharged their debt to him through the payment of wages. The state itself, representing the community, owes him, as do his employers, together with some assistance from himself, a certain security in life, against unemployment, sickness, old age, and death (Mauss 1990, 67, in Muehlebach 2012, vii).

Muehlebach sees the *reach* in Mauss' comparison, but by no means dismisses it outright, for within the welfare state is – or rather, was – a commitment to a "long-term system of redistributional reciprocity" (viii) that was (in shared ground with a system of virtue ethics) able to reconcile freedom with obligation, and blur the directionality of giving and receiving.

Winant (2021) allows that the progressive era gifted a "gentler capitalism," but so too does he connect the places where labour's advances stalled to the vulnerabilities facing the working class (and thus, the broader social order) when deindustrialization accelerated in the 1970s. Though collective bargaining was constitutionalized in the US, it was precisely where one's labour was positioned in relation to collective bargaining that demarcated the working class into a relatively secure insider zone and an insecure outsider zone (14). White blue collar men stood on one side of the line, and non-unionized labourers – disproportionately, women and people of colour – found themselves a subclass of the "working class." Despite the value of immaterial, relational labour, most careworkers existed in the outside zone; the welfare state "did not confer security upon their labor" (Winant 2021, 15). As Winant summarizes, this "set of compromises, hashed out during the war and in the twilight of the New Deal…disbursed social citizenship and economic security to the working class through a divided and uneven regime centered on collective bargaining" (11-12). Resembling the inner workings of the family system,

the blue collar worker was formally cared for by a healthcare system whose workers also orbited around his secure status. Rather than by default of an abstract "citizenship" or "human right," he accessed the healthcare that had been won by way of collective bargaining; it came through his employment, by way of third party insurance. As such, welfare – *his* welfare, and the system built atop it – was built out of a foundational relationship to the private sphere.

The stability of the "public-private welfare" (13) system was (of course, shortsightedly) premised on the idea of an enduring manufacturing base. If growth came from *that* industry, the healthcare industry didn't *need* to be anything other than a supporting player in the production of social stability. Or put another way, its "growth potential" was capped by that stability. As such, when the decline of industrial labour accelerated – when the "core of the economy" collapsed (Winant 2021, 4) – the inversely proportional acceleration of the healthcare industry came less through "direct political agitation, but more consequentially took the form of the economic power that organized workers wielded when they acted as blocs of collective consumers, expanding the system of care provision" (5). In other words, the private industry that was in place, and its supply, rose to meet a specific consumer demand: the cascading unwellness created by the growing insecurity of working class white men. In this moment, the social problem of deindustrialization was transformed into a health problem, and an unbalanced equation was born.

3. The Relocation of Exploitation in the Care Economy

Amongst the cascading effects of this collapse, white women were pushed into waged work, and of course there was an industry growing to receive them. The labourforce of that industry, however, having orbited around the working class white man, was not established within the zone of security won through collective bargaining. "Poverty wages, understaffing, stress, precarious scheduling, and workplace disrespect" (Winant 2021, 5) were all waiting for

those whose labour would include cleaning bodies and blood, the administration of medications and tests, physical therapies, and emotional support. When working class white men became increasingly unemployed – when they joined the ranks of the insecure – the women who provided care in their homes were now, also, staffing the hospitals and clinics they went to when they began to suffer from the "diseases of despair" (Deaton 2020). Though society had not, indeed, conferred security on relational labour, women were nevertheless looked to for whatever material security they could provide. And indeed, this tidily frames many of the experiences reported to me by the men at TWC. As Trevor, from Glace Bay, told me, "Mom was always working night shift at the hospital," while, "Dad was drunk on the couch."[68]

Though "women's work" was easier to devalue because *women* were easier to devalue, it is also true that there was an unevenness that existed between the declining industry and the one that rose to replace it, in terms of the *things* produced. The former industry produced a material commodity, one that profits could be extracted from rather straightforwardly, if not indefinitely. The new industry, at least within the prevailing social mores – in an era defined by the withdrawal of the state from welfare – required the suppression of worker's wages and entitlements for it to viably supply any kind of growth or social stability (Winant 2021). Producing nothing more than life itself, it doesn't easily get more *efficient* (Muehlebach 2012). Conditions were ripe for the exploitation of *care.*

As Winant highlights, the potential for exploitation is baked into care work, for the patient's suffering can elicit responsiveness towards the patient regardless of the conditions for the worker. And as Muehlebach (2012) discusses, the very erosion of state-based welfare means

[68] MacKinnon (2020) similarly discusses the incommensurability between manufacturing and the "immaterial" industries that have replaced it, in reference to the role that Cape Breton University is "supposed" to play in stabilizing the former coal and steel regions around Sydney, including Glace Bay.

living in a world that requires more people, outside of official institutions, *to care more.* She is pointing here to an affective consequence of state withdrawal. In a simple sense, the more unattended suffering, the more cause for "compassionate" response. I consistently heard evidence of this at TWC, from men moved by the plight of fellow addicts, men who had almost always lost someone close to them – a friend, a brother, an AA sponsor or sponsee, or a former roommate in treatment. But more complexly, and aligned with a major concern of this chapter, Muehlebach notes how action can be mobilized – how "sentiments" can be stirred – by way of paradoxical, and yet *productive* pairings. For instance, in the deindustrialized regions of Northern Italy, Muehlebach observed state actors *unironically* shaping the anticapitalist potentials in Christian and leftist discourses, like, for instance, "compassion," "charity," and even "*solidarity*," and then deploying them in order to mobilize the carework that the withdrawn neoliberal state benefits from. "By mobilizing sentiments as productive force," Muehlebach says, "the state is attempting not only to mediate the effects of its own withdrawal, but to craft an anticapitalist narrative at the heart of neoliberal reform" (8). What's more, Muehlebach reported that even volunteers who can see through the irony remain adamant that they are engaged, through their voluntary labour, in causes that *refute* the lack of care in the capitalist system. And so, through the twin moves of withdrawal and affective messaging, she observed the production of the "sacred modern" (Muehlebach, borrowing from Smart 2010), "where modern state rationality crucially depended on and sometimes even seemed to have been very much guided by the register of enchantment" (in the Weberian sense). In other words, care work becomes spiritual work, becomes missionary.

In TWC, it is easy to track how *felt* responsiveness lines up with narratives about the "meaningfulness," "nobility," and even "Godliness" of voluntary or low-waged work –

especially striking in cases where men had left the more lucrative world of heavy industry, were wary of returning to it for the risk its form of exploitation posed to their "sobriety," and were now attempting to live a kind of missionary, or monastic, life: poor, but fulfilled. It might be tempting here to simply impose the notion of totalizing dominance onto this scene, where these "missionaries" are anaesthetizing themselves to their own exploitation; comforting themselves, as they are robbed of a more just remuneration for their labour. However true, it is only partial, for like Muehlebach, I have no interest in stalling my analysis out at the point where treatment workers are represented *merely* as victims. Doing so I would be condescending to the people I met, who had no trouble reporting to me that they were *simultaneously* victims of treatment's labour practices, understanding of the bind that places like TWC are in, *and* grateful for their recoveries and new careers. Such condescension would also, crucially, miss the opportunity to observe the subtlety of neoliberalism in action – a staying power granted not (always) by a heavy hand, but by its ability to *govern through withdrawal*, quietly convincing people to *expect less*, while *doing more*.

Now more than ever, in the context of the drug epidemic, it is easy for the men who work and volunteer in treatment to feel the urgency of the crisis, and to combine the old hard-work-toughness *and* care in marshalling a gendered sense of heroism for this most legitimate (and exploitable) of *causes*; the cause, as one staff member put it, of saving a "buddy from the trenches." Still, this doesn't yet capture the most deceptive "productive pairing" being mobilized at TWC, for as I will now turn towards, it is the blurring together of the two recovery worlds – the realm of the gift *and* the realm of the commodity, working *on* one's recovery or working *in* recovery – that places Justin, and most certainly TWC's administrators, at risk of forgetting which world they are in, and *who their work is for*. Having done some work to depict the

spiritual Twelve Step world in the last chapter, I will now better develop a picture of the treatment world. Then, I will offer my take on the risks that come when they blur together.

4. Treatment: Definitely Not a (Well Resourced) Resource-Based Economy

The executive director of TWC, Stacy, is without a doubt deeply inspired to act by the epidemic, and, even more pointedly, by the hundreds of residents who have died cycling in and out of TWC during his tenure, often back and forth to the Downtown Eastside, until the day when "*coming back*," for another round, is impossible. Stacy's mission is real, and his solution is expansion. Together We Can was founded in 1993 as one recovery house in East Vancouver, servicing about a dozen residents. During his 17 years at TWC, and 7 years in leadership, TWC has expanded from 35 clients to 25 *houses*, and 320 clients. A former commodities broker and entrepreneur, Stacy's self-admitted drive for money and power led him to "things [he] never thought [he'd] do," and then crack took him down. Nowadays, his shirts are tucked in, he talks with a zealous energy, and a husk in his voice, and he sometimes refers to himself in the third person when telling his *story*. He tells me that he has "excessive personality disorder," but that he now channels it in the direction of being of "service" to others. Under his leadership – under his self-described "lunacy" – TWC has become one of the biggest treatment facilities in Canada.

One hundred and forty of TWC's clients live in first stage housing, and the rest are dispersed into what are known as "one and a halves" (1.5s) and "second stage" houses. First stage clients require the most attention and resources, including medical care, psychotherapy, group counselling, and options, like dietary counselling, and fitness programming. Awakenings, where I met Justin, and was based for the majority of my fieldwork, was a first stage house. TWC more or less maps onto the "The Minnesota Model" of treatment, which is a reference to Hazelden (referenced in *Chapter 2*), known as one of the first treatment centres (based in

Minnesota) to adopt the Twelve Steps as the foundation of the institution's programming. It has several components:

> (1) psycho-education to build clients' awareness about addiction; (2) the use of recovering professionals who connect on an experiential level with clients; (3) the acceptance of the "disease model" of addiction; (4) the emphasis on self-help groups like AA; and (5) the reliance on group and individual counseling to confront denial" (Carr 2011, referencing Chiauzzi and Liljegren 1993:305).[69]

Winant's (2021) analysis of US healthcare is easily applied to addiction treatment in Canada. With the vast majority of addiction treatment taking place in a private sphere that exists outside of Canada's universal healthcare system – by no means a "purely public" space, itself – addiction treatment is all the more subject to market logic, and it's workforce can easily be said to exist, insecurely, in the outside zone. Its ever-evolving labourforce is nonunionized, and true to the Minnesota tradition, the majority of its staff are in recovery, and can thus be seen as an inherently vulnerable population in the very field they work in.

There is almost one full-time employee for every four residents: 70:320. Adding part-time workers and volunteers, the ratio is more than one-to-three: 110:320. In a world overwhelmed by the addiction problem there is little reason to doubt that TWC needs the employees and volunteers that constitute its labourforce, in order to deliver on its mission to reach as many addicts as it can. In the under-resourced world of addiction treatment, neoliberal concerns about "efficiency" are inappropriate, though I do wonder if the institutional expansionism is causing organizational challenges, and a sometimes frenzied energy that might be leading to things getting missed (as Justin points out). *Much* of the work that happens in TWC

[69] As I established in the last chapter, I would qualify this picture by pointing out that the "disease model of addiction" is at least two, arguably very different, things, and "confronting denial" seems to me a complex process by which recovering addicts are being socialized (in large part, by their peers) into a new form of subjectivity, a process not reducible to the ways that addicts are enrolled into an inequitable relationship with "experts."

is done at wages below a "living wage," relative to the high living costs in Vancouver. In a large labourforce, only a handful of administrators report (theoretically) more comfortable earnings, with only two employees reporting incomes over $120,000 and less than $199,999. As a registered charity, employee compensation, wage stratification, and the amount of money directed to programming is monitored by Revenue Canada.

In order to get a kind of reading on the strain produced by the unbalanced equation and the tensions being offloaded to TWC's workforce, I've made a crude calculation of the gap between a living wage in Vancouver and an approximate average wage at TWC. In 2022, the *Living Wage Campaign of BC* updated the living wage for Metro Vancouver to $24.08 per hour, which roughly equates to $50,000 per year, at 40 hours per week. Factoring in part-time staff and volunteers, I've calculated the average hourly wage at TWC to be about $21 per hour. After excluding the seven employees making above $80,000 per year, that average falls below $20 per year. As a caveat, both of these numbers are dragged down slightly by the fact that volunteers receive a stipend of $75 per day, though as Josh's story illustrates, "volunteering" is not necessarily an indicator of a lighter workload. Regardless, the point remains: as a staff member told me, "the pay in treatment is shit." And based on these numbers, it's safe to assume that a lot of the staff making in the ballpark of $20/hour are doing a lot of heavy emotional labour. At Awakenings, I witnessed arguments, tears, states of psychosis and distress, hygienic neglect, men navigating criminal proceedings, and – of course – ongoing reports of overdoses and deaths from current and past residents. As Stacy put it, "treatment work is incredibly demanding." And as another staff member recounted his time working at *All My Relations*, TWC's house designated for those of Indigenous backgrounds, "I'm like six months sober in my first recovery job, and I'm listening to these people's trauma, it was ruthless the things those guys went through.

Fuck." With this in mind, and when, as I heard, "treatment money is nothing compared to oilfield money," it is little wonder that men compelled by treatment work end up drawn back into the better resourced economies of the trades, despite the risk.

One can easily argue that these are exploitative wages, but "where" that exploitation is coming from seems the important question. Given TWC's reported revenues to the CRA, it is hard to make the case – at least given their current operating model – that there's much they can do to close the gap towards a living wage across the board in their workforce. As an administrator put it to me, "you can check our books, we're a charity. It's not like we're rolling in it." I did. He's not wrong. In 2021, TWC reported a total revenue of $11,269,056.00 and expenses of $10,704,201.00. About 2% of their funding came through various donations and fundraisers, and 14% comes into TWC from the government. Adapting Winant's comment, Canadian provinces are "positioned as consumers rather than suppliers of [in this case, treatment] healthcare" (Winant 2021, 12). The British Columbia government subsidizes the province's private treatment centres by, effectively, renting housing from them. BC subsidizes a set number of TWC's otherwise uninsured residents, a slice of the 3,260 they subsidize across the province. An administrator told me that the subsidy provided equates to a monthly Social Assistance payment. What that means, Stacy told me, is that TWC loses about $175 per day on every "Ministry client taken in." Thus, the large majority of TWC's funding comes from the private sphere. Some residents pay out-of-pocket (more rarely their own, and more often their family's), and some are funded through third party insurance, or directly sponsored by an employer – in other words, those workers whose labour is relatively more (at least) materially secure. There is a large spread between those paying the most – up to $13,500/month – and those paying the least, which is sometimes nothing until Ministry funding has been put in place. Obviously, in at least

one sense, it is in TWC's interest to have as many higher paying "private clients" at any given time, and the institution sees it as part of their mission to attract as many of these as they can because this helps offset some of the costs of those clients unable to pay more. It is, I like to think, a model that attempts to borrow a Robin Hood ethic in making utilitarian calculations.

TWC is an anomaly as an institution, a "hybrid" model, receiving both government subsidy and privately paying clients. Most treatment centres are one or the other, Stacy told me. In practice, facilities that are strictly subsidized, he describes as, "12 beds and…mac and cheese for dinner, and they'd basically have a roof over their heads." Strictly private treatment centres are expensive, and are often placed in beautiful settings, have private rooms for each client, and numerous therapies on offer. TWC is licensed by the BC Health Authority, in the district of Vancouver Coastal Health. Licensing brings with it nominal standards around evidence-based care, providing both trauma-informed and culturally sensitive practices, staff training, and standards about dietary needs and recreation opportunities, but in practice these things are hard to enforce; TWC has binders of printed material on hand to "demonstrate" that they are delivering on these standards. Stacy proudly told me that a surprise inspection had just taken place and "100 different items were in compliance." Generally speaking, Stacy says that it is tough to be licensed and strictly government-funded:

> When you're entirely government funded, you're very hard pressed to maintain compliance with licensing. Licensing requirements don't take into consideration the economics of the situation. Licensing requirements are way up here and government funding is down here [demonstrating with his hands] … You can't match the two. So other facilities are chronically non-compliant on their licensing.

Said another way, and at least from Stacy's perspective, the current public funds available for addiction treatment are encouraging *a model of addiction treatment* that is fundamentally

inequitable. As it relates to addiction, we already live in a world of two-tiered healthcare – fittingly, in a public-private welfare state (Winant 2021).

Despite its general compliance with official licensing, TWC administrators admit that the system in place only has limited consonance with "standards of care," as they relate, specifically, to addiction recovery. One administrator told me that the standards are just as applicable "in an old folks home," citing that there are things about balanced meals and exercise opportunities, but very little with respect to the recovery program as such. This was certainly evident at TWC, where the content delivered to clients varied widely, given the staff member (e.g. the drug and alcohol counsellor) delivering it.[70] One staff member told me that the incentive for TWC to become licensed has more to do with the marketability of the institution to prospective clients, but very little to do with accountability to "higher principles." Striking to me, licensing requirements do not as yet require treatment centres to record demographics about age or ethnicity, nor statistics about lengths of sobriety achieved, relapse rates, nor even client deaths. BC's Chief Public Health Officer, Bonnie Henry, said it herself: "We have no system…There's never been a system to understand who's in there, how well they do, how often people relapse." And indeed, TWC is yet to put their own system in place, though an administrator told me that they're looking at "onboarding" one. Perrin (2020) notes that "relapse rates are 60 to 90%" in residential treatment and that there are "no meta-analyses that show them to be effective." It's no wonder, of course, that this figure has such a broad spread, given the lack of measurement

[70] TWC's relationship to "standardized practice" likely relates to the slippages I'm tracking in this chapter – here, between "service" and "treatment work." In this, the AA ethics of non-professionalism, wariness of expertise, and promotion of personal experience, are assumed to be a kind of basis for "best practices," where one's ability to "deliver a message" is what counts. As an administrator told me, "I think TWC is just a lot of people with personal experience in recovery. I mean we dress it up a lot – you're going to go to the gym and you're going to get this and that, but it comes down to the quality of the guys with experience in recovery."

happening in these facilities. Though Perrin notes that treatment is at the very least cheaper than the "$116,000 to warehouse someone in prison," and that it's safe to assume that treatment at the very least provides a better "net return on investment" (209).

Amidst the (permanent) "crisis" of drug poisonings, Henry and the BC government have announced funding increases for treatment. Over the next three years, "the province is set to spend more than $1 billion to expand mental health and addiction services" (CBC 2022). There are plans to fund an additional 195 beds in treatment centres and plans to develop a better system to waive fees for those who can't afford treatment. As reported by the CBC (2022), plans include "reforming the treatment and recovery system, which is not subject to provincial regulation; ensuring facilities are using evidence-based methods; and employing qualified staff." I can imagine another calculation where every counsellor in a treatment centre held at least a graduate degree, but then I'm also left wondering if that would necessarily improve things, and if so, how much. Justin spoke to this, towards what might be thought of as the aesthetics of care, saying that he's grateful that his first ever experience with treatment happened in a "properly funded Concurrent Disorders Program," in a hospital setting, in Alberta. He cites that it was "primarily CBT" (cognitive behaviour therapy) and that "it was good that all of the counsellors were psychologists." He says that he now sees, with more subtly, that treatment delivery has "more to do with the guy delivering recovery," but nonetheless, his first impression of TWC, after what he had experienced, wasn't a good one: "it was scary, to say the least, man. It was a dump compared to what I had been to in Alberta. It was a shock." From what I saw, TWC's houses are humble, furnished with donations, and creatively subdivided to accommodate more residents, with curtains acting for walls. Though I never saw it, I often heard that Elevate, where it is known that higher paying clients are sent, is "much nicer."

In sum, BC is trying to move from its licensing system to something more closely resembling a regulatory regime. Still, almost no public health official seems able to imagine the addiction problem brought out of the private sphere, out of the current two-tiered system, and into the sphere of a public model that would flatten out service, regardless of one's ability to pay. This alone feels like a tacit acknowledgement of the unbalanced equation – of the scale of the problems of drug use and addiction (perhaps along with the presence of stigma), but also of the "perverse incentives" that forever hang unseen, or are too difficult to acknowledge, in these discussions – the fact that *one in five Canadians work in the care industry* (Statscan), and governments are already struggling to pay the portion of that industry within the "public" sphere.

Even with public health officials embracing a disease model that views addicts as beyond blame, and harm reduction principles that want to meet drug users where they are at, these problems, at least in BC, are in a categorical sense nowhere near being dealt with as "public" problems, and thus removed from considerations of growth and efficiency. Where they currently reside, in the private sphere, and regardless of whatever mitigating role that a charity status might play, there is little question that inequity is a daily reality in the treatment industry. "Access to care" inequities are obviously present in the differences between government funded facilities and fully private facilities, but they are fully present in the hybrid space that is TWC, irrespective of the executive director's Robin Hood vision of delivering on the principle that "money should not be a barrier to treatment."[71] TWC's approach is arguably succeeding at bringing this vision closer to reality, in the ways that its sheer size and sliding scale enables it to

[71] I wonder if Stacy is here speaking to a commonly held default belief amongst Canadians that sees healthcare as \ "based on need and not an ability to pay, is a defining national value" (Marchildon 2021, quoting a high ranking doctor at Women's College Hospital in Toronto). Marchildon argues that this tacit belief is reinforced by the ways Canadians comfort themselves with an attitude of "at least we're not like the Americans."

accommodate "pro bono" and "Ministry funded" clients, but of course access and equity must mean a good deal more than a mere quantifiable binary. Access and equity, must connote *quality* too, if they are to mean anything.

In a world that will continue to wait for "proper public funding" to arrive – let alone preventative measures – TWC, in the meantime, has a waitlist, upon which men can wait three months to access a bed. This, according to Stacy, is where the mechanisms and ideals of private industry are necessary:

> When I came on, [I implemented the idea that as an organization] we need to be responsible for our own destiny. If you're sitting there, waiting for a government handout, you know god help you, because they don't come. They're just not there. We've got 60 to 70 people on a wait list, and these things burden me in the wee hours of the morning…The tragedy here [at TWC] is happening on epic proportions [out there] and it's only getting worse.

To my mind, Stacy's perspective is amongst the most intriguing effects of the unbalanced equation and of the specific moralities it creates. As Muehlebach (2012) argues, it can be tempting to cleave the world into a tidy divide, where immorality lives on the side of "economic interest," and "the good" lives on the side of *the public*, outside of the reach of profit. And yet, it's far more useful, and more empirically accurate, to track the specific moralities created by and in *contestation* with the prevailing economic order. Here, to my mind, the contradictions of the unbalanced equation couldn't be more clear, for treatment centres, like their residents, are being asked to do a job they cannot. In a world where scarcity means thousands of deaths a year, many who have died under Stacy's care, he feels compelled to "innovate." He feels compelled to screen *lower paying clients* based on their "willingness," and on the evidence that he has accumulated that marks such a client *more likely to succeed*, while (as I will further detail) no such screening takes place for those able to pay more. He knows he's making utilitarian

compromises, but then slips when he tells me that he's delivering on the dream to offer equal access to care, forgetting that care cannot be reduced to a binary that has no relationship to quality. And, as I will return to below, he talks often of "service," while compelled to raise funds in ways that raise a lot of questions amongst those enculturated by Twelve Step principles. Without better options, Stacy is adopting the logic of the market and doing his best to resist its effects at the same time.

5. The Inequities, Compromises, and Rationalizations in Private Treatment

According to Stacy, TWC's "hybrid model" makes it "lethal" in being able to deliver care that rivals better funded, fully private treatment centres, and yet the inequities are fully recognizable and often deeply felt by many of TWC's residents. And here, if it is indeed true, that resentment is the dubious luxury of normal men, I wonder about the calculus that he and the institution resort to, and about the delicate balancing act that is stewarding a moral environment like a treatment centre, where residents believing in *what that centre does* – believing in its moral legitimacy – means so much, when the commodity that it produces is moral change. And further, it means so much to the men who don't want to return to the streets, and to those who don't want to return to the grinding risks of contemporary industrial labour, the labour that takes so much, without providing security and respectability in return. but

Furthermore, a Twelve Step-oriented treatment centre like TWC is walking a particularly delicate line for another reason. As I explored in the last chapter, and will more fully return to below, the entire AA tradition can itself be thought of as a response to market logic and market morality – to Western liberalism and Western excess, competition, communal disintegration, spiritual decline, and isolation. And, perhaps most relevant here, Twelve Step culture is one that takes *volunteerism* and a much stricter *non-profit* ethos very seriously. As such, TWC's

practices, transparent to and often disliked by TWC's clients, sit awkwardly in relation to the set of ethical principles that the institution is attempting to impart to its clients.

In what follows I'll provide no interpretation and let the voices speak to the tensions that I'm tracing, each of these quotes coming from a separate resident-turned-treatment worker. This is only a sample of messages I heard along these lines.

- No matter what *industry* you're in, there's gonna be shady people doing shady stuff. Still a lot of good things that happen at TWC. There's a lot. They help a lot of people. They expand**,** which helps a lot of people, they bring people off the streets, they bring you back *if you want it*. But if it's going to make them money, 'wanting it' does not matter. [He chuckles]. I'm trying to be as objective as I can because I still love this place, I really do. There's one thing I love with TWC is that they don't shoot their wounded. If you relapse, *and as long as you get honest*, they'll give you a chance. They'll move you to another house or whatever. If you relapse a bunch of times, they'll probably say, "It's time to move on," right? Unless you're one of the high paying clients, [then] they will keep you here, even if you don't get honest, they will do anything they can to keep you here. And they'll keep guys here for a year, even if they relapse ten times. And at that point in time, you're just enabling it, I believe…where another client would get kicked out, say it's violence or something, that client's easily dismissed and gone into the streets. Whereas if he's paying big money, they'll do anything they can to keep him. And it's not subjective, that's an objective thing, I've seen it over and over and over…*[They] charge some people way more than others? Fine. But they destroy their integrity when they allow certain people to do things and other people not* [emphasis added]..

- It's a great place but it's not a great place. I'm trying to live this spiritual way, that they're teaching me, but they're not living it. They're not living that way, but they'll teach *me* how to?

- In order to make room for paying clients, they're taking guys that…literally have cancer or just had knee surgery, and they're dumping them off in these 1.5 houses and putting them in the rooms in the basement [and] they can't even get up the stairs.

- I've seen TWC lie to clients on the phone about what amenities that we offer, especially … at Elevate, our high-end house. The shit that they would fucking tell clients just to get them in the fucking door, and then [the frontline staff] have to deal with the fucking backlash when they get here, and the shit that they were promised isn't there, because the fucking people who are working upstairs they don't deal with any of that shit with the

clients, it's all fucking on us…They had told them that fucking we had a pool [chuckles] Fuck, we ain't got no pool…Yeah, and then fucking it was like, 'No, we take you guys to a community centre that has a pool, but fucking we don't have no pool at Elevate.'

- I know you guys are a non-profit organization, but you guys are doing some fucking shady shit when it comes to money. My buddy, for example… he had come from another fucking place, another treatment center here in Vancouver. He didn't relapse, but he just...didn't jive with the place, so [TWC] asked him on intake, 'Oh, how much was this place charging you?' And he said 10 grand a month. And they said, 'Oh, well, we'll honor that.' When it's $750 a month for things. So they were fucking lying to him, making it sound like we're giving you a fucking deal when they're fucking not, they're charging him fucking more, right? So shit like that, fucking completely shady.

- Because I've seen it happen, to get more money…because the Ministry pays significantly less money than someone who's a self-paid client, significantly less, so they're trying to fucking keep these fucking people as long as possible.]

- TWC saved my life probably, but I'm resentful towards them too, cause if you haven't got the money [and] if you relapse, they can just fire you on the street. But if you got money, [another client's] parents had money, and he was paying like 12 grand a month and I was only paying like 1600 a month, and who they gonna chase on the street? And me, just for having a puff of marijuana, a couple of guys there wanted to throw me out…some things about this place are great. But it's a business and I don't like that part of it. And that's why I got resentful, cause it was like a business. Fuck you, right?

- My experience of those people is that they have integrity [certain administrators]. Those guys have integrity around this stuff. It's a business. And there's a sliding fees scale, so some guys are gonna be paying $7500, some guys are gonna be paying… welfare. And they offset each other to make this place run. And with the recognition some people will be able to pay more than others… *I've heard lots of stories that I write off a lot of times as people who are bitter. Blaming TWC for their outcomes, really* [emphasis added].

I include this last quote in part because I don't want to paint this issue with a singular brush stroke, but also because, as Goffman famously said, mental health institutions are at a particular risk of tautologically explaining unwanted behaviours through the framework of the resident's "condition." In this case, the addict is merely failing to take "accountability" for "his own shit," because *that's just what addicts do*. Though I'm wary of interpreting this, singularly, as an

instance of the speaker reproducing the biopolitical order, it is true that there was a modest amount of consistency between the viewpoints of administrators, who were more prone to a "that's just what addicts doing what they do" framing, where frontline workers spoke much more forcefully about the problems of inequity in TWC. Likely, as one of the workers quoted said, this has to do with the fact that frontline workers have to deal with the clients that these policies affect – if they haven't themselves already been impacted by them. One of the men above, well aware of the irony, explained to me that after being impacted by these policies, and becoming resentful enough to leave, it was the promise of an *opportunity* to join the TWC labourforce that compelled him to stay. When an administrator told him "I'm going to make you co-manager of the house," he told me, "that kinda boosted me up." Then, chuckling, he added, "I'm not proud of this."

6. Opportunity *and/or* Exploitation at a Distorted Mirror

This moment brings me back around to where this chapter began, returning to the curious ways that opportunity and exploitation can describe the same moments in treatment settings. Evidently, as the above worker speaks to, there is often a complex of motivations that compel men to work in the treatment industry, some of them, naturally, very human: a spiritual calling, the meaning derived from transforming hardship into a valuable resource to someone else, the self-esteem that comes with mentorship, a special status within the treatment environment, the approval from venerated staff members, and, of course, however modest, the material rewards that might come with the gig. All these years later, I still see my experience as a recovery house manager as an *opportunity* – I maintain the *and* and refuse the *or* – but at least I now see the other half more clearly. I see the perverse incentives and the importance of questions like: *whose* opportunity is it? What causes are being served by the treatment worker's labour?

While justification is not my aim, I am arguing that treatment centres like TWC have, at least, an *understandable* reason to justify cheap labour, caught as they are downstream of the unbalanced equation. Nonetheless, I am struck by a slippage, a kind of institution-wide forgetting, where the language of opportunity – the "opportunity to be of service to others" and thereby bolster one's own recovery – can be heard framing the prospective treatment worker's labour, even when it is near-uniformly acknowledged that treatment work only provides these benefits to a sometimes very limited extent, if at all in some cases. In such cases, where treatment labour can be of detriment to the worker, it is again acknowledged that treatment workers must make serious efforts to balance work *and* life, two different practices, which deliver different effects.[72] And though some of this slippage might be explained by *opportunistic* administrators concerned with bottom lines, or, more generously, desperate administrators losing sleep over the desperate state of society's addiction problem, I'm convinced there's something else going on here. At present, it is only too easy for treatment workers to forget which ethical world they are living in because of a particular way that two ethical worlds – the treatment industry and Twelve Step recovery – are constantly blurring together.

Even Stacy, the man ultimately responsible for hiring weeks-sober residents into his labourforce, told me, "Working in treatment alone will not keep you sober. If anything, it might facilitate an expedited crumbling…treatment work is incredibly demanding…and then there's nothing left, and you're a hollow shell. Then, a relapse is in short order." And yet, later in the same conversation, Stacy spoke of the opportunities that he wants to provide to residents, at one

[72] I'm not attempting to make some kind of universal distinction about work and life, but rather a strategic and local distinction specific to the treatment environment, where "life" can be thought of alongside spirituality and intrinsic goals/ends, and "work" can be thought of alongside materiality and extrinsic goals/ends. I'll say more below.

point telling me that volunteering "is also about dream fulfillment." And at another point, in light of the extra challenges caused by the pandemic, he talked about how TWC struck a volunteer initiative to help deal with the extra demands – and government-mandated regulations – around sanitization: The "COVID cleaning crew" was a sign of everyone embracing the spirit of service, of "every[body] working towards a common goal."

Here are two more voices speaking to the blurriness, both from residents who had previously worked at TWC, who when we met were there, as residents, again:

- And this last relapse that I had, I was working at Awakenings. I was working here and wasn't going to meetings, wasn't talking to my sponsor, wasn't doing my self-care that I needed to for myself. I was working here, was fucking helping guys, was fucking loving all that shit, but it was too late before I realized that those thing weren't enough to fucking keep me clean. So there is a fucking difference, right?

- At first, I felt on top of everything, really loved helping out, seeing guys change, nothing better than watching the lights come on in new guys….But eventually my recovery took a back seat, 'cause I just couldn't do it all day, listen to that stuff and then do my own recovery…I don't know, I guess unconsciously, I made a decision to not do my own recovery…and then, you know how that ends up. I look back and it's like I kinda knew [the relapse] was coming but I couldn't *feel it* coming.

These stories, along with Justin's, illustrate something profound about what "work-life balance" means for a recovery worker. It is the most precipitous of balancing acts; if one leans too much in the direction of work, the fall can be fatal, for as one worker told me, "it's crazy to think, fucking right now, that every relapse can mean I'm not fucking come back…that's always been true, but now it's crazy." Perhaps more specifically, though, these stories also serve as a kind of cautionary tale about how easily one can trick themself into a state of forgetting, where treatment work, sharing so many of the practices of Twelve Step recovery – centrally, the foundational importance of "working with others" – can take on the *appearance* of "spiritual maintenance." It can be easy, after long days of giving, of helping, of "spiritual talk," to convince oneself that one

is doing *enough* to maintain their spiritual condition. And so what is this difference? How is it that the same ostensible practices can come to such different effects?

7. Two Ethical Words and the Different Gods they Serve

When AA arrived in the 1930s, it provided a (very) partial solution to the intemperance problem. As such, it provided some amount of alleviation from that problem's impacts on the state. This, it might be said, was the birth of one iteration of the unbalanced equation: ADDICTION > recovery. For here appeared a tantalizing solution – something that finally seemed to get hopeless drunks sober – and it required minimal state intervention, and no foundational structural change in the delivery of care to a disproportionately "unproductive" population. It was only too tempting to think that the state merely needed to help facilitate the replication of AA's practices more broadly throughout society.

In *Chapter 2*, I traced a history of how AA's methods and ideas departed from a culturally enclosed world and found their way, though fundamentally distorted, into the realm of politics and official state governance. At that moment, aspects of the more pure "recovery project" were extracted and linked up with what remained of the historical temperance movement, and gave birth to the political, more universalist "pathology project" in its more contemporary iteration, where Rush's "palsy of the will" continued its course towards the *official* disease of addiction. Here, AA's version of "disease" was pulled away from its spiritual connotations (and Bill Wilson's wariness of absolutism), linked to positivistic science, and then to powerful, governmental institutions, who sought to stabilize the Truth about addiction, and the solution to deal with it. Lobbying campaigns and special interest groups (like the Yale School) embedded the disease model in officialdom, helping to steer government resources towards research programs and treatment foundations like Betty Ford and Hazelden (which would

become one entity). These treatment foundations and their treatment centres, thus, held both the political disease campaign and Twelve Step practices simultaneously. It is in this tradition that TWC lives, where two rivers meet – the rivers of treatment and recovery, wage work and volunteerism, labour and service, productivity and spiritual freedom, State and mutual aid, Society and community, Truth and subjective truth, gift and commodity. In other words, treatment has always been a project that tries to reconcile two different cosmologies, that tries to serve two different Gods at once – one God that demands self-sacrifice in the name of Society, and one that returns love, but is skeptical about human's Projects. This, for Muehlebach, points to the tragedy of the withered welfare state under the regime of neoliberalism. Though only a facsimile, the progressive era permitted a glimpse at a Society that looked a little bit more like a community, one trying to reconcile obligation with freedom, where collective responsibility *felt* voluntary.

I still commonly hear, especially amongst AA newcomers, things like "they should teach this in school," or "why didn't anybody tell me this?," in reference to the ethical, spiritual practices encouraged in AA. I too once felt the impulse to proselytize when I felt the desire to *tell everybody* about how relieving it was to embrace "acceptance." This impulse – to universalize AA's ethics – might be emblematic of a central theme in the history of treatment, and helps frame the tensions reported to have existed between Marty Mann, known as the most effective early campaigner in the official disease movement, and Bill Wilson and Dr. Bob (the co-founders), who realized that AA was at risk if it became affiliated with a political campaign.

In its first decade of growth, the community came to realize that AA, as an institution, needed to exist in a space, intentionally enclosed, removed from both politics/government and industry/profit, in order for it to serve not only the biggest number of alcoholics but also in order

to serve those alcoholics well. In other words, considerations about quantity *and* quality had to be made. *No one* would be served without ethical integrity. Though caught up in the campaign for a period of time, Wilson and AA extracted themselves from the political movement (specifically, The National Committee for Education on Alcoholism) *and* from connection to *professional* treatment facilities (Kurtz 1978). This period of growth and the parting of ways influenced the Twelve Traditions, designed to protect AA's ethics and its coherence. With regards to *treatment*, as distinct from *recovery*, the 8th Tradition of AA, states: "Alcoholics Anonymous should remain forever non-professional." Wilson and those aligned with him realized that when AA is brought out of its place of enclosure, from the local pluralistic sphere created through its principles, it ceases to be what it is, and to *do what it does*. Out in the wider realm of politics and money and industry, things would get *messy* – the centre would be unlikely to hold. As Travis (2007) says, "Wilson was convinced that only with these boundaries established and universally observed would sobriety remain a gift. Without them, it became simply another alienated commodity" (Travis 2007, 98). Similarly, Travis discusses how AA's print material has stayed closer to religious readings that are continuously visited and referenced, in contrast to the books that line the self-help sections of bookstores – read once, and then onto the next.

In the volunteeristic, more strictly *non-profit*, and politically enclosed world of AA (dedicated to its singleness of purpose), it is possible to argue, if of course imperfectly, that AA's ends are *intrinsic.* In this way, the means and ends within the enclosed sphere of the community lose their sense of directionality. As MacIntyre (1984) distills it, a culture aligned with virtue ethics is one where means and ends are contained within a localized, circulating system of practices that benefits and sustains the overarching culture. As such, there is no "external end,"

no "greater good" that exists apart from the culture's wellbeing, and in fact such "individuated" ends would compromise the integrity of the community. Tax evasion would be an end external to the state, to the ends of wealth distribution, which is analogous to cheating in a game, and how the game's integrity is broken by putting winning (an individualistic end) ahead of the principles of the game. This is like AA's commitment to its "singleness of purpose." It stays well away from anything like partisan politics and religious denomination[73] – external ends, oriented to absolutes – so that it can maintain an internal integrity, and achieve an enclosed, pluralistic space that allows connections to happen *through* a specific, shared identity – alcoholism – and *across* other differences.

As I discussed in the last chapter, despite the primacy of (a) "God" within the culture, AA stands at some distance from a more deontological – because it's Right or True – ethic. There is a real sense that the "God" at least explicitly proposed in AA's literature has a pragmatic function, something more verb than noun, more practical in its minimally-defined ontology. Doing the "right thing" in AA means something closer to pragmatically serving the community that each individual actor needs, rather than serving the abstract, or rationally knowable, Truth. Nor does one do the right thing in order to receive the ultimate reward of heaven, for the right thing only exists in relation to the merits of one's *actions in the present*, in how they serve the ends of sobriety at large. God, Truth, and Right are things that one only accesses by way of practice, by *achieving through Step Work and service the spiritual condition of sobriety*; they are not espoused to have an independent, "out there" existence that one, in a sense, passively "receives" (Foucault 1984). As it is often said, in reference to Augustine, "faith without works is

[73] Though, that said, one can walk into an AA meeting and hear the "Our Father."

dead." And, in accordance, "*nothing will so much insure immunity from drinking as intensive work with other alcoholics*."

Counterintuitively, it might be said that the spiritual state known as "sobriety" is not so much the goal of AA's ethical practice, but rather its effect. Though breaking the cycle of addiction, through abstinence, is essential, it is "maintained" through a kind of spiritual upkeep, through sobriety, for the wisdom and care of God – the ultimate guarantor of sobriety – can only be accessed through activity, through practice. Circling back to Foucault, passivity won't do for there is no truth nor faith without "*works*." Far more than mere abstinence from drugs, *sobriety* is a new life built out of the practice of the Twelve Steps, where each Step can be thought to contain practicable principles – whether they be surrender to and acceptance of what cannot be changed (Step 1), the need for help (2), the wise use of one's "will" (i.e. aligning it with "God") (3), honest, unsparing self-reflection (4, 5, 6 and 7), accountability to others (8, 9, and 10), meditation (11), or service/generosity (12). This, undoubtedly, is a depiction of the Twelve Step way of life in a kind of mythic form; the "ought" version of Twelve Step recovery, where the "is" version is inevitably far messier, far more banal. In a sense this describes AA's morals but only, and perhaps very roughly, approximates its ethics, using Foucault's (1984b) roughly consistent distinction.

Here, Carr (2011) raises a useful question about how much of what we call "recovery" or "sobriety" is (merely) a way of speaking and presenting the self. How much correspondence can we really say exists between the adoption of a "specific narrative repertoire – the "recovery script" composed from AA's ideals and mythos – and the "actual" changes assumed to be happening? I will have much more to say about the "actual" ethical transformations that I witnessed in *Chapter 6*, but for now in stepping down from morals to ethics, I will propose that

"sobriety" – in the world of observable ethics – need not correspond to the actual amount of time that one abstains from taking drugs. Though there may very well be a correspondence, I am focused instead on the fact that what I witnessed happening at TWC was a process of ethical change, regardless of the permanence of a given man's abstinence from drugs. With the treatment centre in the business of "treating" the intersecting problems of addiction, masculinity, and labour, I can say unequivocally that I *witnessed men change*. Moreover, in order to facilitate these ethical changes, I propose that the recovery process is one that offers a space of enclosure – a world apart – where the concerns of materiality are temporarily suspended, so that one can more easily focus on spiritual development, on ethical change. In response to Carr, I can offer personal experience and observations. In recovery, I was encouraged to learn how to apologize, without making excuses. In doing so, my life was radically changed. I, like many of the men that I met, learned how to represent myself more honestly – telling the truth, even when it was hard. This again, changed my life, and many men talked to me about the relief they now feel, not having to live with the shield of invulnerability, with protective lies nor incessant exaggerations, nor as one man told me, with "having to prove [himself] constantly." "God," he continued, "in retrospect, it was exhausting."

As I said in the last chapter, Bill Wilson believed that the alcoholic's will is not so much absent (except regarding alcohol) as it is *oriented to the wrong things* – to control, to power and big-shotism, to the fulfillment of selfish, insecurity-based desires. This is the state of isolation that the addict lives in, closed off from meaningful connection to others. Thus, the stresses put on humility, honesty, openness, and faith are about stepping beyond self back into meaningful relationships with others, and into a broader ethical world of interconnectedness. Invulnerability must be transformed into vulnerability; the man must be made porous to others – to his fellows,

and to the *big other.* At TWC, ethical change happens at the most banal level: in sharing house chores, in turn taking during group, and by way of encouragement not to boast and brag. As well, it happens in more overtly "ethical" ways: in the active and ongoing negotiations in taking responsibility and amends making (after the inevitable conflicts that erupt in the house), and in self-reflective writing, and prayer and meditation. Wisdom, guidance, and care are derived from practices that make one open to receive them.

At TWC, the house counsellor and other staff encourage residents to "focus on their recovery," on "going to meetings,"[74] "doing Step Work," and "prayer and meditation" in various forms. This is a moment to attempt immersion in the world apart, in the realm of Twelve Step recovery, living in the world of the loving God that bestows sobriety in return for practical faith. Messages along the lines of the following are commonplace: "it's easy to be spiritual *in* here, it's out *there* that's the problem." For however long this lasts, it is only a matter of time before one's spiritual condition is put to the test. In a sense, this applies to everyone in treatment, even those who don't fit the description of the labourer-turned-treatment-worker at the centre of this project – men, for example, who have little doubt about getting back to white collar jobs and families after a stint in treatment. These men, too, have to return to an unsuspended wider world where the market contours and shapes ethical life. But for the man making, or attempting, the transition from labourer to recovery worker, there is an explicit expectation that they bring the practices of the spiritual world *to the job.* Any given day of the week, the counsellor of Awakenings, Kelly, may lead residents in a prayer that espouses reciprocity and volunteerism – "service" – while *being paid to do so*. In these situations, as Kelly admitted to me, he might be hearing, in this

[74] This is certainly a place where the pandemic had an impact, as "attendance" at Twelve Step meetings meant attending by way of Zoom, still within the walls of the Awakenings recovery house. In "normal times," recovery residents would be heading out into the wider community and going to AA meetings in the "outside world."

prayer, a reminder to himself about the importance of service and generosity, while feeling, *at the same time*, that he can't wait to get off work and go home. Similarly, I can *feel* the difference in worlds, can know which ends my practice is oriented to, in the radically different effects garnered from my work as a therapist in contrast to the service I've "provided" (a curious word, in this context) as a sponsor. Any given day, I can have a conversation with a fellow member of AA that might sound virtually the same as the one that I have with a client, and yet, the one that is unpaid and is not directly tied to my material survival (and thus to *productive end*), feels reciprocating and sustaining – "spiritually rejuvenating" in Stacy's words – where the "professional" conversation, much as it may provide meaning, feels like "work" Even with the material loss, and generally happy with my job, I confess that I am rarely disappointed by a cancellation. I'm typically, in fact, relieved. Outside of the realm of the gift, outside of the realm of mutual ties, the exchange of "professional help" for money, still manages to take something that it does not return.

The sober person has come to *know* at least something about this difference. "Being of service" and "getting out of self," these *means* give at least as much as they take. The ultimate end – the telos – of the Twelve Step journey isn't for me anymore or less than it is for *us*. As the final Twelfth Step says, "Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs." In this strictly non-profit world, there is no material incentive in carrying the message. This is not (meant to be) a journey to an external (individual) end.[75] In fact, as a sponsor pointed out to me years ago, it is not a journey "to" anywhere, when he told me that his favourite word in the whole Big Book is the "humble, little word 'of.'" He showed me the famous last passage on the

[75] Though there are certainly individuals who build a cult of personality around themselves.

final page: “Abandon yourself to God as you understand God. Admit your faults to Him and to your fellows. Clear away the wreckage of your past. Give freely of what you find and join us. We shall be with you in the Fellowship of the Spirit, and you will surely meet some of us as you trudge the Road *of* [emphasis added] Happy Destiny” (AA 2003, 164). Indeed, seemingly in keeping with Wilson’s practical approach to ethics and aversion to absolutes, this road didn’t have an end point – the road is itself the point.

Security and peace cannot come – at least in the world apart, in the enclosed Twelve Step community – at the other’s expense. Security and peace come, instead, at the moment that distinctions between “my needs” and “your needs” collapse. And yet, however much one may want to – and this speaks to the draw of treatment work – this is not a world to live in, *but one to visit*. Ultimately, AA has no opinion on the achievement of material security, wealth, and status in the external world. It only says, *those things cannot be accumulated in here*. Moreover, it *suggests* that if one does not visit the world of spiritual practice often enough, it may very well be difficult to achieve those things – and, perhaps more importantly, hang onto them – *out there.* And in this sense, relapse might be interpreted as the result of too much time “serving the God of money,” as one administrator put it, and not enough time serving the God that gives care back.

A man’s “spiritual awakening" is anything but pure, unfailingly durable or, even, necessarily lasting. One might say that in the first weeks of treatment, residents of TWC have an opportunity to vacation in a world where the demands of work, providing, and survival are, however partially, suspended. As such, treatment shares something with other forms of spiritual *retreat* (e.g. a mindfulness meditation retreat, or time in a convent or monastery) – one suspends or steps out of the “normal world,” out of day-to-day habits, routines, and obligations, and steps into another, into a world where there is less friction, where intentional practices can be

assimilated more easily into the self. If assimilated deeply enough, one has a shot of bringing new habits and practices back with them, *within them*, to the normal world.

In this picture, the treatment worker is, ideally, the person who has visited the world of spiritual practice often enough, who has learned to embody these practices such that they can even sustain the task of "carrying the message" back into the material world of external ends. But this requires that they not get confused about which world they are "in" at any given time. And of course confusion comes when the practices appear to be the same thing (I'll come back to this in the conclusion, when I offer some suggestions to TWC). One staff member told me that with the constraints of the pandemic, where residents were not easily able to make connections with the outside AA community – the other world – he even resorted to listening to a couple of residents' "Step Fives" (the often deeply impactful confessional Step that instructs one to share their "personal inventory" with someone). His knowledge of the two worlds evident, he told me "unsurprisingly it didn't work the same. It didn't go as deep. They didn't trust me enough."

Recovery and treatment reflect each other, but the worlds meet at a mirror that distorts the other's image. Foundationally, both are "jobs" done by one who has himself "recovered" and both share the goal of helping another get and stay sober. In one world, the helpee is a "client;" in the other, the helpee is a "sponsee." Both may guide the client/sponsee through recovery literature and may suggest written exercises meant to integrate and deepen Twelve Step practice. Both may encourage openness, humility, and self-reflection in the client/sponsee, typically by first demonstrating their own openness, humility, and self-reflection – all of this contributing to the client/sponsee's "story" or "message" (that they will then be able to pass along). Both often encourage the client/sponsee to integrate themself into AA culture, by "getting involved," by taking on a "service position," like setting up an AA meeting, laying out the chairs and making

the coffee. Both may introduce the client/sponsee to other people in the AA community. The practices may often look the same, but once the threshold between worlds is crossed, the practices reorient to different ends – most obviously for the person in the "giving" role (the treatment worker) who relies on their clients for their material livelihood; though as suggested above, the "recipient" may be impacted by this change in ethics, too. Simply put, being the recipient of voluntary labour or paid labour can "feel differently" for the recipient – they feel the different ethical cosmology that they are becoming included in by way of the "helper's" labour. They feel the difference in "who" the labour is for, the difference between the commodity, and the gift. In the world of the gift, two men meet as equals, and nothing is handed *down* from one to the other. When *the same means orient to different ends*, their value changes. This is why when Kelly is on the clock, the prayer he leads means different things to him and the men in the room. The men on those dilapidated couches, lining the perimeter of the room, are in a world that suspends the concerns of work, while Kelly, sometimes, is just trying to get through his day in a world where the "pay is shit."

8. Work vs Service / Sober Coaching vs Sponsorship

Given the poorly funded, low wage realities of treatment work, TWC resorts to market tools for revenue generation – its Robin Hood inflected public-private model, and a practice that treatment centres employ that stirs deep and conflicted feelings amongst residents and staff members. With TWC caught between worlds – nonprofit and profit, recovery and treatment – it is "sober coaching" that most clearly symbolizes the logic of private enterprise, of "innovation," finding its way into the treatment landscape. And like TWC's version of a sliding scale, sober coaching prompts a discussion about how some paid services can impact the morale in the treatment centre. It raises questions about care-as-quantity versus care-as-quality, and about the

"spiritual maintenance" of an institution that arguably needs to hold a certain amount of moral integrity in order to be effective. Once more, I offer no firm position, only questions. I know that it is unfair and empirically inaccurate to lay these ethical complexities solely at the feet of TWC, as they navigate a world of scarcity, as they attend to the three intersecting crises.

Sober coaching is said to be a market-based innovation that addresses a "need" that would go otherwise unaddressed (at least in the world of the unbalanced equation).[76] It can be difficult to distill as a job, due to the sheer diversity of roles that coaches may engage in with their clients. The sober coach may perform a kind of outreach work (promoting recovery and the possibility of change), they may act as an ally and confidant, help with planning and organization, help the client shop, help them fill out forms or apply for jobs, and act as a bridge to the Twelve Step community, introducing their client to others in the recovery world. One of TWC's former staff members, when he had gotten involved in coaching and intervention work, told me he helped a client learn how to drive. Though coaches are discouraged from performing the duties of a sponsor, it is widely known that they do. Given this role diversity, typical regulations and guidelines used to address concerns in other client-service professions, like "scope of practice," "dual relationships," and "conflicts of interest," can be difficult to apply (White 2006). If I take a shot at distilling something essential about sober coaching, I would argue that it is "accountability" that one can pay for. In a very real way, a sober coach assumes the role of the conscience and executor of action that one is not assumed to "have" or, at least, currently be in "possession of." (As such, in future research, sober coaching deserves a careful

[76] Sober coaching lives in a world with "interventions," which I will not touch on here. These are both thought of as amongst the most controversial of practices in the treatment industry, for they *can* be practiced in ways that fairly obviously exploit people in the most vulnerable circumstances for material gain.

analysis along the lines established in the opening chapters, as it raises intriguing questions about freedom, responsibility, autonomy, ability, condescension, and care within the state.)

In the context of struggles with addiction, it's easy enough to imagine how this form of carework came into being, how the supply rose to the demand. The staff member cited above mentioned that he can recognize the demand but learned that he has an aversion to addressing it:

> You gotta convince them. Some people…will die before they go to AA, so intervene, right? …but then, I just started seeing... a lot of families getting exploited for money, and I kinda started getting resentful of that, and also maybe a little bit jealous that all these other [coaches] are making money…And I'm like, 'Fuck, I don't know what to do.' And then I'm like, 'I can't be doing this. I'm not doing it anymore.'

And Stacy, speaking to the need, if not the aversion, told me, "Some people I can tell you, some profiles…absolutely necessary if they even have any hope. 100%. They might be incapable of calling their sponsor, for whatever reason. So the coach can babysit in a way that the sponsor cannot." When I heard this from Stacy, it reminded me of a world-tilting moment that I had years ago when working as a support worker with a young man diagnosed with autism, when it occurred to me that the *only* people in this person's life were paid to be there. Echoing a point that I made in *Chapter 2*, addiction tends to prompt questions about how our current normative order deals with "ability," both in the sense of classification and in terms of human infrastructure. Indeed there are no simple answers about what kinds of resources are best suited to meet the "needs" of those that live as extreme outliers on the "curve," though it is clear enough that market-based solutions bring perverse incentives.

Sober coaching, as a job, is premised on the idea that those without the ability to find their way to recovery "on their own" would *benefit* from a kind of externalized self that houses the abilities and capacities not housed within the "client." As one staff put it to me, "no wonder sober coaches showed up…[the profession] must have come from sponsors who were sick of

getting burnt out from trying to save people that couldn't get their shit together, couldn't even meet for coffee, or pick up the phone." And as Stacy framed it for me: AA can't do everything that a sober coach can, "so you create an economic incentive for the coach, who will do everyday tasks that a sponsor…may not do." Indeed, AA did come to realize that there needed to be suggested boundaries or parameters around service, offering guidelines, of a sort, on how far it was appropriate to go in "carrying the message." Alcoholics were not to be saved, nor coerced. It was "*attraction*," rather than "*promotion*," rescuing, promises, or guarantees, that was meant to bring newcomers into the fold. The newcomer was meant to "*want what the sober person ha*s." Relatedly, AA was known to work for those who were intrinsically motivated – those with a "*desire to stop drinking*" (Tradition 3). As well, these boundaries relate to AA's enclosed system of virtue ethics. The sponsor was to be generous but not, ultimately, self-sacrificing in their service to other alcoholics. With the culture built from a reciprocating gift, no one would ultimately be served by resentful sponsors getting "*burned by their sponsees*." And so, what was to be done about those without sufficient desire, who were "*fundamentally incapable of getting honest*?" However tragic, ultimately nothing, as far as AA was concerned. Put differently, doing "nothing," at least in a world without alternatives, had to mean respecting the autonomy of those whose lives were different, whose fates were out of the community's hands.

And this is precisely where the market responded. In an under-resourced world, in a world where *public* health, charitable organizations, and a volunteeristic culture, could not seem to address the "outliers," help arrived, as Stacy rightly points out, by way of another, in this case market-based, solution. Those who might otherwise be lost[77], could be brought into the fold if –

[77] Assuming sober coaching to be effective, which I will have to leave aside in this discussion.

and of course this is the *biggest* "if" – if someone were in the position to *pay* the sober coach for their salvation.

One can likely predict where sober coaching fits within the tensions I'm tracking. TWC "offers" sober coaching to clients and the families of clients who can pay for it; in theory, only when those clients are deemed to *need* it. And this is where things get messy. In the world of scarcity, it is in TWC's economic interests to (potentially) over-correct in identifying and determining a client's "need" for care. As well, and like the issues that come with TWC's sliding scale, the overall treatment environment, unlike the AA world that it borrows from, becomes a foundationally inequitable setting. That is, *quality* of care relates to ability to pay. And lastly, in an environment steeped in and espousing the spiritual values of service, volunteerism, and reciprocity, the known presence of the practice can feel deeply dissonant for residents, appearing to compromise the moral integrity of the institution, some seeing it as exploitative, and some uncomfortable that it looks too much like "paid sponsorship." I repeatedly heard something to the effect of: "I get that TWC's a business, but…" As White (2004) discusses, holding a non-profit and/or charity status can come with certain expectations; namely, that individuals on staff are divested of financial interests beyond a "reasonable" salary. In such a setting, even the appearance of a conflict of interest can cause injury. But more specifically, in light of the two converging worlds – the two disparate Gods that recovery and treatment serve – I hear the labourer-turned-treatment-worker longing for the solution to the wrongness that has haunted him, wanting to believe in, and trying to protect, the sanctity of the gift economy, knowing how vulnerable the integrity of that world is when it is brought into the sphere of the market.

And with little commentary again, here is a sample of perspectives and voices that I heard on this issue:

- A big thing in the treatment world is you're not supposed to sell sober coaching to people that are in treatment, if [the coach is based] at that treatment center [known as "double dipping"]. It's a big conflict of interest…they even teach you that in that intervention course, but they do that, big time here, they do it, yeah. Which is apparently a breach of ethics, but I guess there's not really any laws to it.

The following quote is from someone who had done the work he describes outside of TWC, but he describes conflicted feelings about the practice as a whole:

- I don't even know if he was an addict… He had a dual diagnosis, maybe autism. This poor kid didn't know how to live. So I got hired on to do it, so I would...I would train him for working out...I would take him to the mall. I taught him how to drive and a bunch of cool little things. But I didn't feel qualified.

- I don't think too many people physically…in residential treatment, I don't think too many of them need a sober coach. Maybe when he's 2nd stage and he has a bit more freedom, maybe then he needs someone to pull him around.

- Yeah, personally I would never be a sober coach. Because for me, that's sponsorship and we don't take pay for that. [Another counsellor] feels the same way. I'd never get into sober coaching. I'm not here for the money… I've lost that drive for money. The internal satisfaction is more important to me than money ever was. And they wanna make money. They worry about their future, I just wouldn't get involved in it. I know [staff members] they're all doing it. And it pays good money. I just wouldn't do it. I couldn't in good conscience take sober coaching money. Because it's what we're supposed to be doing anyway… .Just the stuff I've seen there it's the same success rate as just being at treatment. I've not seen miracles happen for sober coaching.

- If they could contract sober coaching out to an outside service…it's too close [when done in house]....Market yourself elsewhere, don't rely on this bubble as your feeder.

- So if you're of a very wealthy family, they find out right away, basically, and they will sell this sober coaching to him like 10 days into treatment. They will call the family without talking to the [resident] and say, "Yeah, I don't think he's gonna do very good in treatment. He's gonna need more." Yeah, even if the kid's killing it [i.e. doing well].

The following speaks to the AA ethic of desire and the knowledge that those lacking sufficient desire tend not to succeed. Thus, he is implying that taking a client that lacks desire could be construed as exploitative, the coach knowing what they know about the role of intrinsic desire.

- Regardless of charity, or non profit, there's still a business and operating costs, and there's still some sales guy who'll paint a pretty picture. There's not going to be an organization that, if they ask a [potential resident with money] you want to get sober? And the answer is no, there's no organization that's going to say "well, you can't come here." They're going to paint the picture that once you remove the alcohol and drugs, he's going to start thinking clearly…and [if] this guy's wealthy, that's when the coaching is more likely to come in.

Let's assume that sober coaching has the desired effect of helping those without certain capacities come into the sphere of recovery – people easily counted as vulnerable, coming from desperate families who will do anything to save them. Even in this best case scenario, there remains, as this last speaker suggests, a complex question about *who* sober coaching is for and how determinations of need are being made. Indeed, who is the "opportunity" for? When is someone being exploited for gain? And what are those gains? From the private sphere that TWC must approach the addiction problem, I can understand how tempting it is for TWC, in wrestling with these questions, to answer them with their (apparent) utilitarian maxim: by serving the needs of the many, that sometimes comes at the expense of the few. And yet, I too feel the desire to protect the gift economy. I too want the labourer-turned-treatment-worker to believe that their labour can produce something not entirely exploitable.

Conclusion

TWC's utilitarian calculations are premised on a big "if." Though there is little question that the market tools that they resort to in the generation of revenue, and in the project of expansion, impact the *quality* of care in the centre (at least relative to some ideal), I'm left wondering if these practices might even be impacting the *quantity* of care. With the amount of conflict, resentment, and cynicism I heard – right alongside, and often in the same person, a lot of appreciation, gratitude, and respect – I wonder if a quality problem can *become* a quantity problem, if it can be destabilizing enough to impact the basic "amount" of sobriety being

generated in the treatment centre. I have no numbers to reference, of course, for no one is tracking them.

But before I lay any of this at TWC's feet, it is worth underlining once again, how predictable this messiness is, within the context of public-private welfare and the perverse incentives oriented not towards solving structural problems but to the management of vulnerable populations. To use a cliche, when things are left to the sphere of the market, they operate according to the logic of the market. This, of course, is what regulations are for, to help align us, and here is the other cliche, with the better angels of our nature. As some would have it, within the broad addiction conversation, this is where *stigma* reveals itself, where those devalued and deprioritized – those addicts are *doing it to themselves*, after all – do not end up with the piles of stuff, in the provisioning of social resources and human infrastructure. Though this seems indisputable, the point I hope to make is that there is always a way to zoom out, to view the problem on a broader scale, all the way back to take in the unbalanced equation. With ADDICTION > recovery back in view, treatment is on the wrong side of the equation, the wrong half to be looking at, *if*, that is, one aims to deal with the broader problem (and, in a sense, this even applies to harm reduction policies). Refocused on the addiction side, then the conversation shifts to whatever it might mean to work on "preventing" the problem. Here, in the context of this study, is where the three intersecting crises appear: addiction, masculinity, and deindustrialization, along with social abandonment, taxation policies, short-term election cycles, the private news media, reductive medical frameworks, and so on. It is no wonder then that the instinct returns, the hopelessness sinking in, to simply return one's gaze to the recovery side of the equation. I feel it too, the fact that all I know how to do is point to the problem. And yet, what this broadening out can achieve, at the very least, is to appreciate the relationship between

limitation and compromise, for it might help soften the edges, where tensions cannot be sustained, where things snap, sending people, and the projects they are advocating for, back to their teams. Broadening out might help us speak across difference, and possibly find some divergent togetherness.

It is in this spirit that I offer my first recommendation to TWC. As I referenced earlier in the chapter, TWC is looking at onboarding a system that can track certain measurables. In addition to tracking sober time, relapses, deaths, and demographics including ethnicity and socioeconomic background, it would be useful to know something about the possible correlations between "success rates" and the quality of care received / paid for. If Stacy believes that "money should not be a barrier to treatment," then it would be useful to have data to support this claim, or in the event that there is a positive correlation between care and an amount paid (in terms of outcomes), then we would have an admittedly far from perfect, but useful piece of data that would speak to the ethical messiness that comes with a treatment world left to the private sphere, left to the realm of, as administrator put it, "the God of money."

Secondly, as for TWC's labour practices, I can only recommend that TWC makes it absolutely clear and builds a system to safeguard the truth that everyone comes to know: recovery and treatment, spiritual labour and treatment labour, are *not* the same thing and they don't *do* the same thing (certainly for the labourer and arguably for the recipient). This is especially important for newcomers to the recovery world, who have yet to learn and feel the difference. Stacy certainly acknowledged an awareness of the issue:

> A lot of the catalysts for change come out of *nowhere* [emphasis added]…a guy with long term sobriety goes down, what has happened there, how can we fix that? And come up with a solution…If we notice *character defects* growing [an AA idiom meaning, in this context, signs of unwellness], we have a unique situation where we can call it

> out…part of the new volunteer program is about checking in on recovery, not just about training, it's about recovery maintenance.

A couple things to note: though it's possible I'm making too much of a turn of phrase, it's also possible, yet again, that Stacy's "out of nowhere" comment reveals the slippage, the institutional forgetting of the different worlds, the two worlds that everyone knows and everyone forgets to hold apart. And if this chapter has a most practical message for the treatment industry, it's that forgetting comes at a cost. Here, I can imagine that explicit messaging about the two worlds – and the fact that treatment labour *is not the thing that AA calls "service"* – would be a critical component of in the recruitment, training, and "checking in" processes put in place with volunteers and employees. But forgetting means more than merely losing track of this "knowledge," for it also means – again, as Stacy speaks to – not taking for granted that a given treatment worker knows how to institute the boundaries necessary to say "no" to the "offer" of an extra shift, or an "opportunity" to start diverting (too much of their) time and efforts to *treatment*, before they've spent enough time in *recovery*. With this in mind, an *ongoing informed consent* process seems critical. Workers should always feel encouraged to prioritize their needs above the institutions. And this is where it is critical that the slippage be kept in mind and built into TWC's labour practices, where the "forgetful" volunteer coordinator, or shift manager, or whomever, doesn't allow the slippage to show up in the form of an "it'll be good for your recovery" message, or a "we're all in this together." This forgetting can only be too easy when in the other world, the spiritual one, the recovering person encounters lines like the following from the Big Book:

> Practical experience shows that nothing will so much insure immunity from drinking as intensive work with other alcoholics. It works when other activities fail. This is our *twelfth suggestion*: Carry this message to other alcoholics! You can help when no one else can. You can secure their confidence when others fail. // Life will take on new

> meaning. To watch people recover, to see them help others, to watch loneliness vanish, to see a fellowship grow up about you, to have a host of friends – this is an experience you must not miss. We know you will not want to miss it. Frequent contact with newcomers and with each other is the bright spot of our lives (AA 2003, 89).

In later chapters, I will return to another element of what Stacy is speaking to here, about how the treatment centre surveils the moral character and development of its residents. This surveillance, in one way, is an unavoidable part of the recovery process – of how the recovering person reinterprets and repositions themself as a subject in their story – and in this sense, it can be seen as *for* the resident. But, and this is where things get complex, this surveillance can be seen as the treatment centre incentivizing its resident's moral development in the potential direction of work in the treatment labourforce. This of course brings back the opportunity and exploitation dualism, and the *who is the care for*? question.

It is important not to *forget* the particular vulnerability of the working class white man in recovery. There are potent reasons motivating these men to leave the world of heavy industry, to depart from the world of *extraction*, and to seek a path in the direction of spirituality, of (potential and relative) *safety*, and of a reformulated masculinity that more easily fits within a changed world. TWC offers recovering men an opportunity to better align, if always imperfectly, their reborn spirits, and their new ethics, with a new career oriented to care, one where their struggles, hardships, war stories, and the *vulnerability* that is now theirs to own and share, can be of genuine value and use to others. And yet they must be careful not to confuse opportunity for exploitation. As I have discussed, residents *are* feeling taken advantage of, reporting to me that they didn't feel prepared for the challenges of treatment work, a demanding, and, when done well, highly skilled form of relational, emotional labour that requires "boundaries" – ongoing self-care, and the refusal of self-sacrifice – in order to make it a sustainable form of labour.

The extra challenge here, local to the complex ways that "responsibility" circulates in the discourses of treatment and recovery, is the risk – and here is where the biopolitical critique is key – that a treatment worker's struggles can always be read back through the lens of *his* addiction problem, through his people pleasing, his resentful nature, his saviour complex, his lack of boundaries, his problem with blaming everyone and failure to take accountability for his own shit. I respected Justin's attempts to find his part in the mop-bucket-relapse, but also felt a protective instinct to tell him that he may have been dividing up the social scene and assigning far too much of the agency to himself, that he may have been struggling to hold on to the possibility that treatment labour can be opportunity *and* exploitation at the same time.

Later in our conversation, his sincerity coming through, he told me, "I'm very...excited about the progress on the spiritual side of things... My favorite thing in the entire book [the Big Book] is 'I have a daily reprieve, like a stay of execution contingent on the maintenance of my spiritual condition.'" Justin has had a spiritual awakening, but he knows it isn't permanent or stable, and that it requires maintenance and practice, and enough *time* spent "off the clock" in the respite world of recovery. A part of the message of recovery is "cleaning up one's side of the street," and he is sincere in approaching that. But it's the interpretation of this message that means everything. When he was again exploring the duality, he described to me how he was trying to see "both sides," trying to keep an eye on his "entitlement." At first he was talking about the resentful story building up in his head: "I've been driving for the last 30 days, not getting any kind of volunteer pay. Nothing. Totally altruistic. I'm entitled to [compensation] and they're fucking taking it from me." But then he pivots, perhaps signalling to me that he's learning to take accountability and to seek peace no matter the circumstances: "And that's when the program has to kick in. And that's where I've learned to do *the work* [emphasis added], because I

go back to gratitude and then I let that go…I cannot try to change my conditions to suit me, I have to change myself to suit the conditions." I didn't push back in our conversation, but I feel compelled to now, to say what I didn't then. Sometimes telling the difference between acceptance and resignation can be confusing. Sometimes you're not being entitled, you're being exploited. That can be true, while *also* seeking to work on your capacity to say no, your capacity to own your shit.

In harm reduction circles I hear a lot of criticism of the treatment industry, and curiously my time at TWC has helped me to both better understand those criticisms and double down on a refusal to lay such a complex problem at the feet of institutions stranded in the sphere of private enterprise, who have to navigate the everyday challenges of raising revenue for a problem killing hundreds of people a month in BC alone. And in the world of scarcity that treatment workers live in, I also want to resist a morally superior position that dismisses out of hand why sober coaches and interventionists are tempted to make better money. There is no inherent honour in poverty, though there may be in resisting the temptations of exploitation. This reminds me of an otherwise throw away moment with the counsellor at Awakenings, who told me that he tries to give new guys a realistic take on what it's like to work in recovery, and to keep their options open. He did so while laughing about how hard he had to fight to get a new desk – a new *used* desk, that is, to furnish his windowless office, which is partitioned in a corner of the house's garage, and heated only with a space heater. If this is where the unbalanced equation shows up in its most banal form, then an administrator gave it to me in one broad stroke: "We're asking the question, how should a treatment centre operate. But there's no real answer for that because there's no real answer"… Here he trailed off, but it was obvious that in his ellipsis was the word addiction.

Somewhere in these two converging worlds are men who deeply care about the "*still suffering addict*," men who they've gotten to know, who remind them of themselves, and who are dying everyday. In treatment work, they want not only *bare life* for them but something deeper and more meaningful: the *gift*. The perpetual tragedy of the treatment world is that it turns out, disappointingly, not to be the recovery world – that it doesn't provide a way to permanently *live* in the spiritual world of a loving God, in the world of reciprocity and mutual ties. And they know that their AA community can't be that world either, no matter how many meetings they go to, nor how many sponsees they have. This elicits an intriguing question about the worlds it is possible to pass between, and about, specifically, what the enclosed recovery world has to offer. AA can't be a practical everyday world. Within it, one cannot live. But it can be helpful to visit, and if done so often enough, one might be able to bring what they find there back and try to integrate it into everyday life. The Twelve Step community offers respite from the weight and concerns of materiality. In fact, this might be the critique concealed within AA's mythology – that individualism and materialism take a toll, that they can't be *all* of what life is. With Agamben's distinction between bios and zoe in mind, the distinction between meaningful citizenship and bare life, AA's mythology might offer a kind of reversal of an instinctive approach to these notions. At least for the addict to whom this mythology applies, it is not bare life or survival that is primary, but rather a meaningful life that makes survival possible. Sobriety comes before life, not the other way around

Chapter 4
Jimmy Fell Off the Roof in Cape Breton and Now He's Shooting Fentanyl on Hastings: The Paradoxes and "Peripheral" People from a Geographically Vulnerable Town

"Deindustrialization represents a series of changes and conflicts that occur across time and space and have the ability to provoke both resistance and resignation" (Winant 2021, 358).

It's late summer in Vancouver. When it's sunny like it is, it's a city that draws many in. In response to visitors who express a desire to relocate, locals, half jokingly, tell them to visit in November first, when the North Shore mountains are obscured by the low, seemingly permanent, ceiling of grey. The postcard shots seem never to be taken then. Kyle, from Glace Bay, tells me he loves it here, and that he doesn't want to go home. He tells me he loves it back home, but "there's nothing going on," and that it'll be harder to stay sober there. I spare him the warning about November.

Kyle and I are sitting in the detached garage at Awakenings, in Kelly, the house counsellor's improvised, windowless office. Outside the office, another resident is working out on donated gym equipment while listening to classic rock on the radio. In the background of our interview recording are the metallic clanks of dumbbells, and an all too appropriate soundtrack of Journey, Boston, and Heart – all too appropriate for predominantly white, working class Glace Bay. Doubtless, the anthems of 70s stadium rock once blasted from the speakers of the Trans Am that Kevin, another of the "Capers," once took pride in. Kyle asks if it'll be okay to vape while we're recording, citing that "Kelly [the house counsellor] doesn't care if we vape in here," and I say, smirking, "yes, totally. I'd rather that than having to pause for smoke breaks." Kyle laughs, "I know, I'm an addict in every way."

At the moment of this conversation, Kyle is one of five guys at Awakenings from a small, deindustrialized region of Cape Breton, a 6,000 kilometer drive from here, a whole continent away. A remarkable proportion, more than a quarter of the current residents at Awakenings are from a sparsely populated spot in northeastern Cape Breton, thrust out into the cold North Atlantic. Kyle knows all of them; one is an elder relative by way of marriage, and the others he knows "from around." Kyle is 27 and he's been in Vancouver for about six months. Spurred by the outreach of a TWC staff member, another Caper from Glace Bay,[78] Kyle flew across the country to seek a new start at TWC, knowing how difficult some kind of renewal would be in Glace Bay. He tells me that his hometown is "becoming a ghost town." Incidentally, that staff member, Dan, who works at the "main compound" in an administrative role, and has been employed by TWC since he got sober, rarely returns to Glace Bay. He admits that he always wanted to get away, and "become something different," and in keeping, he has evidently shaken off some of the Cape Breton dialect that accents the speech of the other men that I met. He continued, "I've been home three times in the last five and a half years I've been sober. It's not high on my priority list. I go there and see my dad and my aunt and get out of there as quick as possible."

Kyle knows that he had to leave Glace Bay and all of its "triggers" behind to give himself a shot, and he likes his chances in Vancouver. There are many more people in recovery here, and importantly, he can more readily identify with the people, telling me that AA meetings "back home are usually just a few cranky oldtimers." And yet, though Kyle is full of hope and positivity in our conversation, and displays a definitively *sociological* interest in addiction that

[78] This staff member does not officially have the position of "outreach worker" or "recruiter" but he has been instrumental in leading a good number of men to TWC from Cape Breton.

he also exhibits in my "addiction and society" group, he also hints at the *other side* of Vancouver. In our recording, he is curious about something that has caught my attention too: why do so many men from small towns like his end up on the streets of Vancouver? He's intrigued by the hypothetical character he creates on the fly in our conversation, by the myriad reasons that might explain why "Jimmy fell off the roof and was prescribed Percocets in Cape Breton and now he's shooting fentanyl on Hastings." Kyle proposes a long list of factors, some Glace Bay specific (the "pill problem"), some that would apply to a lot of small, historically working class communities ("nothing going on"), and some that reflect general trends in the contemporary world ("everyone's an addict with their phones, I guess"), all potential clues in the mystery that brings "Jimmy" to Hastings. The implicit assumption in his complex theorizing, though, is that *addiction* is what brings men to the Downtown Eastside. Of course, in a sense, he's right. But Kyle is missing what only came into clearer focus for me later, when I began to reflect on the accumulative experiences of the men that I met: the path that leads to Hastings often begins *in* treatment centres, in places like the one where Kyle currently sleeps. It is often recovery and not addiction, per se, that leads people to Hastings. But Kyle did, in his own way, know the deeper answer to his question: that men like him are in treatment because of how "fucked up" men are, and that that story about men has at least as much to do with industrial decline as it does about drugs.

One week after this interview, I arrived at Awakenings to the kind of news report that often greeted me, which was usually about who relapsed, who had "beef" with whomever else, or who graduated to a second stage house. On this day, the house was humming with the news that Tapper was, at that moment, driving across the country, back to Glace Bay with Kyle.

Here was full the report: Tapper had answered a call from his in-law, Kyle's desperate mother, and had then "rescued" Kyle from Hastings. When she hadn't been able to get a hold of her son, it was Tapper's job to tell her what everyone at Awakenings suspected: Kyle's disappearance from the house meant that he had relapsed and, almost inevitably, that meant being sucked in by the gravity that Hastings exerts over the residents spread out through Vancouver's vast treatment landscape. In a sense, the strength of one's sobriety is the centrifugal force that resists the pull, and Kyle's sobriety, apparently, didn't yet have the velocity to remain in orbit. Later, Tapper told me that he did, to no one's surprise, find Kyle "tweaking down on Hastings." If he hadn't gone to "save him," he tells me, Kyle "would have died down there."

It's perverse. Kyle crossed the country one way to come to treatment, to get away from the dangers lurking in Glace Bay. Now, he's driving across the country back to Glace Bay, to get away from the dangerous streets of the Downtown Eastside. Here again are the inevitable contradictions found in the world of the unbalanced equation, ADDICTION > recovery. On the recovery side, those who seek solutions lose their sense of direction, chaotically orient themselves to contradictory places, and seek safety where there isn't any to be found. For the men of Glace Bay, here is an often unavoidable part of life: long flights, and long drives – migrations – in search of opportunity and security. Of course Kyle and Tapper went *West* for help. And of course Dan knew that TWC could build a "pipeline" back to his hometown, knowing its men needed a place to go.

This is only the first paradox that finds a place in this chapter. I'll visit more, and towards the end of the chapter, focus on one in particular. Each paradox reflects an historically derived aspect of the local, masculinist character that makes the men of Glace Bay vulnerable. Each of these paradoxes contains the same duality: the character aspect that has given a man strength,

identity, and resiliency – that has helped him, in at least one sense, defend his freedom – is the same thing that makes his care and/or labour vulnerable to exploitation. One paradox is represented by Kevin's striking credo, "I'm a hard fucking worker. I'd do it for free if they'd let me." Built within the credo are generations of exploitation that leave men like Kevin in an endless fight to prove that despite what has been fought for, sacrificed, and taken, they still have a value and nobility *that nobody gets to take.* Another paradox, and easily one of the most recognizable aspects of what defines Capers, which has helped them survive, and made them famously resilient in heavy industry (Beaton 2022): an absurdist-tinged sense of humour constructed from "ah well" weariness, mischievousness, skepticism, and pragmatism. As Kyle put it to me, "oh yeah, we can laugh at anything…we just turn fucked up things, really everything…into funny stories." Or as Molloy and Urbaniak (2016) put it, it is an affability defined by a distinct "humour in the face of danger; a knack for debunking the latest politicians and promoters" (219). The paradox that I will centre on, however, is drug dealing, which serves an obvious practical purpose, and acts as a source of power and freedom, but that may come with a criminal record, violence, and my central focus, remorse. As will become apparent, far beyond familial obligation, Tapper was trying pay his dues by saving Kyle.

In addition to resilience / exploitability, I will argue that these characteristics all reveal the presence of grief – grief that is being "processed" and endured, but that cannot, or is refusing to be, accepted, or "integrated," (McIvor 2012), where integration refers to the shift from resistance to acceptance in the face of loss. Whether it be a person, a sense of innocence or integrity, or a way of life, the loss that initially feels unacceptable – that is met with an *I won't* – can become "integrated" when it can be met with the accommodation, or expansiveness, it needs. For Melanie Klein, grieving is the means through which "ego-integration" can be achieved, and

specifically, an "ego capable of holding together the contradictory and conflictual elements of psychic life" (McIvor 2012, 425). Here, for instance, something painful or "traumatic" needn't be related to as wholly *good* or *bad*, or in the endless oscillation between "an optimistic spin" or with a demobilizing sense of victimization (and correspondent "resentment" and "self-pity"), but can be conceived, emotionally contained, and embodied as *both* or *neither*. The "coping" – the *in*vulnerability – must be overcome so that integration can take place. And with integration, I can be a victim *and* a survivor in the same moment. Now, it is no longer up to the person who hurt me to *disintegrate* me, to make me live, forever more in the oscillation between victimization and resistance. I can now *bear* that I was indeed overlooked or worthless to someone else – a means to their ends.

Until then, the men that I met are holding grief, are "dealing with it" in ways that makes life endurable, meaningful, even enjoyable, and yet leaving men vulnerable to the claims that others have upon them – in a sense vulnerable to further "extraction." For Tapper, drug dealing brought money and status, but if left him with "fuck all to show for it," and far worse, it left him feeling unforgiveable. In a sense, Tapper's moral universe is a punishing one, and it is governed by a God that has deemed Tapper "individually culpable," and it is demanding penance. Tapper is paying what seems an interminable debt, the merits of his ethical action – of his "service" – now predetermined to be *for* others but not *for him.* Likewise, Kevin lives in a world where proving his worth comes (literally) at his own expense. And Kyle's (or Dougie's or Doug's or Dan's, etc.) humour helps him to reliably secure the return of admiration, respect, and even love from others (perhaps a kind of "people pleasing"), even if it can never deliver justice.

For the men who come from a *company town*, a community that was established, owned, and enclosed by someone else's interests (Katers 2010), it is only fitting that their lives feel only

so much *their own*. For it has forever been *private interest* that has made the people, and the labour, of Glace Bay a resource, like coal, to be consumed. And yet, as much as Glace Bay is defined by exploitation, it is defined at least as much by the ways that people have (collectively) fought, and protested, and refused, for in these are the resources that were not capturable by the industry they worked for. As Winant says of Pittsburgh's steelworkers,

> The factories did not just make metal goods; they made people, institutions, a way of life, and a system of relationships— a social world. As the industrial basis of this world began to collapse, its inhabitants came under worsening social and economic pressure. To manage, they drew on the resources they had, embedded in the relationships and identities they had already built—the everyday history they already had lived (Winant 2021, 7).

And yet it is precisely in the spot where refusal still lives – where men are "managing" – that a vulnerability to reinjury persists. In the entirely righteous refusal to accept that justice, or care, or change is not coming *from* those who hurt them, they end up, recursively, injured again, and by the same figure that hurt them in the first place. In AA there is a saying about how the alcoholic drinks the poison intended for the person who hurt them. Something similar is said about resentment; in obsessing about restitution, I hurt myself. If "knowing" can be said to be signified by intuitive resistance, then these men *know* that if they soften to grief, the fight will be over, and justice will not come. Only in grief will they reckon with the possibility that all of the sacrifice will never be repaid, that it was all for not. Only in grief will they realize that they are going to have to finally *take care of themselves.* And only in grief will they realize that the world built for their grandfathers, a world still animated by and held onto through "smokestack nostalgia" (Thompson 2019, is not coming back, no matter how much they refuse to let it go.

Like Butler (2009) said of the "ungrievable," of those whose grief is publicly prohibited, whose lives are not met with recognition, who are not cared for, defended, or *saved* (e.g., gay men dying of AIDS in the 80s, or Afghanis killed after 9/11), this leaves the ungrievable doubly

injured, leaving them with only that much more to "come to terms with." For why would anyone want to grieve if that means that recognition of one's value isn't coming? And for the people of Glace Bay, why grieve when that means, despite what was fought for, no one is going to validate the worthiness of that fight? And yet, in the case of (working class) *white men*, there are always two things being lost, and they are easy to confuse. They so easily blur together, one feeling so like the other, that it is easy to feel that it is all *one thing being lost*, one justifiable cause to fight for, one justifiable reason to refuse. For when one comes from a place that uses men's bodies and their masculinized resiliencies – their invulnerable vulnerabilities – as an expendable resource, it is little wonder that the exploited hold on to the thing more valuable than money that came back to them in the historical exchange: the special status conferred upon them, relative to other people (Kimmel 2013; Winant 2021). But here again is the importance of grieving – the capacity to hold the contradiction that *one is a victim and privileged at the same time*. And *that* is a contradiction that those relating to, thinking about, and studying working class white men would ideally hold too. For in a hurry to emphasize the privilege, it can be easy to overlook the loss.

Doubtless, those who have been directly or structurally injured by working class white men can end up injured again by the very ways that white men disavow their own power – the ways they recognize *only* their victimization and not their status. Judith Butler (2009) places no expectations on the injured to embrace those who have hurt them, but does, nevertheless, see the impasse: someone is going to have to *soften* first. In the response to the 9/11 attacks, Butler sees "a masculinist" response: "The U.S. could have taken the opportunity to recognize its own vulnerability and to recognize as well the generalizability of that vulnerability…But its strategy was to disavow that very vulnerability" (mronline.org). The only way out of this infinite recursion is to recognize "mutual vulnerability," and in so doing the potential "to expand our

ideas of what constitutes a livable life, to expand our recognition of those lives that are worth protecting, worth valuing" (2009). Grief, if it can be borne, can be transformative. It can bring the bereaved into mutual ties with one another, bringing mutual recognition to the various ways that communities have been made impoverished. Butler ties the "ethics of responsibility to the work of mourning; we are responsive to the extent that we 'insist upon not resolving grief and staunching vulnerability too soon…but to take the very unbearability of exposure as the sign…of a common vulnerability'" (McIvor 2012, 420, citing Butler 2009, 100). As such, this chapter, in the context of this thesis, is where I will strategically set aside the question of privilege, of white men's responsibilities (which I'll return to in *Chapter 6*), and is my attempt to recognize and take seriously their vulnerability and loss. For however "real" or "imagined," however distorted and inflamed by pundits and youtubers (Christman 2023), the effect is the same: many of the working class white men that I met do not feel like their losses are being recognized; they do not feel (in my terms) like *they're allowed to grieve.* In recognition of this, I want to make the case that their grieving – and their grievability – matters and needs to be recognized. It matters not only to them, but to all of us. For if they can soften to grief, and come to recognize in themselves their own vulnerability, their own exploitability, their own loss, they may be able to let go of the "special status," and recognize that they are *allowed* to be victims and survivors, strong and weak, exploited and privileged all at the same time. As it is said AA meetings, they might be able to finally understand what it means to "*surrender to win*."

As I will lay out in this chapter, the people of a now companyless company town once had little trouble recognizing their "ungrievable" bodies, their expendableness, their mutual vulnerability (at least with each other). They found solidarity with each other and came out and fought. But in directing their cause at a God of Justice, they found themselves only bestowed

resilience in return. For now they *knew* nobody was coming, and they'd have to make do. Though the men of Glace Bay have not been totalized by Dan's "God of Money," nor been rendered "choiceless" by deindustrialization, many have redirected their agency towards more attainable victories. They found safety, security, and care not in the state, the government, the company, or a just God, but rather in the solidarity to be found with schoolyard friends transforming tragedy into jokes, or in the paradoxical self-care of self-annihilating drug use.

Though this chapter has this more specific analytic focus, it also serves as an empirical case study for the chapters to follow, focused as it is on the material conditions of one small community, and of how those conditions shape and constrain the opportunities that working class white men pursue. As much as this is a chapter about adaptation, it begins, necessarily, with an account of what has been adapted to, and specifically, the cascading effects that have resulted from a company abandoning a company town. As Tapper put it, when the company left "and it was the only thing there, well…Now there's nothing there, but welfare and old age pensions." Symbolized by the first and second points on the migratory route at the heart of this thesis, one of the effects of this most precipitous form of "capital flight" is that when the company flew, so, eventually, did the men. Thus, this chapter provides context for what initiates the transformation of labour, and the migratory journeys of men who go in search of opportunity. For as MacKinnon (2020) discusses, unlike in places like Pittsburgh and Montreal, the deindustrialized regions of Cape Breton have had no sustaining industry take the place of the industry once there. These men would have to go somewhere else to be transformed. To my surprise, I found them in a treatment centre on the other side of the country, on the coast of a different ocean.

1. History of Glace Bay

Coal mining on Cape Breton Island dates back to the early 1700s, and remained small-scale until the "Hub Shaft" opened in Glace Bay, in 1861. From then, "the small independent producer was displaced by the wage earner" (MacKinnon 2016, 26). Three decades later, the Dominion Coal Company's success in coal would lead to the creation of a steel plant in Sydney, 20 kilometers away, which would increase the demand for coal. Production peaked in 1912, with 16 collieries in the region. At the time, it produced 40% of Canada's total coal production. Despite the productivity, the company used the remoteness of Cape Breton in seeking concessions from its employees (MacKinnon 2020), and justified what a Royal Commission found to be living and working conditions that were "with few exceptions, absolutely wretched" (MacKinnon 2016, 11). Men slept outside near the collieries, soot-covered the hanging laundry, roofs leaked, pipes froze, and waste was infrequently dealt with (MacKinnon 2016; Molloy & Urbaniak 2016). Industrialists "spared" themselves the sight, living on estates hidden far from the "'ugly and mean little dwellings' that marred the beautiful natural settings of Atlantic Canada" (Molloy & Urbaniak 2016, 227). Beyond this, the day-to-day conditions were punctuated by injuries, deaths, and large scale disasters, one of which claimed 13 lives in 1901 in Glace Bay's No. 2 colliery.

In 1868, the first union, the Coal Miners' Association, was established (MacKinnon 2016, 2020). It was overtaken in the early 20th century by the international United Mine Workers of America (UMWA), which created links to Cape Breton's natural allies in Appalachia. A 1917 strike led by UMWA managed to secure some improvements for workers and soon after, most coal miners on the island would become members. Now better established, increased militancy would follow in the 1920s, with workers responding to the squeeze being put

on them because of the debts that the UK-based syndicate, which owned Dominion at the time, had accumulated. Tensions led to a five month strike. In the escalation, company police fired on a large crowd of protestors. William Davis was killed, and ever since, on June 11th, "Davis Day" (officially, Miner's Memorial Day) commemorates the sacrifices of miners (and their families). Despite this, it would take more than a decade before the Nova Scotia Trade Union Act would enshrine the right to collective bargaining. With the friendlier labour climate of the 1930s, and an increase in production due to the war, real gains had begun to arrive by the post-war period. Improved wages, housing conditions, and worker entitlements had made for an improved quality of living in the post-war period. But improved conditions were followed shortly by growing cold-war anti-left sentiment, and even more importantly, Dominion's pivot towards "planned obsolescence" (MacKinnon 2020). Cape Breton's remoteness, as far as Dominion was concerned, had finally become too costly, as industry continued to centralize elsewhere. Predictably, as MacKinnon says, "rural economies that are predicated upon resource extraction, are stuck dealing with underdevelopment and, eventually, decline" (2020, 52). In the words of a local academic from the region, "The old [company] from England took out the coal, making profits for investment in England and New York. It left us with environmental problems. It kept the profits and made no investment in Cape Breton" (as quoted in MacKinnon 2020, 253).

In *Chapter 3*, I mentioned that steel and coal were well in decline in the Sydney region of Cape Breton by the 1960s, and were subsequently nationalized in 1967. On October 13th of that year, the Dominion Steel and Coal Company (DOSCO) announced plans to close the steel works plant in Sydney, which converted Glace Bay's coal. Ever since, October 13th has been commemorated as Black Friday. Despite assumed connotations, however, "Black" Friday is commemorated at least as much for the response that arose from the people of the region. In

early November, 20,000 came out in protest, marching through Sydney in "The Parade of Concern" (Parnaby 2019). A steelworker named Charlie MacKinnon led thousands in a song he wrote the night before the march; the protestors learned "Let's Save Our Industry" along the route. The protest was inspired and supported by key figures in the region, like Father Roach, "an activist priest with a deep interest in co-operatives" (Parnaby 2019, 5), union leaders, and the president of nearby St Francis Xavier University, Malcolm MacLellan, who appealed to Prime Minister Lester B. Pearson. He protested "the inexorable dictate of economics," writing,

> The closing of the steel plant would sound the death knell for industrial Cape Breton and…The demoralizing effect upon individuals, families, and other institutions would be beyond human calculation…Must we stand by helplessly while Canada's growth pattern crystallizes into several super powerful metropolitan centers and all life on the periphery is forced into an orbit of jeopardy? (As cited in Parnaby 2019, 5-6).

But it's just as likely that Helena, a grade five student from a local school, got through to Pearson. Taking part in an organized letter writing campaign, she applied the more direct guilt trip: "I want you to know how many jobs will be lost and how many people will go hungry. So you think about it!" (in MacKinnon 2020, 142).

MacLellan's forecast would prove accurate if somewhat more long range, for the Pearson government did take steps, with the provincial government, to acquire DOSCO's assets, a deal finalized in early 1968, when the Cape Breton Development Corporation (DEVCO), a federal crown corporation, was established. And indeed, in a qualified sense, it did defer MacLellan's predictions. But as important, nationalization made it possible to inscribe upon Black Friday and the protest that followed a victory of the *people* over Dominion, who had long played the part of the corporate villain in the region, the Goliath in the story of the underdog coal miners and steelworkers. The campaign to save the industry, according to Parnaby (2019), signified the

"unity and moral force of community resistance…the broad, shared sensibility that Cape Breton itself had to be defended against an exploitative, external foe" (6).

"External" is a key word here, for almost all of the coal and steel production over the years was managed by British and American ownership. In 1893, exclusive mining rights were granted to the Dominion Coal Company (DOMCO), an American syndicate (which became DOSCO when the steel plant was created). Then, in 1921, DOSCO was acquired by a British syndicate. And then in the 50s, another British conglomerate bought a controlling share. Not only did Dominion own exclusive rights to coal and steel production, but throughout the decades, they also owned the railways and most major infrastructure in the region, as well as the houses and "hotels" that coal miners slept in, the stores they shopped in, and the parks the kids played in, all within the syndicate's company towns, which included: Dominion (indeed, named after the company), Sydney Mines, Reserve, New Waterford, Broughton, and Glace Bay. Thus, the workers and families of the industry-established communities of Cape Breton have, since their foundations, had a long, conflictual relationship with industrialists utterly divested from providing for the region's people. Amongst the industrialists, it had long been known that Cape Breton was simply too remote, too peripheral to the "metropolitan centres" that MacLellan references. As early as the 1920s, it was already becoming established that Cape Breton's industrial output would "occupy a functional position both as a ready supplier of labour and as a reserve supplier for the Canadian energy and steel markets" (MacKinnon 2021, 12). And this would lead to "a protracted project of corporate disinvestment by the 1950s and 1960s" (21). In truth, Cape Breton's "usefulness" peaked early in the 20th century, and though that boom multiplied the population of the region sevenfold between 1890 and 1920, the people now established in those communities were only a necessary, and *temporary*, implement of extraction

for those who owned virtually *everything* in the region. The region has "forever" – in the "structure of feeling" (Williams, as cited in MacKinnon 2020) – been exploited by "come from away" capital (MacKinnon 2020, 274).

Thus, nationalization represented a victory over Dominion and provided an "empowering sense of successful, community-based activism. It allow[ed] Cape Bretoners to have single-handedly saved their own steel mill" (MacKinnon 2020151-152). For a moment it seemed that the *people* truly became the power behind the government – as representative democracies like to think of themselves, after all – helping to create an imagined, more coherent *public* in opposition to *private* interest. But this imagined public, and the seemingly benevolent, possibly more trustworthy "public servants" that constituted "the government," would only, in the end, replace the oppositional, external foe, when the government proved not to be an ally, but rather only the next God that would ask for too much and return too little. Nationalization set the stage for the betrayal to come, and the related slippage that I noticed, where the Capers I met seemed to arbitrarily swap "government" and "company" as the entity that finally, as Tapper put it, "gave up on us."

When DEVCO assumed ownership in 1968, it wasn't long before the elation of "saving our industry" would begin to give way to the realities and true intentions of the "Development Corporation's" plans for the industry and region. By the 1970s, divestment had shrunk the pool of full-time employment, and those still employed were considered a "flexible" workforce, or as Kevin put it to me, everyone spent "half the year on pogey getting drunk and stoned on pills." As MacKinnon (2020) discusses, increased insecurity and unemployment were accompanied by the sense that workers had lost control over the process of production. Not only had their labour became decoupled from security and an ability to provide, but as it became increasingly

mechanized, those left employed had to be reskilled in new computerized operating systems that left a feeling of inevitable obsolescence – a way of life no longer, rather literally, in their hands. By the 1990s, and I personally remember this, DEVCO's "economic development scheme" had turned to call centres, and public housing complexes. As I said above, unlike in "industrial centres," it was resignedly obvious that nothing was coming to replace the former industry. MacKinnon's employer, the University of Cape Breton, was expanded, but it was able to do little to provide systemic security to the region. And as Winant's (2021) work predicts, the men I talked to reported that it was often mother's working in the care and service sector that provided domestic care *and* whatever material security possible for their husbands and children. And indeed, as Tapper confirmed, "the main employer there now is the hospital, which is crazy." Crazy, perhaps, but entirely predictable.

Indeed, the "dictates of economics" would have their way in the end. In 2001, symbolically the *real* Black Friday, DEVCO, the *public* corporation, closed the last remaining coal mine.[79] Fittingly, DEVCO sold off all remaining assets back to private industry, who transported them to more centralized regions (MacKinnon 2020). And then the most striking symbol of the cruelty of the region's abandonment would come next, when many more times the applicants than there were jobs available, applied to take part in the clean up efforts of the industrial waste still left in the region (MacKinnon 2020).

In this new era of more precipitous material and spiritual decline, the outmigration of men out West, and of entire families to bigger population centres, accelerated. This meant that a generation of boys – amongst the younger men at Awakenings – grew up with absent fathers

[79] Glace Bay's last mine, specifically, had already closed in the 80s. *But, of note, only very recently a coal mine has resumed operation in Donkin, NS, a short way from Glace Bay. In keeping with the region's history, it is owned and operated by a U.S.-based coal producer (novascotia.ca).

much of the time. As Doug reported to me, “even when Dad was home from away, he was always gambling [on video lottery terminals] at the tavern.” It is a striking image: the wage earned “out West,” where industry still “provides,” comes home only to provide revenue to the region by extracting a vulnerable man’s money. And this links up with a pattern widely reported to me: the bars and taverns filled with men “spending their oil money paycheques to impress people back home.” Here, again, is an iteration of Winant’s perverse incentives. The cascading unwellness created by deindustrialization means that local governments and businesses depend on the revenues generated through “sin taxes” (Dadayam 2019).

Though things had been in decline long before 2001, there is no question that the closure of the last mine loomed in the memory of the men that I met, representing a kind of point of no return. Such that there was a moment of discontinuity, it was at least as much symbolic as material – or rather, the decline from here on became the snake eating its own tail, with material and felt realities creating a reciprocating structure of feeling. If men had to find humour in poverty before, now only more so. If they had to self-care through drug and drink before, now only more so. For in 2001, when “company” and “government” became indistinguishable, the God of Justice finally delivered the message: you’re on your own. I’m not coming.

As widely reported, and serving as a complex badge of honour for Kyle, Glace Bay was an early and infamous site in an earlier wave of the “opioid epidemic,” well before the epidemic became expedited by the arrival of fentanyl. The tidier, publicly narrativized account of what happened in places like Glace Bay and Appalachia is that the “diseases of despair” (Deaton 2020) led men to self-medicate their pain, and in stepped the pharmaceutical companies with the “supply” to exploit that demand. Interestingly, I heard evidence of this narrative having been internalized by the men that I met – it had become a part of the story they told themselves about

themselves – while simultaneously reporting to me a more complicated story. One complicating factor, alcohol and opioids had a history in the community much older than 2001. For generations, earlier iterations of a "work hard, play harder" ethos that I have introduced and will further explore next chapter had been commonplace. The other factor does relate to unemployment, but has less to do with easing bodily or spiritual pain and more to do with making money, and for some, bolstering one's diminished status. Taken together, there had long been drug use and thus a certain amount of demand, but with increased economic and symbolic insecurity, supply and demand spiralled upwards in the creation of a secondary market for prescription pills (Perrin 2020, citing Richard Frank). Joining the increasingly insecure, "flexible" work force, Tapper told me that the miner who still had access to "medical benefits would sell his prescription" for a profit to him, and then Tapper turned around and made an even bigger profit selling the painkillers to the drug users of the community (ironically, sometimes even including the very miners that had sold to him in the first place). In response to my assumption that the pills were being taken because of mining injuries, he laughed out his response, "oh, no injuries! They'd hurt themselves just to get medication. That's the truth**."** He did qualify that they were "definitely being used by some miners," but the "bigger business" (by which he meant the bigger incentive) was transforming prescriptions into profits. As Dan confirmed, "you're covered through your benefits at, what, $15 for a bottle, and those pills are worth $60 a pill, and you've got a family to feed. It was a vicious cycle." And in the background of this, as many men told me, were a couple of "famous" doctors who "everyone knew were passing out 'scrips' left, right, and centre." Kyle told me about the pharma company posters that hung on the walls of the doctor's offices. And of course here we find the more widely told story about what is happening in places like Glace Bay – not deindustrialization per se – but an

exploitative industry nevertheless turning vulnerable, ungrievable people into a means towards the ends of "come from away capital."

2. Nostalgia and Loss in a Geographically Vulnerable Region

From the first signs in the early 20th century that industrial Cape Breton was not going to become a "centre of industry," a stark opposition between the interests of the labourer and the interests of industrial capital would exist, and given the "dictates of economics," little was going to prevent the decline of the steel and coal towns. And yet, in the more labour friendly moment that briefly materialized in the post-war period, real world gains, won through collective bargaining, were made. For a brief moment it seemed possible to imagine that power *could* run in the other direction – *from* the people *towards* destiny, and not from fate towards decline. In those symbolic and material gains, a *respectable* life felt possible and was, if briefly, experienced (for some). As MacKinnon (2020) discusses, it was in this context that the announced closure of Dominion in 1967 came as such an initial shock. So shortly after gaining a sense of control, it would be taken. This fuelled the moment with extra indignation, with a more potent refusal. The protest that followed and the (at least appearance of) recognition that it received allowed Black Friday to become not the "death knell" of decline, but rather proved the point – we are not expendable – and it permitted a vulnerable people to restore "personal and collective dignity after trauma" (MacKinnon 2020, 151-152). And while the material victory was worn away over the coming decades, the symbolic win was enfolded into the stories that the place tells itself about itself, and about the stories that would be told about it.

When listening to Kyle's sociological musings about Glace Bay's struggles, it could be hard to tell if I was hearing Kyle's expertise by way of direct, subjective experience or if it was some kind of composite knowledge, one that was as much *about* Glace Bay as it was *of* Glace

Bay. As Thompson (2019) discusses, Nova Scotia (and arguably Cape Breton only more so) is a place – to an extent like any place – that is part reality and part mythology. Or put differently, whatever "reality" means, it necessarily includes and is constructed from the stories that the place tells itself about itself, *and the stories told to tourists*, about itself. Following Thompson, Cape Breton is now a place objectified and commodified through a tidied up "smokestack nostalgia," and from ideas about its "folk" people. The "folk paradigm," akin to nationalism, creates an ever reciprocating fictive/real cohesion, a regional identity, which can be consumed as a kind of product.

As Thompson discusses, with regards to nationalism, Nova Scotia provides the rest of Canada a sense of homeland, a white one, which performs an obscuration if not outright erasure of indigenous histories. The story becomes about a noble (white) "working class people" displaced by the relatively benign passage of inevitable time and progress, and such that there is a tragedy, it is the one about a noble, hard-working (white) way of life, and not about the initial displacement of the indigenous communities that had already been there. With that history elided, a new industry packages and commoditizes the former industrial past, now exhibited in mining museums, museums of industry, and even mine tours – a paradoxical way of honouring the men who used to work underground, whose grandsons are now unemployed. But as Thompson (2019) says, the past now commemorated on Davis Day and on Black Friday and "memorialized through songs, stories, museums, named highways, monuments, and plaques" (8) ends up not only consumed by visitors, but by the people of the region themselves, feedbacking into their self-perception. Having lived much of my adult life in Nova Scotia, it is easy to agree that it isn't just tourists but "Bluenosers" themselves, and certainly "come from aways" (transplants from other parts of Canada, mostly), that are also drawn in by these myths. The

famed friendliness, for instance, seems to link with a feeling that when one lives in Nova Scotia, one somehow lives at an earlier, quainter moment in history than in other parts of Canada, and perhaps in one sense, this is true.

Within this fictive/real narrativizing, the people of Glace Bay participate in an ongoing construction of history and a felt sense of nostalgia that is never only about loss, but that manages – however much some may struggle with it today – to promote invulnerability above exploitability, and refusal above victimization. But in the advent of the closure of the last mine in 2001, when DEVCO solidified its fate as *just another company*, smokestack nostalgia and the "true Black Friday" combined to create a tidier before/after moment of discontinuity and decline in Glace Bay's history, a "before times" and an "end times." In the before times, men were dirty and tired, but noble, the laundry soot covered, but it hung outside of fixed up company houses, and mom's – Kevin's, he told me, was a "saint" – took care of everyone. But since the turn of the millennium, "since the mines closed, nobody does fuck all." Dan, for instance, told me the following,

> After DEVCO closed, everything down, things went downhill. That's where things got depressing and…violent. And that's when Dad started going out West. He [had] worked on the surface [rather than underground] as a machinist and millwright, but he went out West for the huge money because of the oil boom. Mom stayed home for a bit. She was a social services worker, but eventually both of them went out to Calgary.

Now, in the end times, the opioid crisis has become not just another thing to endure, the pharmaceutical companies, not just the new external, extractive foe, but rather these are the symbols of nihilism, of inevitability – of the arrival of scavengers come to pick over the last of what remains. Before, a man's toughness served him, and his brothers and family, in the fight for a way of life, in the fight for labour, and for justice. Now, one's toughness meant being able to endure *coming from such a place*. This is what motivated Kyle, who once led morning group, to

show the guys in Awakenings a National Film Board documentary called *Cottonland* (Ackerman 2006), which is about the impact of Oxy*contin* on the community, and a nod to the community's nickname for itself. Kyle was reaching for a kind of validation for what he and his community have been through, but also tucking that need behind a less vulnerable way of being seen, as a survivor from a rough place – fucked up, perhaps, but only so vulnerable, only so much a *victim*.

In the same moment that saw the region gain attention for "hillbilly heroin," it was also gaining attention for environmental degradation, and especially for the Sydney Tar Ponds, where the tailings from steel manufacturing had been dumped, and where clean up efforts became a political football. The arrival of the "toxic landscape" (narrative) also became part of the region's before/after story, of the arrival of the "end times." In the before times, the fight against environmental problems had been attached to the cause of labour, of the fight directed at Justice. Carcinogenic particulate matter had long been a concern, with cancer rates in the region at four times the national average (MacKinnon 2021, 204). This led to the formation of the Coke Oven Workers United for Justice, who in the 1980s were able to secure recognition of the problem from government officials and more specifically, this allowed workers to apply for compensation through the Nova Scotia Worker's Compensation Board. So once again, the collective memory looks back to a time when those who protested had something to fight for; in a world where some kind of *Justice* was still conceivable, where it was still held as a vision on the horizon. As one of MacKinnon's (2020) interview subjects remembered the fight for Workers Comp, "We'll go down fighting or we'll win." Before, one's life may very well have been on the line, but the masculine ethos of invulnerability that rose to meet that threat served a purpose greater than oneself. In order to provide, a man accepted that his special status as a man and as a labourer meant courting danger, sacrificing one's body, but *also* refusing to be utterly used by the external

foe. But then, in that world, the external foe wasn't itself thought to be invulnerable – one could still score a victory or two. But post-2001, in the end times, "victory" became relativized. *Victory became privatized*. Pride, nobility, and heroism meant enduring without losing the ability to laugh. It meant, as Dougie said, "tak[ing] pride in crime, right? Like, we love it. I still love it, but I can't do it anymore [referring to his sobriety]. Something about ripping off the government."

Thompson (2019) discusses how the "postindustrial narrative," which begins to appear at the end of the 1990s, does its own mythologizing – not quite a caricature, but a more univocal representation of a community's complexities, nonetheless. While by no means denying the grind of lived reality in postindustrial regions, Thompson connects representations like he sees in *Cottonland* to the tropes of apocalyptic and zombie stories, stories where the tragic event has already *happened*, and where the people are living in its wake, no longer living recognizably human lives. And having seen the film, I can't help but agree. It can be hard not to see something more two dimensional, something meant to empathize (and does) but once again confuses compassion for condescension. The people of Glace Bay are staged as something closer to broken, sick, forgotten people, who are living out their days at the end of the earth, something akin to how the poor are staged next to celebrities in "Save the Children" campaigns. Perhaps its easier to empathize from a distance when it feels simply too exhausting – or too daring – to imagine (still) aligning hope with justice in a region that has forever been forced to settle for relative victories. Perhaps it's easier to feel sympathy rather than anger. Perhaps it's easier to place freedom and determinism into an oppositional relationship with one another, to see only dominance rather than the possibility of a more substantive, if relative, form of freedom.

The risk, it seems to me, is that the before/after "postindustrial narrative" draws men like those from Glace Bay into a compelling, almost soothing, but ultimately disempowering story

about their own hopeless situation without offering them a real out. By too quickly "staunching vulnerability" (Butler 2009) – by moving away rather than towards the integration of resilience and victimization (or freedom and determinism) – the postindustrial narrative only serves to rachet up the tensions *between* survival and victimization, between invulnerability and vulnerability. It only further propels the necessity of one having to respond to the other – of laughter having to respond to hopelessness, of unkillability responding to inevitability, of a privatized self-care having to respond to a never-arriving "external" care, and of a realistic critique of governmental abandonment spilling over into a politics of aggrievement. By no means do I mean to imply that the "real world" state of affairs, and the *fact* of the final mine closing, led many in the region to feel something already threadbare within themselves snap. Rather, I'm only concerned with the attributions made of the events. If 1967's Parade of Concern played into the story of the people's resilience, then 2001 played into and amplified the story of victimization – an all too real victimization, but made more two-dimensional by the discontinuity of the before and end times. The more mythological before/after story is one where the golden era was "full of busy streets and the shops were full of people," and then everything changed when the mines closed and "the government gave up on us."

MacKinnon (2020) rightfully flags the cynicism found in Stephen Harper's 2006 message that "Atlantic Canadians are suffering from a 'culture of defeat'" (3). It is cynical not because it doesn't point to a real state of affairs, but because of the diagnosis implied within Harper's message – that within the defeated wills of Atlantic Canadians, they only need to more effortfully rebirth hope and a spirit of entrepreneurship, and from there, structural change will follow. On the other hand, in the "Make America Great Again sloganeering" something more tactical appears (MacKinnon 2020) – something that opportunistically bypasses the real

victimization that working class people are suffering from, and appears to breathe new life into the old fight for justice against an external foe – carefully covering all of the bases as to who that foe might be, whether "elite" or "other." Not only does the campaign's diagnostic outlook bring a "host of racialized, gendered, and class-based hierarchies openly into the public sphere" – "they" are coming to take "our" jobs – but it directly speaks to "the real perception that a moment of working-class achievement has been lost and is in need of recovery" (4). Trump promised to be the saviour, the higher power, the authority figure that they had always needed, the one that would finally care and deliver on the promise of labour justice by "bringing back their jobs."

It was only the rare man that I met that from Glace Bay that articulated an explicitly Trumpist outlook (though you'll meet someone that fits that description in *Chapter 6*), but it was nevertheless obvious that their suspicion about elites – again, the slippage between government and company – was susceptible to populist messaging. In the following exchange with Doug, it was profound to listen back to the emotional pivots made from resilience to victimization to a kind of embittered, and yet tired, longing for help.

> Doug: Ya know, that east coast mentality…you work so you can have a good time, have people over, entertain, make some food, right? Much as I was a degenerate, I always portrayed that, I always wanted people over at my house, the good life, I always had these skills, I could cook. People were blown away that I could put out this spread…[I'd have] kitchen parties, put on the good face…I'm generous, and entertaining…In truth the most filled up I could be was being high on opiates, that's when I was at my most generous.
>
> Me: Yeah, totally. You get that internal hug and it's much easier to give it away.
>
> Doug: [Laughing] Fuck yeah, totally. I guess I didn't get enough hugs from anyone else!
>
> Me: [Also laughing] Yeah, or maybe you grew up in a tough place…

> Doug: Yup, no doubt about that. And it's not like the government ever did nothing for us. [Implicitly, the message from the government:] You guys are on your own! Fuck yas!... No wonder we got into so much crime back home. Fuck you back, right?
>
> Me: What do you think would help?
>
> Doug: Glace Bay? Oh fuck, probably nothing [laughter]. I guess if someone came along, maybe somebody from there… somebody that actually had been through something like that and gave a shit.

In Doug's story, in the effort it takes to hold appearances, to present *respectability* to the world, it is easy to hear a surface getting further away from a more difficult reality. The weariness, the despair, and the cynicism are never far below the laughter and hospitality that now need chemical assistance. It's never been more important to turn tragedy into funny stories, but it's never been more difficult to laugh. From the tensions built out of the basic opposition between private interest and community interest that was founded on Glace Bay's geographic vulnerability, came an unstoppable future, a future they would be the victims of, and yet they would adapt, find a way not to have it all taken. Resignation would be met with resilience, resentment with humour, hopelessness with absurdity, and a distrust of authority would be met with the necessity of self-reliance. But when they were finally proven expendable in 2001, the fight became harder to directs outwards, and instead it became privatized. It went below the surface, underground. For the working class white men from deindustrialized Cape Breton it had never been more important to built identities and self-caring practices that would guard a part of themselves that no one else was allowed to *see*, let alone *take*. The geographically and economically "peripheral" people of Cape Breton now had make do with victories that *they* could define, given that Justice had proven that it was not going to provide.

And yet, when I met them – some of them years recovered from addiction, and others only at the beginning of the recovery path – it was evident that living between these ever

escalating tensions, between the polarity of survival and victimization, invulnerability and vulnerability, had become unsustainable, and another way was being sought. When I met them in a treatment centre, some of them seemed more ready to soften, to begin the deeply counterintuitive process of admitting to themselves that "victory" would not come through fighting, but "*surrendering*" – and the very first Step of Alcoholics Anonymous, the "surrender Step," was there to greet them: "We admitted we were powerless over alcohol." In order to let a "loving God" in, they were going to have to try turning weak into strong, rather than fighting for the rest of their potentially short lives to get a God of Justice to love them back.

3. Waiting for the Big Other, Refusing to Grieve

With my clients, the most common experimental research that I reference, and deploy as a metaphor, is known as the "still-face experiment." In it, a caregiver (typically a mother) and infant are set opposite each other. At first, mom is instructed to engage with her baby, to provide animated attention and responsiveness. Then, mom is instructed to turn around, kind of wipe the slate, and then turn back to her baby. Only now, mom is to maintain the "still face," staring blankly at her child, unmoved. Heart-wrenching to watch, when the baby points somewhere, in anticipation that mom will mirror her, mom doesn't respond. When baby tries to smile, the mirror does not respond. And then, when the infant becomes distressed, reaching for her, grabbing towards her face, the mirror remains *still.* Eventually, baby in tears, mom is permitted to respond, and everyone involved, including the viewer, is relieved. I use this experiment to set up a metaphor about how much it *matters to matter to someone else.* As much as the baby is asking, through her distress, "where did mom go?", one could argue that the real question being communicated is "where did *I* go?" For if I'm not seeing myself reflected back, not seeing that my distress matters to someone else, then I don't know that *I* matter; I don't know that my pain

warrants attention. From here, in the psychotherapeutic mode, exploration begins about the ways that people have learned to adapt to a world that always imperfectly mirrors their needs back to them. Have I learned that I shouldn't bother to reach out, because it's too painful to keep asking for attention? Or perhaps I've learned that if I express enough distress, I've reliably gotten if not exactly what I need, then at least something better than nothing at all.

Butler (in McIvor 2012) discusses the ways that calls for attention and care, calls that come from one's state of exposed vulnerability, will be met (at least in theory) reflexively. Mom doesn't have to *try* to respond with attention, but rather accepts her "'unwilled susceptibility' to others without attempting to overcome this susceptibility through the cultivation of an autonomous will" (60). In the experiment, the still-faced mom is *intentionally* roleplaying the part of the autonomous will; not without difficulty, she is resisting the "unwilled susceptibility" that has been elicited in her and that propels her to respond. In a sense then, at least in this experimental setting, it is responsiveness that is "unwilled," or "natural," and it is neglect that is willed; it takes effort *not* to respond. Such willfulness breaks the dyad, the mutual ties, the relationship between self and other, self and mirror.

In my reading, this dyad serves in thinking about what the people of Cape Breton have historically fought for, in thinking about their moral intuitions. Whether the company or the government, they have been staring at an unresponsive source of care their whole lives, and for generations. And it isn't only the still face that injures but the willfulness of the neglect. When the people have risen up in protest, their protest says: "Don't tell me that you *can't* respond, don't tell me you *don't* have a choice. Don't tell me that this neglect is determined and made inevitable by the dictates of economics. You have wills and you're choosing *not* to use them. You're the authority, the one with more power. It's your responsibility to *provide*." Perhaps, one

might say, this is a misreading of events, a naivety about the ways of the social order. But in a very real sense such "harsh realities" have no bearing on the injured person, for whom these will only feel like excuses. There is something, one might say, equally as "unwilled" about the belief that the other *can* respond, something unwilled about seeing anything less as an excuse.

And yet, babies do, when neglected enough, when injured enough by the unresponsive mirror, learn, however partially, to self-soothe – they learn to *take care of themselves.* They learn eventually to direct their own wills not towards the unresponsive other, but instead to use different means oriented to different ends. Calling this a "choice" seems not quite right, but nor is it an absence of will (Ahmed 2014), and it is certainly not an absence of care, of caring about (something). It is, rather, care redirected. This is where, still in the psychotherapeutic mode, "core beliefs" and "object relations" begin. The mother-infant dyad is one of the key relationships between self and other, self and mirror, in creating models of what Lacan called "the big Other." Is the big Other caring? Reliable? Conditionally approving? Withholding? And what am I expected to *do* to win their affection?

In this framing one can find links to Foucault and to the teleological model of action, influenced by virtue ethics, that permitted more room for "freedom" in Foucault's analyses. Most importantly, as I have explored throughout this thesis, I am interested here in the relationship between means and ends, of where and what a given action is oriented to, and what a given moral order – or God – provides in return for one's "ethical" action. Though Foucault, like Nietzsche before him, saw it as not only impossible but insensible to orient action to a passive, simply waiting out there, politically and culturally neutral Truth, this doesn't mean that the ends that one does orient their actions to are arbitrary. For relative freedoms can be found in learning to reorient one's actions away from one moral order to another – from one, say, more extractive,

or more normalizing, to one more "respectful" or caring with regards to autonomy, or "creativity." Here, one can analogically link back to a "narcissistic" parental figure who needs me to become a lawyer because it proves that they did the "job right" and now *everyone will know*, and contrast this parental model – or big Other – to a parental model more approving of my need for autonomy, and who will provide approval irrespective of the career path I choose to follow. In a sense, only the latter *cares* that my practices of self-care are *for me*. Through a governmentality or biopolitical framework, with regard to the relationship between subjective action and the economic moral order, the danger lies in the possibility that one may be unable to recognize that they are living in an extractive or normalizing (a kind of narcissistic) moral order, convinced, in a sense, that their actions only coincidentally align symmetrically with the ends of that order – "I would want to strive for that body type anyway!" "I would want to work that much anyway!" One's needs, in other words, may become indistinguishable from a big Other who cares not for "my interests" but rather their own *private interests*. And yet of course, that big Other may very well be convinced that they have if not mine, then some greater good's needs at heart.

Again, for whatever the complex culturally, historically, and "instinctively" derived reasons, the people of Glace Bay were never convinced by a moral order that told them that their sacrifice nobly served some greater good. I can hear Dougie or Kyle or Kevin calling bullshit on that. And though the God that they "preyed to" never provided the justice they sought, they never quite gave up on the a belief that the big Other at least *should* provide if not some kind of "perfect justice," then something resembling what had been given to their grandfathers, something that would have allowed them to feel secure, respectable, and noble. It was precisely where that God failed to deliver, in the willfulness of the Other's neglect, that they remain

injured and have been forced to adapt – to care for themselves in an oscillation between victimization and survival that seems never to end. Some have learned to ignore the injury, maneuver around it, distract from it, and seek as much care as they can from other sources. Some, like Kevin, have made themselves invulnerable to the very possibility that Justice or acknowledgment would ever, at last, come through. Kevin has disavowed vulnerability and he stands ready to refuse recognition. The apology, the repair, the compensation, if any of these were to arrive, he would reject it, because "fuck that piece of shit" anyway.[80] In Butler's terms, he has made himself "autonomous," but only in the sense of isolation, in the disavowal of mutual ties. Kevin refuses – and righteously so – to grieve. And though it is not my place to deny Kevin the hard-earned, self-defined justice that he finds in isolation, I also cannot overlook the cruelest irony of his "invulnerability." For Kevin, of course, would "do it for free." If I had asked the counsellors at Awakenings about a guy like Kevin's chances of staying sober, they'd likely tell me what my instincts say too: if Kevin ever learns to "surrender," it'll come only at great cost. But Kevin's is by no means the only form of refusal, or isolation, that I witnessed at Awakenings. For there are other ways of refusing to grieve, of refusing to let a loving God in. Tapper, for instance, convinced himself that he didn't deserve it. He made himself unlovable.

4. Living to Survive, Struggling to Forgive

The man that everyone calls "Tapper" had been in Vancouver for more than a year when we met. It was early in my year at Awakenings and Tapper was immediately invested in "Brett's Glace Bay project," as it became known. In his 50s, he was amongst the oldest of the Capers I met, and he helped introduce me to other men from the Sydney region that had come through the

[80] A quote from Kevin, talking about abuse when he was young. Whether Kevin was talking about personal trauma or the harms done to Glace Bay, he oscillated rapidly between tears and anger, displaying his "disintegration," the rapid trading between resilience and victimization.

Glace Bay to TWC pipeline. Early on he told me, and for only the first time, "I'm happy to help a young fella out. Anything I can do; you just name it." Not only for this reason was Tapper immediately likeable, for he has that effect on most that he meets. He embodies his weariness lightly, and he's a great listener and even better storyteller. I saw him in conflict with others from time to time, but he was quick to forgive, and even quicker to "*find his part in things*" and apologize – at least with fellow residents. He was amongst the most affected by what he saw as TWC's "shadier" practices, and was resentful about having once been kicked out for "having a puff of weed," when he knows that higher paying clients are often shown more leniency. "It's a great place but it's not a great place," he said. "I'm trying to live this spiritual way, that they're teaching me, but they're not living it. They're not living that way, but they'll teach me how to?" It's not hard to imagine that Tapper's feelings about TWC have to do with the ways that he and his community have been impacted by exploitative institutions and by the deep reverence that he holds for the project of putting people – putting "young fellas" – on the right path. Tapper told me that he was "pretty proud" of the fact that he hadn't "done hard drugs in 14 months." It was the most success he'd had staying sober "in probably 30 years." He too was prompted by the same staff member's outreach that brought Kyle to TWC. He was prompted by that invitation, but more deeply by remorse.

At the time of our interview, Tapper was wearing a Cape Breton Screaming Eagles sweatshirt, showing off his allegiance to the Major Junior hockey team in Sydney, and to the region he loves, "Oh, I love Cape Breton, other than my own part. Other than Glace Bay." Until his move to TWC, Tapper had always lived in Glace Bay. He told me that his young life was pretty happy, that "I wasn't a bad kid." He remembers acting in plays, something that his siblings "couldn't do." "I come from a good family," he said, "My mother and father were churchgoers

and stuff. Roman catholic. And we were raised to believe, but as soon as I could get the fuck out of it, I did. I didn't believe in that stuff, right." But whatever stability there was, tragedy would send everything "downhill." In the early 70s, when he was 7, his one year older brother was struck in the head by a baseball bat and killed. After that, his parents weren't the same and "no wonder," he added. "I didn't handle it well either." At 10, he started drinking and stealing his mother's cough syrup, always "wanting to get high." He described "the little crew" that he was a part of as "pretty rough." Once, he was stabbed by one of his friends. He continued,

> [I was] definitely a black sheep. My family are all very supportive, they all have my back. But I was definitely the black sheep. And I kind of knew it… and I don't like to bring it up, but after my brother died, my father…they were pretty strict…I'd get a whack and stuff like that. My mother was on medication and stuff like that. Maybe that's what it was [implicitly, the source of his status as the "black sheep"].

By his early 20s, he had two kids, but the relationship with the mother quickly turned violent and they were separated within a year of marriage. After the break, his using picked up.

His grandfather had "lost his hand in the mine, [and that grandfather] lost his nephew in the mine, his brother…he made me swear that I'd never work in the mine. …He liked his medication and liquor." He heeded his warning, and ended up working in the hospital – that now biggest employer in town. But he couldn't avoid being exposed to the violence of the mines, and of deindustrialization's impacts on the region's people. For a time he worked in the morgue, and he "saw a lot of death…the drugs helped there too. I dealt with it…in my own way [laughing]. Working at the hospital, you see so much." Eventually, dealing with it meant selling:

> In order to support my habit, I started getting these pills off the old miners, and started selling them. I started out pretty young doing that, and I got away with it for almost 30 years…I'd buy them off the miners for cheaper. Percs, Fiorinal, Fenafen, codeine, Tylenol 3 and 4s…I'd go to multiple doctors, and they'd always give me something. Always. I was working for a doctor and instead of paying me, he was paying me through prescription. And this was before triplicate pads and all that. // I was happy. I had money

> in my pocket. I had drugs up my nose. I had women. I had houses. I had vehicles. I had it all, right? But that was all bullshit, looking back…And now, obviously, I ain't got fuck all to show for it…"

Despite having become one of the biggest dealers in Cape Breton, having transformed poverty and tragedy and long ago school plays into the masculinist ideals of status, money, women, and property – having transformed vulnerability into invulnerability – Tapper now has fuck all other than a criminal record and the deep weight of regret, especially regarding his impact on the young people of his community.

Especially heavy lies the burden of losing a stepson. It wasn't long after the loss that Tapper would make the cross-country trip to TWC, ready to make some changes.

> Matthew, who was just like me…He was bad there. Anyway, he ODed [overdosed] there last year. I loved him just like my own. I could never discipline him or stuff like that. Me and him were friends. He came to see me, the night before he…he [hesitating] before he died. The next morning he died. [Tapper is not convinced that the OD was accidental.] And it was hard…now my other young fella, my second son, now he's in jail. Darren's in jail. Just continuously shit going on because of drugs. It's hard man, really hard.
>
> His grandfather had died, and Matthew took it hard, really, really hard. He came out and visited me at the trailer I was staying in. And he was crying. And he shouldn't have been driving. I should have taken that car off the road, but I was stoned too, right? …but as he was leaving, he said, that night when he was leaving 'good night dad, I love you' [emotional]…as he was leaving. And it was hard, I'll remember that forever.

He continued, later in the conversation,

> *I can never forgive myself for the shit that happens, for the shit I've done* [emphasis added]. People that have passed away in the past, and I've given them the dope. It's fucking hard, man. When I was young, I didn't think about anything, but now I think about it all the time.

When I arrived at Awakening on the morning that Tapper went to save Kyle, I immediately thought of his statement: "I can never forgive myself." I wasn't the only one at Awakenings to conclude that Tapper was paying that debt of his by saving Kyle, driving 6,000 kilometers across the country, back to a place he didn't want to be, a place haunted by regret.

When I thanked him towards the end of our interview for his contribution, for his openness, once again that debt showed up: "Of course. If there's anything I can do to help, anything to get a younger person on the right track, cause I've seen a lot of young people on the wrong track and I've contributed to it. And I just want to change it all around before I die." Tapper means what he says. Now in St John's, living in his brother's basement, he has kept in touch with me since his time at TWC. There is little question that he sees me as a "young person" that he might be able to help. On the phone, he has told me that he knows he needs to get some help, saying "I probably have PTSD…I want to stop thinking about everything all the time" but he doesn't know if he can face up to it.

In that moment, I felt drawn in, as Butler says, by my unwilled susceptibility. I sputtered out, "I wish I could help more…" and for the briefest moment I felt compelled to ask if he'd want to see me as a client. Thankfully, and not only for reasons of research ethics, I stopped myself. I realized that I couldn't rescue Tapper. I couldn't make all of the intersecting tragedies affecting him my responsibility – that I'd have to sit with the grief, and be a witness to the contradictions, to the tragedy. I told him, like I had before, that it's hard to hear him be so hard on himself, that given all that he's been through, it was hard to hear him take on so much of the responsibility. Even if I only truly understood my feelings later, I wanted the refusal that marked the men of Glace Bay to serve Tapper here – not in absolving him of his guilt, of his "part in things" – but in refusing to make decades of structural problems, decades of exploitation and violence and paradoxical self-care, *his fault*. I wanted him to embrace whatever responsibility he needed to take but refuse blame. I wanted to help him better place his actions within a context so much broader than him, the context that he himself had helped me to understand. I wanted him to see that he could be a victim and responsible at the same time. I wanted him to grieve.

Tapper longs for forgiveness, but he feels that he deserves the punishment. In fact, arguably Tapper is driven by the idea that if forgiveness is ever going to be found, it lies only miles and miles further down the road of self-punishment, the road of penance – a kind of giving without end. Recovery cultures attempt to deliver addicts from their pasts by way of the metaphor of disease, granting them an institutionally sanctioned dose of it's-not-my-faultness. But like me, it seems that Tapper is only so convinced by that metaphor's power. And even though he knows as well as anyone that he comes from a place impacted by structural problems, he doesn't know how to find forgiveness in that social story either. Even in the attempts we made together at a more thoroughgoing attempt at contextualizing his experiences, Tapper remained unconvinced. He remains ungrievable.

Tapper has to look back to the early 70s to find anything like innocence, to an imagined family not yet marred by a loss too difficult to accept. And yet, the troubles clearly preceded that tragedy. Tapper's father had lost an uncle and cousin to the mine, and grew up with a "medicated" father who lost a hand, and his "usefulness," to the mines. Inevitably, these impacted Tapper's father, who worked unstably throughout Tapper's childhood, and surely those losses played a compounding role when he lost his son – Tapper's brother. Tapper told me that he doesn't speak to his father – "he's okay, but we don't talk. If I ever call home, I only talk to Mom." He has always been closed off, he tells me. Meanwhile, his mom "had her medications."

I'm struck by the dissonances in Tapper's story. In one breath, Tapper can't understand why he ended up the only black sheep in his family, and yet his own mother struggled with substance use, and his father could be violent, worked unstably, and was emotionally unavailable. Churchgoing and a relative amount of financial security is what signifies being from a "good family," but not reliable care in the home, and certainly not evidence of loss being dealt

with and "processed." He was warned away from working in heavy industry, and yet when he went to work in the care industry, he still encountered its violence – it still left its mark, and took what it took. *Both* industries – one in decline, and the other growing to meet that decline – provided an avenue for Tapper to find a different kind of reliable care, a different source of security and freedom. He profited off the "medications" that miners sold him, and he built relationships with doctors that "prescribed him anything he wanted."

In the dissonance, I see a story never quite valid enough, losses that never count quite enough. Tapper was compared unfavourably to his siblings – one who died and then lived on in a state of permanent innocence – but he had an even more "fucked up family in the company house next door" to be grateful he didn't belong to. He had churchgoing parents, who more or less politely hid their struggles, but at least that was better than the abuse he otherwise witnessed and heard about in other homes. His father was unavailable to him, but that was to be expected. He witnessed enough death and violence working at the hospital that it needed to "deal with it" through "medication," but at least he wasn't himself a victim of the mines. Set against the backdrop of the region's spiritual and material decline, of social abandonment, and generations of exploitation, the suffering of the peripheral people of Glace Bay becomes profoundly, indeed absurdly, relativized. Families like Tapper's are *relatively* secure, relatively caring. Families like Tapper's have many other families to compare themselves favourably to. And on top of this relativization of struggle, it became too painful, too risky, too absurd to *expect more* for the people of Glace Bay. In Tapper, I saw a man's struggles having become privatized. In him, I saw the closure of the last mine, the moment "when they gave up on us," when it became unendurable – perhaps inconceivable – to keep asking for Justice to provide. Ultimately, I saw in Tapper a man who had lost all sense that he was allowed to expect more.

When his stepson died, his unwilled susceptibility to grief tore him away from the "autonomous," isolated place he lived within himself. All of the practices and perspectives that had helped him to "deal with it," to survive, and to endure – the privatized, self-caring practices oriented to invulnerability – crumbled and fell away in an instant and he became "a responsible agent," an undeniable part of a greater whole. And yet, in the moment that he stepped into this new ethical world, when his subjectivity became repositioned, there was no context there to receive him, no structures to help him more gently land in the paradoxical space where he could be a victim and responsible at the same time. He became the only agent that he could attribute responsibility to. Matthew's death was a proxy for the other young fellas who had died taking "his" drugs. *He* had killed them. *He* could have done something, but he didn't. He was no longer a victim of an uncaring social order. He could no longer justify his nihilism, his right to self-annihilating self-care. Now, *he* was responsible. Now God cared, but he held him personally responsible. Tapper was unforgivable. The very way that he had learned to protect himself against extraction, to hold onto something that the world couldn't take, now, in the end, would be the reason that he would have to give, to pay a debt, for the rest of his life. This will be the God that Tapper serves unless he can learn to create a new one, to bring a more loving one into existence through a new set of ethical practices; unless he can redefine vulnerability and find a new way to be strong and noble; unless he can learn to deal with the grief that will allow him to hold the duality, the contradiction. Only then will he be able to draw on the history of his region, to trust in the legitimacy of the forces that have victimized him and his people – that have forced Glace Bay's men to isolate themselves, men like his father – while at the same time seeing that history is, indeed, a story that needs subjects in order to be told (Lambek 2010). Tapper would have to be shown a "*new way to live*," if this was going to be possible.

When I interviewed Tapper, he was trying to build a new spirituality. The road back to Catholicism was completely shut, he told me, but "now I believe in something, in a higher power, but as far as Jesus Christ and the Virgin Mary, and that shit, I don't believe in that shit…But I know there's something there. I feel that." Though he felt that he was starting from scratch, he said, "I'm as willing as I've ever been in my life. I've gotta give myself a shot at doing things different." As I'll explore in *Chapter 6*, Tapper was exhibiting signs of the kind of "beginner's mind" that Awakenings excels at inducing in men. Tapper had become uncertain and destabilized, and was eager to find a new way. He wanted guidance as to where to go.

Tapper was ready to embrace *The Twelve* Steps, but he was about as at risk of embracing what is known as the "*Two Step*" as anyone I've met, motivated as he is to pay his debt. In the Two Step one jumps from Step 1 and clears all of the middle steps on the way to Step 12, jumping, effectively, from bare abstinence to "*being of service to others.*" Doing so, one is thought to avoid the cultivation of a relationship with God, and all of the critical self-development that makes one an effective sponsor and elder in the community. The Two Step is thought to bypass, in other words, responsibility to oneself, in the rush to be responsible to everyone else. It is thought to leave one vulnerable to resentment, to relapse, and come to no overall gain in "service" to the community. I couldn't help myself in bringing this potential up in our conversation. Tapper laughed out his response, telling me that the house manager, Doug, who was also acting as his sponsor, "already has an eye on me for that!" He continued, "Doug's probably one of the best men I've ever met, right there with my ex-father-in-law and my uncle Basil…the three top men I've ever met. I learned more from Doug that I've learned from anybody." Doug, who will be further introduced next chapter, was one of the few men at Awakenings that was older than Tapper, and he managed to embody gentleness, wisdom,

humility, and toughness all at the same time. He had been a "big time" dealer too, and had spent serious time in prison for violent crimes. He was credible to someone like Tapper and he offered a model of a new way to be a man. And Doug, I was thankful to hear, wouldn't let Tapper get away with avoiding himself. Doug, I felt some confidence, might just be able to help Tapper "*do the work*" to allow in a loving God – a big Other, a symbolic order, an authority figure, a higher power – that finally cared about Tapper taking care of himself.

But then, Kyle's mother called a couple of weeks after our interview, asking a man carrying a heavy debt to go save her son. I only hope that Tapper finds it within himself to once again seek out someone in St John's, someone like Doug, who won't let him get away with avoiding himself.

Conclusion

About a year after my interview with Kyle and Tapper, while visiting family and friends in Nova Scotia, I made the four drive from Halifax up to Glace Bay. I'd been to nearby Sydney, but never to Glace Bay. For whatever efforts the local government makes, however it tries to package and commoditize smokestack nostalgia, Glace Bay is not one of the dots on a tourist map often visited. Strangely, however, there was something familiar about the kind of sightseeing I undertook in Glace Bay. Back on the opposite coast, tourists are often encouraged to go "check out" the Downtown Eastside; "at least go see it," a visitor to Vancouver might very well hear. I've been yelled at by one of the DTES's presumed residents for gawking at him like a "zoo animal," when my eyes were drawn to the flame that he was using to administer whatever drug. He was sheltered under an awning on a grey day. I was walking with a friend, having come from a nice dinner in one of the warmly lit restaurants in the gentrification that surrounds Hastings and Main. It's entirely possible that he'd fallen under the objectifying gaze of

someone's camera phone before, as tourists are known to "post" the poverty in the DTES. When I was in Glace Bay, I felt conflicted about taking the following photograph, conflicted about the risk of two-dimensionally documenting Glace Bay as an object of loss, abandonment, and addiction. But now I see that it's possible that I was simply acting in a kind of solidarity with the irony and absurdity that so deeply characterizes the men of the region. With the town already nicknamed "Cottonland," I can't be the only one to have noticed that one of the town's warehouses seems to have taken a shot at its own nickname.

The Highland fish plant in Glace Bay

Though it felt in keeping with the spirit of the place to find irony attached to an industrial warehouse, there is decidedly less irony to be found in the contrast between the architecture of the buildings downtown and the "for lease" signs in the windows. There is nothing ironic about the contrast between the photographs I saw at the Miner's Museum, of Glace Bay's once bustling downtown streets, and the empty streets that I encountered on a beautiful Saturday afternoon in

September. Though, I should say, they weren't entirely empty. I encountered two middle-aged men, rather obviously intoxicated, but happy to nod and say hi to me and my daughter. In a lilt accented with Glace Bay and booze, one of them asked, with friendliness, with a kind of familiarity, "what are yous doing here on this beautiful day?" In my confusion at the question, I stumbled out a "it *is* a beautiful day" response, and then immediately confirmed with my daughter after, "he said 'what' and not 'how,' right?" She replied affirmatively. And indeed, perhaps obvious "come from aways" are a rare enough sight to elicit genuine surprise. But it's tempting to register something more complex in the question, as if the men weren't only surprised to see tourists, but didn't quite know what to make of what come from aways would want with the region. Though at the same time, in the familiarity, there was still something of that Cape Breton hospitality, and of that absurdism always finding humour even in the end times.

And this it seems to me characterizes what I've come to know about the men of Glace Bay that I met: duality and contradiction, tensions being held together, victimization and survival ever present, but not quite integrated either. Of all the men that I met that exhibited the potential to embrace a "both/and" perspective about where he comes from, it may very well have been Kyle. Unlike other men who challenged me about the idea of (racialized) "groups disproportionately impacted by addiction," Kyle only seemed interested in making the connections between such groups and himself, to see the mutual ties, the mutual vulnerability. He *knows* he belongs to a group disproportionately impacted by addiction, but it doesn't threaten him to know that "Capers" aren't the only ones.

While nearly all of the working class white men at TWC could link "social problems" to addiction, Kyle's sociological interest exhibited something softer, more open and curious. Maybe a reflection of his younger age – of the fact that he hadn't yet become worn down and embittered

– he seemed to be reaching for self-understanding in social context, not for a reason to justify hostility towards the "government," or at those "taking his job." It was undeniable that Kyle appreciated the complexity of the addiction issue. When I asked him, "why you, and not someone else from your hometown?", someone else who was inescapably impacted by the same "structural forces," he replied, plainly, that he doesn't know. He assumes that it has something to do with the fact that he lost his father to a "massive heart attack" when he was 14. His father, he jokes, "would put salt on a Mars bar." He continues his theory, "my mother being at work all day and having no father figure, maybe that had something to do with it, but then…" He pauses before continuing, immediately bailing on this "easy answer," when he realizes the potential trap of explaining his story through a familial lens: "a lot of the guys here [at treatment], they had two parents, so in the end, I don't know. It's too complicated."

Later, he points to situations where "dad was a lawyer, mom was a doctor and they're still strung out on Hastings… a lot of things come together to make that true." He goes on to itemize a long list of factors that might answer the "why me?" question, pulling from both the usual suspects that often frame Glace Bay's struggles – the closing of the mines, the poverty, the violence, the chronically injured and intoxicated dads, or the ones that are always "away for work," the pervasiveness of prescription opioids – and from more specific elements of his individuated life – his dad's death, instances of schoolyard violence, his family's money problems. In the end, though, he stands by his there-is-no-ultimate-way-of-knowing stance. What he does know is that "those cops with those briefcases were never going to stop me," referencing a tactic once commonly deployed in high schools, where a cop with a briefcase of drugs and paraphernalia (or, at least, facsimiles) and a "former junkie would be dragged in to scare us out of becoming junkies, too." Kyle knows what his experience tells him: "I'll get high on anything.

My drug of choice is whatever you put in front of me." Boys from Glace Bay laughed at the profound unbalance implied in the cop with a briefcase "solution." You think that's going to work *here*? You think that solution is going to address the problems here?

Kyle had always known that there was something wrong – he had known it his whole life – but the precise ontology of (his) addiction eluding him could still be met with "I don't know." Kyle, it seemed to me, embodied, even with his reported confusion about the "God part" of the AA program, something of the spirituality that recovery culture encourages, and of its demotion of absolute truths. At least as it circulates in recovery cultures, the concept of "*God's grace*" signals an ability to be *uncertain*, to admit, "I don't know, but I'm grateful I was spared." And yet, as with all things about recovery, there is no way to equate, anywhere near reliably, one's spiritual character, nor one's "willingness," to their abstinence from drugs. Kyle, like Justin from *Chapter 3*, tells a good story that is imbued with "*honesty and openness*," he is not interested in blame, but rather expanding his "*willingness to take accountability*," and he *cares* about those impacted by addiction. And yet, addiction being what it is – a problem bigger than its solution – Kyle had a "fuck it" moment. A week after our interview, he was drawn in by the gravity of Hastings. He became another white man from a small town visiting the next stop on the migratory addiction route; he left a treatment centre in Vancouver and went to the Downtown Eastside for the first time. And as Tapper was right to fear, he very well may have "died down there," if he hadn't gone to rescue him.

CHAPTER 5
Working Hard, and Playing Harder: The Cultures of Heroic Masculinity That are Killing Working Class White Men

At 8:30 a.m. weekday mornings, Kelly, the house counsellor, would bellow "group!" to the stragglers and shortly thereafter, morning check-in would begin. Eighteen residents filled the donated, dilapidated couches that lined the perimeter of the big living room of Awakenings. The living room, with its TV, PlayStation, and defunct fireplace, served double duty – it was also the group counselling room. The residents began their days by sharing about "where they were at in their recoveries," and sometimes this included reference to the "drama" in the house – coded and not-so-coded complaints about each other – but as often, it meant the offering of apologies. On Friday mornings I led the second half of group. "Brett's group" was meant to facilitate a conversation about "society and addiction," about how residents related their stories (or *didn't*) to their communities, and to politics, economics, culture, and history. I presented myself as an anthropologist doing a research project about treatment, but I also indicated that I was a certified psychotherapist, and I told them that years ago I had personally been through places much like Awakenings. This last identifier granted me a kind of credibility that went along way in group and in my acceptance, generally, within the house. It seemed inevitable that when I introduced the topic "groups disproportionately impacted by addiction," I'd notice men starting to glance at each other. Though when I started introducing this topic, I had other *groups* in mind, it wasn't long before I realized that the men looking around the room were noticing that they might just fit the description of a group "disproportionately impacted by addiction."

"Yeah, we're fucked," Rob told me, speaking on behalf of this overrepresented group. Though Rob was particularly pissed about what was "happening to his group" (a lot more on that, and Rob, next chapter), fitting the description of the more dangerous strain of "aggrieved

entitlement" (Kimmel 2013), Rob certainly wasn't alone in feeling *deprived* and left behind by society. Though there is certainly truth to the fact that, in part, this overrepresentation in treatment is being driven by a "selection bias" (the whiteness of those who seek treatment), statistics suggest that the selection bias doesn't tell the whole story (Perrin 2020). Working class white men are disposed to use drugs in unique ways – in ways perceived to be beyond the limits of "self control," and that are leading to an alarming rate of drug poisonings – and this chapter offers one reading of why this might be.

In short, these men are struggling *as* working class white men, and live at the intersection of the three crises at the centre of this thesis: drugs, masculinity, and deindustrialization. A too simplistic reading of their struggles, seen through the lens of a popularized version of Connell's (1987, 2002) "hegemonic masculinity," might suggest that in "losing control" over their drug use, and thus their lives, these men were in treatment to "regain control over their lives," and in so doing, they would re-ascend to a respectable version of manhood. And indeed, for many of the residents that I talked to, there was a certain symmetry between "getting sober," "being responsible," and "being a man," and for fathers and husbands, "being a provider." It was no surprise to learn that along with what they were learning about "recovery" from AA meetings, from counsellors, and from spiritual readings, popular figures like Joe Rogan and Jordan Peterson *spoke to these men*, for these figures seemed to promise a way back to power and to respectability; they seemed to name, with certainty, what was *wrong* (Christman 2023), and spoke in a register of loss and nostalgia that made it feel possible that things could be "Great Again" (Engles 2018).

A more complicated story about a "crisis of masculinity," however, emerged in my conversations with the men of TWC, and that is what this chapter is about. I will demonstrate

that beginning in boyhood, these men pursued a different, more compelling figure of "hegemonic masculinity," one easier to aspire to, to orient their lives in the directions of, given their backgrounds. It lured them with power and status, even dangerousness, but it also lured them with a "we're all in this together" sense of brotherhood and belonging. And, it offered them a place where their hurts and traumas and fears could be, in one way, recognized, but where they were also safely concealed behind an "I have nothing to lose" exterior. For some men, this figure was the drug dealer or the gangster, for others it was the "work hard, play harder" oil worker, and for many, it was both. In short, to aspire to this form of hegemonic masculinity – this "most honorable way of being a man" (Connell & Messerschmidt 2005) – meant finding power and status right at the precipice of violence and disorder. The closer one gets to the edge, without falling off, the more respect one is due. The men that I met fell off. And they were learning, sometimes very reluctantly, that the old model wouldn't do. They would have to find a new way of squaring responsibility, fulfilment, and nobility with manhood.

In more ways than one, the change that will be required of the working class white man (and surveilled in the treatment centre) is a belief in (a new) God, and a reorientation of his efforts in serving that new God. The old God – the old authority, the old model – the one that was supposed to deliver security, and the ability to provide, he had done his to best to serve that God. He had engaged in the ethics, in the practices, that were supposed to be rewarded with, if not love, then at least status and nobility, and maybe a truck. He had never "lacked agency," it's only that he was directing his agency in a social order, in a regime of truth (Foucault 1977/ 2008) – worshipping a God – that never seemed to love him back. And then others moved on to the "I have nothing to lose" God, hoping that this God would at least immunize him from the expectation that something, someday would be returned. In this chapter, I will detail the

profound efforts that men make in the service of a social order that stopped serving them (and often their fathers before them), no matter how hard they fight. And as such Kevin's credo – "I'm a hard fucking worker. I'd do it for free if they let me" – will resurface in this chapter in the service of a more explicit link between exploitation, the fight to prove something, and the profound need that men feel to turn to the paradoxically self-annihilating form of self-care that is drug use. For the men from deindustrialized communities, it is the refusal to be made irrelevant, that makes them precisely exploitable. As Beaton (2022) discusses, it isn't accidental that the oil fields are full of men from Cape Breton. They make good workers, and the same thing that makes able to "work hard" is also what makes it so necessary to "play" even harder, for it is through play that they practice the only kind of self-care available to them – *something they can give themselves to that actually, and ever so reliably, loves them back.*

Sitting more broadly in the transformational route by which the *labourer* becomes the *treatment worker*[81], this chapter, and the next, extracts the element of this transformation that has to do with the reconstitution and re-*purposing* of "man." This is the story of them hanging as long as they can to the old ways, and as such this chapter lays the groundwork for the exploration of that confrontation. Here, I simply ask, who is the man that arrives at the treatment centre's doors? What is the model of masculinity that he arrives with? And what does it have to do with his struggles with substance use? What bearing does it have on his "spirit" and what will it then mean to "recover?"

1. Pre-Recovery Masculinity

Before moving to characterize recovery's take on honourable manhood in *Chapter 6*, I must first contrast it with "pre-recovery masculinity." Men show up at Awakenings embodying a

[81] Hometown → Fort Mac → Treatment → Downtown Eastside → Treatment industry

certain ethos, and are confronted with an image of the *man* they are expected to become, both while in treatment and, for the sake of their "recovery," more permanently. This version of manhood is presented by way of rules, practices, stories, and teachings, carried and delivered by TWC staff and by other residents with more recovery experience. More broadly, this aligns with a definition that I will borrow that sees gender, always "under construction," as "the social and cultural processes by which men and women learn, adapt, negotiate and express attitudes and behaviours assigned to them based on their sex" (Stergiou-Kita et al 2015, 214). Here, Connell's (1987; Connell & Messerschmidt 2002) influential concept, "hegemonic masculinity," is useful in further developing the idea of pre-recovery (and recovery) masculinity. As Connell's own concept developed over the years, it came to signal something discursive and local, rather than structurally determining. Rather than thinking of masculinity simply as a totalizing structural force, that replicates itself *everywhere* in passive recipients – like how the "the patriarchy" is often casually used – in Connell's concept, masculinit*ies* are site specific and constituted in practice, each site's specific masculinity acting as discursive agent that orients behaviour within it. Masculinity is "hegemonic" in the Gramscian sense that as normative pressures circulate, they continually reestablish an ideal "man," thereby subverting *other* ways of being a man. On the one hand, in its broadest (and thus vaguest) sense, masculinity may indeed imply a victory of control over reactivity, reason over emotionality (read: femininity), choice over choicelessness, particularly as these all relate to financial security, and social standing/status. And yet this outline is further coloured in by the specifics of a given man's history, and by the markers of class and geography. For as I have discussed, the men that I met were undeniably shaped by generations of loss, injury, exploitation, and resistance. Though a part of what the working class white man has "lost" was something he only had in the first place via the exclusion of others and

by way of the care from women, and though some of the loss is coloured by a folkish "smokestack nostalgia" only as real as the men pictured in mining museums, there is nevertheless reality in those losses, and certainly in the generations of extraction that mark the communities that they come from. And in those deficits, men – in fact boys – longed, naturally for something safer, bigger, stronger, more noble, more powerful, maybe even dangerous.

What became clear talking to the men at Awakenings is that starting in boyhood, school yards, hockey teams, industrial job sites, and prisons were often significant stops along the way to treatment facilities – each offering some way of being "more" - and each enculturating aspects of what would eventually become the pre-recovery masculinity that they showed up with at the treatment centre's doors. Each site was hegemonic in that it had a way of disclosing "the currently most honored way of being a man, [requiring] all other men to position themselves in relation to it" (Connell and Messerschmidt 2005, 832). I am going to focus on some of these key sites, positioning them within two trajectories (in reality, often intertwined) that led men to treatment. Starting in the same place, which I will symbolically call *the schoolyard*, I will describe how aspects of pre-recovery masculinity started early, on the playgrounds and ball diamonds of boy's hometowns. Branching away from the schoolyard, I will distinguish, for analytic purposes, two paths that my overrepresented group of men often walked on the way to Awakenings: 1) ice rinks → oil fields → treatment; and 2) juvie → prison → treatment. Each of these can be seen as a more specific iteration of the more general migratory route in this thesis.

2. Boyhood

Just as the Capers I met told me, as introduced in the previous chapter, the men I talked to from nonurban Canada reported that the importance of being "one of the *boys*" reaches back into childhood. From an early age, many of the men that I talked to reported that when they were

boys, power and status were most surely secured in physical toughness, participation in sports, and sometimes in things like smoking, drinking, and vandalism – in what was described to me, by multiple men, as "being bad." "I was a little shit," Kevin told me through a mischievous smile, and Dougie declared, "I loved being bad, my whole life. We'd get the cops after us every weekend. We'd destroy property. That's what we did. Like, I didn't really play sports…being bad, it was idolized."[82] And Tapper, more somberly, told me that he "couldn't understand the brutal beatings a kid could put on another kid…I'd walk away whenever I could, but I was still bullied…Bullying was almost necessary, it toughened you up. And the flip side of getting bullied is that you're going to bully the up and coming kids." He resisted and yet he participated in the cycle; it was, as he said, "almost necessary." That necessity was oriented to a particular future, one in which opportunity was found along, what felt like, predetermined paths – working in industry and/or a more "shady" life, stealing or dealing drugs. Toughness would be necessary, either way. These were the paths their fathers were likely to have taken. And, if they were from a place where industry had declined in their hometowns, it was often the case that a "career" meant men moving away, whereas staying meant surviving, and providing, by whatever means necessary. Very few of the men that I met who roughly fit my overrepresented group reported that they sought status, *or a future*, in things like good grades or in the arts.[83]

The stories of the men that arrived at Awakenings included shared elements like poverty, alcohol and drug use by parents, and abuse. They often shared about the characteristics of the fathers that they were influenced by – drunk, closed off, violent. (These reflections about fathers

[82] Even though Dougie, himself, reports not having played sports, it is nonetheless the case that he still positions his story in relationship to sports. Being "bad" was, in a sense, the other, appealing masculine identity.

[83] Two men found identity through music, one, playing the guitar, and one, rapping, which are already more conventionally masculine forms of creative practice.

sometimes came up when telling me about their struggles to meet the treatment centre's and Twelve Step culture's insistence on "opening up.") While these shared experiences don't necessarily imply masculinity, their presentation often suggested that even from an early age, these difficulties and traumas could be *worn* as a badge of honour, as a way of being seen that roughly balanced out stature, rebelliousness, and brokenness. On the surface, elements of their stories could sound completely contradictory, like in the following passage from Dougie: "I had a pretty good upbringing. What I consider a good upbringing. Obviously there was abuse in the home when I was younger, mostly just physical. I never felt less than, but I definitely felt resentful of people that went on trips and had money for stuff like that. I never had that, right?" To make the elements of a story like this cohere, rather than contradict, I came to see that boys like Dougie were beginning to straddle a line between the validation of difficult experiences and the cultivation of a prideful, hard-earned survival story about being "bad," "tough," and/or fucked up." They were beginning to embody and project both damage and untouchability. As Dougie makes clear, being bad, "it'd keep me up at night, but it's also, now, funny stories."[84]

Connected to this, if these boys had a sense of belonging and loyalty, it was often most strongly aligned with brothers and with other male friends – that is, with "*the boys*." Bonding – and specifically connecting over shared struggle – often took the form of a kind of adolescent nihilism, the beginnings, perhaps, of what is known in recovery culture as the "fuck it switch." The "fuck it switch" or "getting a case of the fuck its," usually means a singular moment where internal tension – a "should I or shouldn't I" internal debate – instantly resolves into a decision to

[84] As I will return to, Twelve Step culture, and its emphases on both openness and storytelling, allows its members to shift between being more vulnerable, when, for instance, sharing with one's sponsor, but to also find social approval by way of wrapping difficult experiences within humorous, relatable stories.

call a dealer, or, to act, more generally, in the direction of something potentially risky, harmful, or unlawful. Early in life, and often amongst "the boys," this could mean doing a "harder" drug for the first time, breaking a school window, stealing, or getting into a fight. Again, these acts had a way of outwardly expressing some kind of struggle or pain, yet were wrapped in an "I have nothing to lose" posture. This way, pain *and* toughness could be witnessed, and as such both validation and respect could be garnered from peers. The hurt might be visible in the act, but its vulnerability is concealed. And as a symbol of the pact made amongst each other, breaking the window signifies a brotherhood built out of "we're all in this together" and "I won't say anything if you don't" (the groundwork for later and more troubling moments of complicity). As Trevor told me, "My friends and I, it was almost as if we decided to be fuck ups all at the same time."

3. Hockey Rinks and Oilfields

3.1 Hockey Rinks:

When they were boys, the white working class men at Awakenings often sought status, respect, and belonging on sports teams, only to lose them in later adolescence, when their sports careers reached their end and/or when drug use and criminal activity (and, though I won't focus on it here, relationship conflict) began to take primacy in their lives. As a boy, Kevin, from Glace Bay, reported, "I played a lot of hockey, lived and breathed it.…I played on all the all star teams. I played a lot of baseball in the summer. The diamond was like 500 feet away, but my dad never watched a game. And I *played* fucking baseball, I played all star. And he never watched a game. I'd be coming to bat, and I'd see my mom watching from the back step of the house." Jordan, who grew up in nonurban Alberta, told me that he excelled at lacrosse, before a transition that I heard about repeatedly: "One year I was actually the number one scorer in all of Alberta in Junior Tier 1…and then the next year I wasn't even in the top 100" – he pauses to laugh – "I

just…didn't care, I just partied." Kyle, from Glace Bay, recounted to me, "I remember I went on a high school hockey trip to lake placid, New York, and I remember maybe six of us were full blown strung out on opiates…yeah, on a very high level hockey team. Like, competing almost worldwide." Josh, also from nonurban Alberta, describes his boyhood peak: "the girls were attracted to me, and I had friends, and I was starting to become good at hockey, so I was playing on the better teams, and I had friends in hockey, and things were really good. Grade seven and eight were awesome." As Justin, throughout his teens, started to mix cigarettes, weed, alcohol, and the pursuit of girls into his life, he started to exhibit signs of what he called "laziness." And then, the turning point: "I remember I turned 18, and it was the last year I could play hockey, and I really started drinking hard and [hitting] the bars and the strip clubs, and I could buy my own booze, and I was hanging out with some bad people, and then I quit hockey. That was the big, big sign. That was my passion in life, and I loved it more than anything." In these conversations and in many more, it was easy to see a throughline – the never-complete sense of belonging and status in sport, and then the eventual dovetailing of these gendered achievements with "partying" (code for drug use, and sometimes specifically, cocaine), girls, and delinquency. Here begin the divisions between sanctioned and unsanctioned behaviours, between power and weakness, being in or out of control, "one of the boys" or a liability.

A Romanian orphan adopted into a Prairie family, Kieran's story follows a similar trajectory and exemplifies these dividing lines. He told me that he struggled throughout childhood to feel any sense of belonging and acceptance. He described how struggles with ADHD led to experiences that only deepened his sense of difference, recounting how he even got "kicked out of two elementary schools." "I remember," he said, "kicking my bedroom wall screaming, 'something is wrong with me!'" Easily amongst the most eloquent men that I met,

Kieran would eventually do well in school, good grades coming easily, but he found stature and a deeper sense of pride in sports. Both his adopted father and grandfather had played hockey, his grandfather even drafted by an NHL team. He told me that once he "started playing very high level hockey, I think my dad was starting to get proud of me." And the following passages exemplify the fault lines between the kinds of behaviour that are sanctioned and celebrated, and those that are discouraged and judged to be harmful or, in a sense, "unmanly."

> I was going to team parties, I was hanging out with the guys on the team, and that's when I started drinking. And I think I told you this in group one time…I remember clear as day, I came home from a hockey party one time, I was probably about 14, just hammered, and my older sister, two years older than me so she would have been 16 at the time, she wasn't allowed to drink, and she got mad at my dad and was like, "Why is he allowed to drink?" And I remember this, it's burned into my memory, he looked at my sister and said, "What do you think they drink at hockey parties? Water?" Which gave me the fucking green light to drink.

So far, so good. The fault lines show up when playing professional junior hockey, a few years later. On ice, he was celebrated for being a fighter, an enforcer, a "goon." But he crossed the line when drunk driving led to car crashes and when the violence left the ice.

> I punched out this kid from the town, and I got kicked off the team because I was a public nuisance, and apparently this guy's dad was a big sponsor of our team, so he had some power, and I remember my coach pulled me into the room and he said, "You're an alcoholic." So he told me this, I think I was 19 at this time, and I laughed it off, and said, "An alcoholic man, like whatever."

Though Kieran wasn't yet ready to confront the naming of his behaviour – or rather, the naming of his very *self* – as "alcoholic," it was clear that this naming was meant to signal a breach of *order*, of a gendered kind of ethics. The word "alcoholic" shows up in Kieran's story at the precise point at which the drug (alcohol) use expected of a hockey player and once powerfully reinforced by his father, and the violence that served Kieran's teammates, and brought him identity and status, began to hurt other people in ways that could no longer be sanctioned. Kieran

had “lost control.” He had become too irrational, perhaps too reactive, or emotional. He had become too much of an *individual* – a radical agent – in a social order (Wacquant 2010).

The younger versions of the men that I met were expected and even encouraged to play at the edges of chaos. One can imagine a kind of complicity spectrum upon which a boy’s behaviour is sanctioned by way of his parents yelling “get ‘em!” from the hockey bleachers, by way of a coach’s silence, a coach who knows but “doesn’t want to know” what his player is *really* up to, and by way of a teammate awkwardly laughing while he assaults a young woman. Fight? Yes, but do it on the ice. Or, if you’re going to do it out in the world, for god’s sake don’t draw too much attention to yourself. Drink and drug? Yes, but don’t lose control. Drink and drive? Yes, but don’t crash. It is little wonder that so many men, *in an addiction treatment centre*, shared stories like this. One of the “masculinities” available to them, one of the ways to find “honor” was to be the boy that could stand closest to the precipice of disorder. The closer he could get, *without falling off*, the more respect he was due.

3.2 Oilfields:

This chapter more than any other was birthed at a specific moment over the course of my fieldwork. Several of the men that I’ve referenced in this chapter were attending group that day, and we were talking about masculinity. When I asked the group about the role that masculinity played in the development of their addiction struggles, the links between sports teams and job sites were obvious, already clear in their minds. The oilfield was an extension of a hockey locker room ethos, a place to be “one of the boys,” to “party,” and to “chase girls” (this latter phrase containing an unsettling double meaning, given the prevalence of misogynistic violence). And yet, more complexly, both were sites of an evermore precipitous balancing act between chaos and order, between “fuck it” and responsibility to others. Hockey, after all, does fit within a *nice*

small town vision of the Canadian good life.[85] Even if their successes stopped somewhere far short of the NHL, hockey (and other sports) still fit somewhere along a boyhood path that was supposed to lead to a more middle class, pick up truck and picket fence future (which many of the men I met achieved and then lost, in fact). When hockey careers were lost, these same men thought they found a new path to that future in heavy industry. And along with a good paycheque, this was a place where the established masculine ethos had value, a career that might just reconcile a life as "one of the boys" with social standing. Dougie told me that with a good paying job in heavy industry, he just "assumed that the car, the woman, the white picket fence…would come…even when I was living wild."

Orienting towards a career in the oilfield was a pursuit (as most careers are, of course) for real and symbolic gains. Becoming an oil worker was supposed to be where a man would still be able to live aligned with the old gods and the old model of manhood. After all, it bared a resemblance to what his father had done, and his grandfather before that. He would become an implement in the extraction of something from the ground, something highly valued, but some of that value, some portion of it anyway, would be his. And yet, it wasn't only going to "provide," because in a sense it was going to feel like justice, because something that was *wrong* in the world would be righted; when he was restored to the position that he was supposed to hold. Never mind that it would it happen thousands of kilometres from home, in places without the care of women (Beaton 2022), because the essential elements – his hard work, his toughness, the valuable resource, and a paycheque – they would be enough, or so it seemed.

As I have discussed, from the perspective of status, poverty is hard on men, but "big money" also promised, on an embodied level, and end to the gripping sense of insecurity that

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many of the men that I met grew up with. As Josh indicates, poverty was always real and symbolic: “I remember, 17 years old, being embarrassed that we lived in a mobile home, like a trailer, and not wanting people to know where I lived or coming over, right?...There was a lot of things I couldn't do…my parents said, we can't afford it, we can't afford it.” Doug, the house manager at Awakenings, was one of five children raised by a single mother. He said of growing up, “I didn't recognize that we were poor until we went to school…And then I noticed the clothes, I noticed the other kids had bikes, I noticed they had toys that we never saw. I noticed that they had lunch kits and thermoses, and we had a bag and a mason jar for Kool-Aid, those kind of things. And I got angry.”

For men from places where opportunities were scarce, the oilfield (at least in boom times) also seemed a career inevitability. As Kyle, from Glace Bay, told me, “Fort MacMurray would have their ads in our newspapers…When guys were job searching, they wouldn’t even type in jobs in cape Breton because there was nothing there that would provide them the life they wanted. If you’re going to strive to have 3 kids, you’re not going to make it on $10 an hour.” Dan, once he had become a teenage parent, was expressly encouraged by his parents to move out West, to Alberta, to find financial opportunities not easily found at home in Cape Breton. “The girl was a one night stand,” he said. “It was the catholic way. Let’s do the right thing here. You need to man up, here. I paid child support from the word go.” In his case, “manning up” means doing what it takes to fulfill the role of provider. Dan would eventually go on to sell drugs in the camps to sustain his own habit. As many “addicts” know, the easiest dream to dream – call it the “addict’s dream” – is the one in which there is enough money to reconcile material security and the meeting of one’s responsibilities, with the amount leftover to sustain one’s drug use.

Above, I referenced that Josh looks back on the days that he started to excel at hockey as his high point, and later, the day that he gave up hockey as a step towards the precipice. Finding work in the oil industry was a simultaneous step towards potential respectability, and one that tantalized with the possibility of the "addict's dream." The money was the hook. It promised opportunity, but it was an unruly power to wield. As he told me: "I took a job in the oil field…chasing the money. I was like 20 years old, and I was making $80-100,000 a year…That's really what it was that got me going bad." And as Dougie told me, when he started making money at 21 in the oil sands, "that's when things really started *taking off for me.*" From context, I know that "taking off" meant, in the context of his addiction story, "getting worse," but the unintended double meaning underlines the point: money was good news but also most definitely bad news. Many men gave me a variation on David's line: "I was making more money than I knew what to do with at such a young age," though, ironically, the common turn of phrase betrays the fact that David had no problem spending *all* of the money he made. Many that I talked to quoted the exact dollar amounts of their paycheques with a sense of disbelief. Dan M, who now works as an administrator at TWC, told me, "It's fictional now, but I chased the god of money…[I'll] have the car, the house, I'll fly my dad out and show him how well I'm doing, and none of us will talk about what's actually going on." Despite making "well over 200,000 a year," it was only a matter of time before Dan lost everything and found himself "homeless…not able to get a payday loan." Eventually, he told me, "I didn't make enough money to keep up with my use. I couldn't function. I thought I was keeping up appearances. I'd miss days at work and not think it was a big deal." It turns out, it was. Missing days at work, as I'll return to, was perhaps the key "big deal" transgression in the oil industry.

The money was the first good news/bad news aspect of life in the camps. The normalization of drug use and infidelity came second. As Josh laid it out for me:

> the whole motto was *we work hard, we play harder* [emphasis added]. And I ended up working on a rig with my best friend, Jordan, and his older brother, Mike, and then our driller was a guy named Terry, who I became very close with. And then our rig manager, his name was Greg, he was…10 years older than me, but he just loved to party, right? And I became his right-hand man, and he paid for the booze, and I went hard, and he [gained] a drinking buddy. …He had two phones, one for his girlfriends and one to talk to with his wives…his wife [laughter] sorry.

Dan also spoke of "controlled chaos": "I remember seeing everyone else do blow, and I remember thinking, this is acceptable? No one that I worked with was sober, whether it was smoking dope or drinking, or whatever." But then, Dan paused, and upon further reflection he realized, this has been "a theme throughout my whole life. Between my father, my uncles…no matter what you were doing, you did it fucked up. So that was like a normal thing."

Despite their struggles to honour it, the "work hard" part of the motto that Josh references was taken very seriously. Kevin, from Glace Bay, stiffened with pride when he told me: "I'm a hard fucking worker. Capers are known for their hard work; they'll show up for work no matter what…" He took a beat, and then added with a chuckle, "until they don't." Dougie, similarly, spoke of the struggle to live up to both halves of the motto: "Your pride and your ego as an east coaster, I couldn't admit that I was fucked. Ya know, these companies loved that I was a hard working east coaster." The ultimate betrayal of the "work hard, play harder" ethic, which both of these men are implicitly acknowledging, is not showing up to work. In part, the transgression was letting one's brothers down – putting one's share of the burden on another's shoulders was felt as a genuine failure of duty. But this transgression ran deeper than that, for indeed, calling in sick didn't merely mean failing to live up to a motto; it meant breaking the pact signed in boyhood. This pact was "signed" with awkward laughter, witnessing that friend break that

window. It was signed with silence while watching a buddy hurt someone. Years later, in the camps, no one was supposed to breach that fragile silence. No one was supposed to break the agreement, signed with complicity, that none of us are supposed to expose the fragility underneath all of this. This is what our laughter is for, our toughness, and our war stories. The real vulnerability – the real damage – within the "fuck up," is supposed to remain hidden under the nihilistic "I have nothing to lose" exterior.

Calling in sick breached this agreement, as did IV drug use, which was flagged for me as the other hardline breach. Even though a lot of men turned from cocaine to opiates because an opiate is a drug that, at least at first, permits more day to day functionality, and thus the ability to work without drawing attention to oneself, there was something about the aesthetics of IV use that broke the code.[86] An oil worker was not allowed to be a "junkie." One could be high on cocaine, *on the job*, but one should not be an IV drug user, at all. As Dougie points to, the hierarchy of drug use in the camps was established in the interactions between the norms and one's personal resistance to seeing oneself as having breached them: "I always looked down on guys doing hydromorphs, cause I only did oxy 10s [two different classes of opioids]. Or, this guy does needles and I only snort them. But I would always find my way to a new bottom." Dan, similarly, says, ""I never thought I'd pick up a needle…I always looked down on guys who did that."

As Maggie Nelson (2021) discusses, the history of "drug writing" reveals a gendered double standard. Male writers like Hunter S. Thompson, William Burroughs, Jack Kerouac, F. Scott Fitzgerald, and Anthony Bourdain have all been able to occupy a place within the public

[86] Cocaine, meth, and opiates can all be, and frequently are, injected. I heard interesting slippages here, however, in men's stories. There seemed to be a false equivalency happening between opiate use and IV drug use. This may underline the point that the real problem was the aesthetics of IV drug use, rather than the drug in the syringe.

imagination as heroic men, navigating the cultural edges of decency and constraint. A male "drug writer" or jazz musician can be a junkie *and* "heroic" simultaneously, whereas women (drug) addicts are rarely represented as anything but "dependent," as broken, traumatized, and weak. Thompson or Bourdain can even push these edges to the extent of suicide, and still hold heroism and romanticism. Suicide itself, though contentiously so, can still fit within the parameters of "choice" and "control," as a signifier that he "*went out on his own terms*." Contrastingly, she writes that women protagonists are rarely depicted or "allowed" to be read as such, Flaubert's Emma Bovary, and I would add, the protagonist of Chopin's *The Awakening*, Edna Pontellier, being the rare exceptions. Here, the source of tragedy lays on the side of unrelenting social pressures, and suicide can be a symbol of resistance and, even, freedom.

I find Nelson's thinking here complimentary to my analysis, in the way that it reminds us that drug use often unsettles simplistic, oppositional notions of freedom and dependency, and yet for the "protagonist" that I am exploring – the hockey player turned oil worker – it is clear that the "line" for this figure is somewhere short of the line afforded to the drug writer. This is undoubtedly where class intersects gender. For my group of working class men, there is no such heroism afforded to being the kind of "fuck(ed) up" that breaks the code. The junkie oil worker is no broken hero; he's simply broken and dependent and a social drain. Over the line, he shares more with the "crack mother" of the 80s and 90s then he does with Kerouac or Coltrane.

Calling in sick and becoming a junkie, both of these are threatening to the oilfield social order because they come too close to exposing the hidden ugliness in the system – that the company's most valuable resource is the invulnerable vulnerability, the "I'd do it for free" refusal of men who do would rather be exploited than made irrelevant. The cruelty of the "work hard, play harder" ethos is that it dares men to approach the order/disorder // control/out of

control precipice *in the dark*, valorizes men for playing at the edge, but then punishes them for falling off. Falling off exposes the grief and the illness that are supposed to be concealed. It is only too poetic that the major transgressions are calling in *sick* and injecting a *pain killer*. As Dougie told me, "If I had my fix…you could hide how rough you were."[87]

Warnings about the precipice showed up at first in playful jabs from one's crew, and then escalated to more serious talks with a foreman, to piss tests, to warning letters from management, and eventually to the ultimate confrontation – go to treatment, or else. Sometimes guys came to this last decision on their own, but that was because they could sense the edge nearing. The following from Josh perfectly illustrates the breach (in this case, inability to work) and the sanctions to follow:

> The first time I ever asked for help was a night [when] we went partying. We were working in Edson, and I was the only one on the crew that really, really did coke a lot every time I drank. So I ended up staying up the whole night doing coke, and the next day, when we got to the rig, I was done. Watching the sun come up. Every time that happened, I would tell myself, I'm never doing this again. This is never happening again. I hate this…But I never even thought for a second that I was an addict or alcoholic… They sent a guy up in a truck to pick me up, and he took me home. And I devastated my rig crew, and I devastated my boss. He had told me…just go sleep it off; we'll leave you in the truck…But I devastated them; they all thought I was being a pussy, and they all thought, "this is ridiculous"…The support wasn't like, go get help, we love you...it was not even close to that.

This moment precedes Josh's first ever stint in treatment. To be clear, his boss does tell him to sleep it off in the truck, but only under the acceptable premise wherein this would allow Josh to stay at the rig, and, in due time, get back to work. The moment that the truck arrived to pick him up and bring him home, however, this is the moment that Josh breaks the agreement, the moment of shame. I cannot say, of course, whether or not Josh is projecting any of the shame onto his

[87] Even in observing Dougie switch from first person to second person here, as so many men do, it is tempting to think about the way that men like him are collectively getting away with something, perhaps its own form of resistance, or refusal.

crew, but in a sense, this is besides the point. For the presence of shame already indicates the cultural expectations that Josh has clearly internalized. Regardless of what his crew felt, Josh, in asking for help, has clearly not held up the end of the deal that was his to carry. Confronting the possibility that he would have to identify with "addiction" – a word that connotes a kind of social isolation – Josh, like Kieran, had become too much of an individual in the social order, a nail that needed to be pounded down. His vulnerability – *the wrong kind*, for it needed (reluctant) care, and could not be exploited – had become exposed.

In many ways, Josh's foreman assumes the role of the hockey coach from his youth, the authority figure who knows, but *doesn't want to know* what his labourers are *really* up to. The foreman's anger says, "do whatever you want, but don't make it my fucking problem." The corporation-administered "piss tests" that eventually came to dominate the oilfields, though they too, according to the men I spoke to, were not administered from a place of concern and care, but rather to manage the always potential disorder that would expose the vulnerabilities within the system. The boyhood ethos was also built right into the corporate culture (Beaton 2022, Stergiou-Kita et al 2015, LaFrance 2014), for oil companies *bank* on exploiting the toughness that comes from the refusal of men who will not be made irrelevant – waiting to blame them when they fall off the ledge.

Interlude: The oilfields from a different perspective:

Kate Beaton (2022) brings an ethnographic eye and level of nuance[88] to the site-specific nature of masculinity in her recent graphic memoir, *Ducks: Two Years in the Oil Sands*. The book is about her own experience working in and encountering the men of the Alberta oilfields.

[88] Not coincidentally, as Beaton has a degree in anthropology and history.

From Cape Breton herself, Beaton too is lured by the financial opportunities not easily found at home. *Ducks* explores her own, sometimes traumatic, experiences in "the camps," where, according to Beaton, by as much as 50 to 1, women are outnumbered by dislocated men away from their families and communities. Drug use is pervasive, even on the job, and risk to life and limb are a part of daily life. As Beaton ironically implies, endless "safety meetings" seem to be the company's way of cynically passing responsibility back to the labourers themselves for the injuries and fatalities that accumulate. In line with this, Stergiou-Kita et al (2015) argue that corporate actors in heavy industry know they can capitalize on men's penchant for proving themselves, knowing that they will put their bodies on the line and work through injury.

Most striking in the memoir, Beaton asks whether the camp environment itself, "a uniquely capsuled off society" (Afterword p 2), inculcates and pressurizes a culture of masculinity that means women endure unrelenting sexism and harassment, and high rates of sexual assault. Poignantly, Beaton depicts conversations she had with other women while working in the camps in which they wonder if they can really know if the "decent men" from back home, had they made the move out West, wouldn't have been corrupted and altered by camp life. As she says, those who haven't lived camp life, don't have to "think that the loneliness and homesickness and boredom and lack of women around would affect their brother or dad or husband the same way." In the *Afterword* essay that follows the graphic memoir, she offers that "camp life fosters a certain unique set of mental health challenges in an environment that is probably least suited to content with them" (p 1).

I include Beaton's work not only because it supports thinking about masculinities in a plural sense, but also because, as she acknowledges, there is little research about "camp life," and more "capsuled" masculine environments, done from the perspective of women. Beaton

refuses a reductive analysis that finds a singular agent to *blame* the problem on, whether that be patriarchy, testosterone, corporate greed and complicity, extraction economies, or poor mental health. She refuses to blame the sexism and violence that pervades these sites – and that deeply impacted her – on something inherent to the "kinds of men" that populate them, and thus she refuses the *inevitability* of male violence. She reaches for and wants to sustain a complex viewpoint, an empirical viewpoint that holds as many of the moving parts together, one that might help us understand the *culture* that produces oilfield masculinity and sexual violence. Additionally, I include Beaton's perspective here because I talked exclusively to men about their experiences in heavy industry. While the men that I talked to referenced cheating on partners and trips to strip clubs, none referenced sexual harassment or assault. Admittedly, I didn't specifically prompt them with questions about this, and I can't know what admissions may have been made if I had. What I can say, however, is that the mismatch between what I heard from them and from the world that Beaton depicts is significant in and of itself. Here, of course, future research would surely be helpful.

Beaton's work resonates with my own interpretations of what I heard from the men in treatment, about two primary models of "manhood" that were "available" in the camps. "The coke and strippers guy," as Josh called him, a derivation on the "work hard, play harder guy" I have laid out here, but as I noted earlier, Josh talked about the man who flies in, does his work, stays away from the chaos, and "hides out" in his room in camp. This, strikingly, is what Josh referred to as "respectable." He respected the man who "had a family" and was there, far away from that family, to support them. And yet, in order for (some) men to defend their respectability in the camps, they had to have the *wills* to guard against the exploitative forces outside their doors.

4. Juvie Jail and Prison Cells

The boyhood pact, *we're all in this together, damaged but untouchable*, is a consistent ethic practiced on playgrounds, in hockey rinks, and on job sites (as well as in the bars and strip clubs visited after work), though each space more specifically discloses how to practice the "most honourable way of being a man." Not surprisingly, the carceral environment has its own site-specific way of disclosing its hegemonic masculinity to its inmates. These norms, as I will explore in the next chapter, find their way into the treatment centre if in refracted and modified form (like, for instance, the norms around "snitching" or "ratting"). Though the *hockey rink* → *oilfield* and *playground* → *prison cell* paths have much in common, there is something in the orientation to "authority" that roughly accounts for the amount of time that a given traveller will spend on the latter path. As evidenced by the men that I met, those who had engaged in higher levels of criminality and who had run into not only normative, but legal sanctions, their experiences often lead to profound disillusionment and resentment with institutions – with the family, with the education system, with government, and, of course, "the law." In short, the things that "normal society" seemed to be supplying to others, including material security and care, were not being supplied to them. This deprivation found a way of being embodied and expressed, and in ways that resonate with the theme of unkillable vulnerability explored in *Chapter 4*, a form of refusal that protects against the honour or power that is the only thing that *nobody gets to take* – holding onto it while making them vulnerable to death, and almost certainly isolating – indeed imprisoning – them from others.

If in my own adolescent rebellion, I was, as Nelson speaks to, the type to valorize Hunter S. Thompson and Jack Kerouac, the guys that I bought drugs from had other heroes, and one hero in particular that was strikingly consistent: Tony Montana, aka Scarface. Though memory is

likely inflating this claim, it seemed obligatory that a Scarface poster had to hang on the wall of my dealer's wall. Tony Montana is perhaps the ultimate representation of a man on a hero's journey that inspires others to follow him, and yet the vast majority of his followers will, in the end, fall (off) somewhere far short of a heroic status. He leads men to the cliff's edge, but only he and a select few (Capone, El Chapo, etc.) are allowed to plunge over the cliff and maintain their power. Prison itself not a place where power and status are diminished, but rather a place where they have *never been more important*. Prison is not what costs the man inspired by Montana his status. For in prison, of course, there is still a way to practice the "most honourable way of being a man." And here again materializes the cruelty of the masculinity, founded in schoolyards, that I am tracking here.

For again, like the hockey "enforcer," or the man embodying and, importantly, *balancing* the work hard, play harder ethos, the prisoner amplifies his power and his esteem by getting as close as he can to a specific edge. He must be seen to be "in control," to be living within "his own terms." If he is violent, he chooses to be, and he acts violently when that violence is deserved. If he uses drugs, he is not dependent on them, or better yet, he does not use the drugs he sells. And once again, he can hurt people, only not those that he has signed the pact with – "the boys."

4.1 Juvie Jail:

Kelly, who grew up in suburban Alberta, and is the house counsellor at Awakenings, started to notice his difference early on in life, aware that he was going to school disheveled in ways unlike other kids. Hockey brought him social standing and belonging for a time, but it was short lived. He told me about the most painful moment from his childhood, when all of the other kids, seemingly inexplicably, turned on him. Like Doug, who I also focus on below, he came to

conclude that he was *essentially* "different" and "bad." Despite knowing that his struggles must have had something to do with his father's alcoholism, so many of the environments that he found himself in from grade school through to prison, kept reinforcing the same basic idea – *you* are the *thing* that needs to be *corrected*. Though in early life he had little success in finding empathy for him*self* – that is, in contextualizing and externalizing his struggles – he does now see that his behaviour was a big consistent "fuck you" to the social order. If one part of him was convinced that he was the problem, another part resisted being made to feel that he was.

Kelly told me that he had an experience in school that predicted the experience of confinement, which he would endure later in life. In school, "They even made a little trifold thing for me in the corner, and that's where my desk was and there was like a partition. So I had to sit in there. I was shut off from the whole class. It was fucked up. I don't think they could do that anymore. That would be like cruel punishment or something, but that's where I had to do my schoolwork." In order to maintain order in the classroom, he was made to feel that he was a thing that needs to be, for other's benefit, socially isolated.

As I mentioned earlier, Doug, the house manager of Awakenings, told me that he was mad when he found out as a child that he was poor, but it was early experiences of shame and humiliation that hardened and jaded him. He shared a heartbreaking moment with me:

> In grade two, I got called down to the principal's office and he gave me a ticket for the Shrine Circus, which was a big deal. So I'm running around the schoolyard, 'I got a Shrine Circus ticket! A Shrine Circus ticket!'…and a guy said, 'Yeah... Every kid whose parents are on welfare gets one of those.' And I was just crushed. And it was total shame, and yeah, from joy to shame, immediately.

Spurred by moments like this, and by corporal punishment from teachers and administrators, Doug would eventually resort to sneaking into the staff lunch room to steal from teachers, and once, he broke into the school and melted down the leather strap that a particularly violent

teacher had used against him. “I could justify it,” he told me, “’cause I could say life wasn't fair and I'm just evening things out.”

Early on, both Kelly and Doug found themselves being segregated from society, in and out of *correctional* institutions throughout their lives (and of course, working within a kind of “correctional” facility, at the time of this writing). The first stop for Kelly was the “Behaviour Intervention Centre” in Calgary, “where all the bad kids – or, at least, the kids labelled ‘bad’ went.” A theme central to so much of the criticism levelled at the carceral system, this is where Kelly met “other kids that were kind of fucked up. And so I started, me and these kids, we were all doing crime.” Then, followed another familiar pattern: stints in “juvie jail,” followed by probation, followed by breaches of probation, followed by more, and longer stints, in jail, etc. “Juvie conditioned me for jail,” and eventually, in adult jail, he would “[become] a worse criminal.” Once released, he attempted a “drug trafficking network” with other guys he met in jail, and this led to “the penitentiary for the first time.”

When Doug was caught for breaking into the school, he was sent to The Brannan Lake Industrial School for Boys, in Nanaimo, BC. “It was juvenile detention,” he told me, “and that was pretty scary. [It] put me in a different class of people, of [he edits himself] kids. Suddenly I was around all of the rotten bad kids who were like me, I guess…I came back home [after this] and I remember my mom saying to me, like, ‘Are you gonna be *good* this time?’” (emphasis added). A short time later, he told me, “They put me in the first alternative school that there was, the very first one and of course, who do I meet there? I meet a guy that goes on to be the Sergeant at Arms of the Hells Angels in East Vancouver.” After that, he went “into Haney and Haney is like gladiator school for young guys. Everybody's fighting.”

4.2 Prison Cells:

There was a clear way to survive in jail, Kelly told me, a way to live that eventually he would learn to embody:

> there is a hierarchy in there, no doubt about it, right? So I picked up on that pretty quick. I have never been a violent guy, never liked to fight…I liked to…talk through my situations and stuff, so that part of it came unnatural to me, but I found that I could summon up the courage to be physical and assertive and stuff, and I did it…I learned about the jail code. I learned that you don't steal from people in there unless they've done something that they shouldn't do. You can't just go around and terrorize people, you got to have reasons to do that, because there are some serious people in there, that if you do break that, they'll fuck you up, right? So I learned that pretty quick. And I followed the rules. I didn't steal from people, like a cell thief. I didn't rat on people. and I was told when I went to the Pen, that you walk in there with your respect, it's up to you to lose it. But if you do something to lose it…trouble will come find you real fast.

Kelly told me that it was "super comforting" to see someone he knew upon arrival in prison, an "old friend from Juvie," who showed him "around." This friend helped him along the path to mastering prison's particular version of masculinity, of the pact, which like other iterations, meant a tough, nothing to lose exterior, but where one's duties were oriented to one's brothers. As he told me,

> I was always in trouble in the institution too. I remember guards would walk by and I would fucking snort, and a couple of the old-timers came up to me and they said, 'Hey man, we know you don't like the pigs, but you doing that that's just gonna draw heat to us, and I don't want them coming, searching in my room cause you are acting like an idiot out there.

Kelly would eventually learn how to do "good time," meaning, in part, operating within the parameters that would not jeopardize his release date. But critically, it meant that expressions of resistance to authority – which were absolutely expected – could not come at another (at least respected) prisoner's expense. He came to embody the "culture of jail," complete with the muscles and the tattoos. In a fateful turn, Kelly attempted to protest authority more covertly by getting a "massive fuck the police" tattoo etched onto his back. But when the tattoo was noticed

by a prison guard, Kelly was framed for transgressions he didn't commit and sent to a maximum security prison for the first time, where he would have to harden only that much more to "a scary place…[where] most of those guys are killers."

Doug outlined a similar escalation, as he cycled between increasingly violent correctional institutions and time within criminal networks: "when you decide to make that step over the line …to criminality, it pulls you in. All of a sudden, all my friends are gang guys. If somebody rips you off, you have to do something, cause then the word gets out on the street that you're a pushover…so you have to retaliate." Deeply ironic, Doug found a way to get sober before he managed to get away from crime. He spent several years sober, with the benefit that he was able to achieve the drug dealer code: "not getting high on his own supply" (as another resident quoted the popular refrain to me). Later, however, Doug's path would veer over the cliff, when dependency and disorder returned: "once you're wired on heroin you don't get high on it really anymore. And…then I started [injecting] coke again, too. The combination of the two, there is no way you can afford to support that habit legally." Doug eventually robbed his first bank at 42. He would spend years in and out of prison, before getting sober in his early 60s. During his last relapse, which lasted two years, Doug robbed a massage parlour. At the time of this fieldwork, he was awaiting sentencing. Doug, who a resident told me was "probably one of the best men [he'd] ever met," and who had so many character witnesses at a sentencing date that it had to be postponed, was hopeful that he would not have to return to prison once again.

And finally I will reference Dougie, from the deindustrialized regions of Cape Breton, who epitomizes the expression of resistance to authority in perhaps its broadest sense:

> New Waterford takes pride in crime, right? Like, we love it. I still love it, but I can't do it anymore. Something about ripping off the government, or something, I love it. And back home, when you have a good scheme going, everybody wants to take part. And I just remember, even when I was young, we'd go to Home Hardware, buddy would bring

> something with the dolly, and dad would tell buddy to go back in the store, and dad would put the dolly in the van. And I was like…that's kinda fucked up, but then later in life, when I was in Alberta, all I did was rob from corporations, kinda Robin Hoody. Like, welding equipment. I wouldn't rob from anybody's personal stuff. But if I thought you were well off, like oilsands company, I'd take from ya. Like a lot of us were like that, if it wasn't nailed down, we'd steal it…I had access to the tool shed for like two months, and I think I supplied like half my town. And looking back it's funny, right, but I know I can't do that stuff.

What Kelly, Doug, and Dougie's experiences share is a consistent orientation to an at least implicit model of a powerful man that finds his power in refusing the social order, or, more accurately, the powerful belief that he can *replace it with his own* – that the social order does not get to dictate to him the terms of respectability, for even in prison *he* will define those terms. But the cruelty is found in the vast discrepancy between how many men pursue the path to the untouchable, nothing to lose, heroic criminal, and the profound rarity of the man that can maintain his heroic status, not matter the fall. It is like a perverse, upside-down version of the American Dream, where a belief in merit and the power of the individual will are what bestow honour and wealth, having supplanted a realistic reading of the powers and the structural inequities of the social order. Everyone but the select few falls short, and yet that doesn't stop the rest of us from blaming ourselves for not having *willed* ourselves enough. The God idolized on the walls of my drug dealer's wall – out of his mind on cocaine, and machine gun in his hand – he promises what he himself has achieved: power ever lasting, power that is *yours* to define. But as a God, he is the stingiest of caregivers, for he only bestows this power ever so rarely. The rest serve Him, sometimes their whole lives, without having their devotion returned.

Conclusion

In American football, a player is penalized with a 15 yard personal foul when he does something judged to be, in a sense, too violent. If the penalty comes at a particularly critical moment in the game, and the 15 yard setback costs the team points, the player can often be seen

being yelled at by the coach on the sideline (even slapped on the helmet), or the camera may catch him sitting alone, furious at himself (hitting his own helmet), or his head hung in shame, down at the end of the bench. Deeply ironic, it is conceivable that the same player was celebrated *on the previous play* for injuring the opposing quarterback and putting him out of the game, *if* the hit was deemed legal / non-penalizable. Here again, is the cruelty of the version of masculinity that asks the nearly impossible of men, save for the, essentially, fictive heroic figures that they model themselves after.

At the intersection of the three pervasive social problems at the centre of this thesis, drugs, masculinity, and deindustrialization, in the world of the unbalanced equation that extracts what it does not return, contradictions are inescapable. Kyle, in the last chapter, finds himself completely disoriented in the pursuit of safety, and the men of Glace Bay find levity in an absurdist outlook that makes them only more exploitable. And here again, in this chapter, is further evidence that masculinity *asks the impossible of men.* It is a cruel God that promises what it rarely delivers, and only more so, when it waits to punish those who can never seem to please him. For a brief moment in history, in the moral economy of a "gentler capitalism" (Winant 2021), working class white men could direct their efforts at something that delivered a bit of security, some nobility, and a special status. But the old model of masculinity is no longer workable when the social order around it has changed. The sign contracts assuming the conditions are still the same, only to find out, too late, that the rules of the contract seem to change arbitrarily. "But wait, I thought that's what you wanted me to do. Who you wanted me to be." But those ends have been gone for at least a generation, and most likely more. The drunk men on the couches in their homes were no longer drinking after a hard day, for they were there in middle of the afternoon.

Without the security and the care conferred on the working class white man through a relatively labour aligned state, without the strength of the *collective,* they make pacts with each other, but in these "boyhood" collectives they find honour with each other, daring each other to try their luck at the precarity of the cliff, but they, alas, are not in the position to negotiate with the powers that would bestow respectability. And these are the men that showed up, disproportionately, at TWC's door, desperate for a new God, where they could *finally* belong in a world where there efforts, their labour, and their care, were the means that might bring not just security, and maybe not even a *privilege* that comes at someone else's expense, but a "*loving God*" at last.

CHAPTER 6
The Apolitical Politics of Treating (Addicted) White Men and the Faith to Finally Find a Loving God

"C'mon, this is the problem! Somebody says something that offends someone and then, conversation over. How is anyone supposed to learn if the conversation stops when someone says the wrong thing?" This was directed at me when I stood up from the dining room table and told a resident, "Okay, I'm done. I can't go there." Numerous times throughout the year of my fieldwork I had conversations during and after lunch, sometimes with multiple guys, and many of which were extensions of whatever had come up during the "society and addiction" group on Friday mornings. Rob had just said something, as I see it, definitively racist, offering that "they" (implicitly Black North Americans) should be measured by the same standards as anyone else, and that anything less would be racist towards "us" (obviously meaning white people). He had already made a comparison between slavery and white men getting killed in World War II, suggesting that large scale traumas that are *in the past* should not forever be used to explain a group's struggles *in the present*; they can't forever excuse a group's capacity to participate in society, "just the same as everyone else." He insisted that at some point it would have to be "time for them to take responsibility for their own healing." Notwithstanding the fact that fighting in a war and being enslaved aren't equivalent, Rob's take on history was clear: an event that happened many years ago *ended* many years ago. Regardless of his perspective, Rob wasn't wrong to call me out. I took a deep breath, apologized, and conceded his point: "You're right, if challenging conversations like this always lead to someone reacting and storming off…yeah, what then?"

After sitting back down, it became increasingly evident that Rob wasn't fixed in his ideas. His persistence was his way of working through them, and as he explicitly stated – hard as

it was for me to hear – he wanted to learn. He was trying to understand why anyone, why people "like me," *wouldn't* think that equality and fairness mean that everyone plays on a level field. He used the analogy of a tornado devastating a town: "once it's over, it's time to clean up the town." Once it has *passed*, and with everything now *leveled*, rebuilding begins with everyone on the same even ground. I saw an opening, knowing instinctively that I would have to make the case that there is nothing "over" or "level" about the differences for Black North Americans and white North Americans. He started to soften when I introduced the sociological concept of "relative deprivation" as a way of validating something real, if perceptually so, about his experience. "You're not wrong or crazy," I said, "that you're *seeing* something real. Yes, it looks like certain groups are getting a head start, but that doesn't account for the real starting positions for different groups." I used my hands to mime my point, pointing out that it can be hard to tell, given one's vantage point, if one hand is coming up to level or if the other hand is descending to level. "If you're in the superior position," I said, "it sure can look like you're going down." Then, I offered a rough history of systemic racism, off the top of my head, tracing from slavery, to Jim Crow, to Tulsa, to northern migration, to white flight, to redlining, to "inner cities," to racist drug laws (crack vs cocaine) and policing.[89]

The next week, during "Brett's lunch time sociology lessons," as Rob called them, we discussed "identity politics," his declared devotion to Jordan Peterson and Joe Rogan coming through. Circling back to his idea about a level playing field, I showed him the internet famous, incredibly helpful "equity vs equality" diagram originally conceived by Craig Froehle (2016).

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[89]Only in retrospect did I consciously realize that I gave him an American history, a function of how much more easily available to memory that history is to me, a reflection of my consumption of American media, and lack of knowledge of the specificities of the Canadian experience. Besides this, it was a function of timing; we were talking about the *popular* conversation about race happening at that moment, so soon after the murder of George Floyd in May of 2020.

There were more "yeah, buts" that week too, but by the time that class was over, I heard a couple of "huh, I hadn't thought of it that ways." He even asked, seemingly in earnest, if he could sit in on my classes when I'd be teaching again – at a university, that is, not the dining room table.

* * *

In *Chapter 1*, I referenced Mahmood's (2004) vision of a pluralism that can allow difference to "sit there," a pluralism cautious about the inclination to have others adopt our perspectives – the pluralist commitment acting as a check on a truth commitment. I too wonder about a pluralism more ineffable and embodied, something co-produced in moments when differences come into contact (and will return to that below). But *obviously* I didn't always let things "sit there" with the men of TWC, when on several occasions I fell into debates, feeling compelled to convince, win, or save. And as much as I was trying to save the man in front of me, I can now see that I was instinctively attempting to spare the people that his politics and views could potentially harm. When encountering particularly ugly sexist or racist views or when I had witnessed quite enough homophobia for the day, thank you, it felt as if I didn't know the rules, didn't know whether I was supposed to intervene or observe, to educate or respect someone's autonomy. I didn't know what responsibility meant in this context and to whom it was owed. Did I betray the pluralistic commitment in these moments and promote Truth? Did I lose my objectivity as a researcher? Or misuse my authority?

From the day that my role at Awakenings was conceived, in this Twelve Step-influenced environment, I knew I would be drawn into overlapping "service" roles – I knew I'd be disclosing my (relative) in-group status as a fellow addict, and from there I'd be asked questions about my recovery journey, questions related to the Steps and spirituality, and in response sharing from personal experience, and I was often called a "counsellor," however many times I

clarified that I wasn't staff – but I did not predict the specific, politicized nature of the care work that I found myself entangled in. But then, I didn't know that the men of Glace Bay were going to follow me across the country, and that they would serve as the archetype for the man that I kept encountering at TWC, the man disproportionately dying in the drug poisoning crisis, and pissed off, scared, or lost in a world that seemed not *for* him anymore.[90]

In the previous chapter, I proposed that the *man* who shows up at the treatment centre is confronted with a stark message. If he doesn't know that he's here to change in some foundational ways, he'll soon find out. He'll be told that his old ways won't do, they're going to kill him or keep him cycling in and out of institutions. Often this man has left a job that he is wary of returning to (maybe it landed him in jail). With a little bit of sober time accumulated, he may start to consider, like many of the other men around him, the possibility of treatment work as a new path, a radical departure into a feminized world of care (even if no one would dare to call it that!), and yet one that might just feel heroic. And if not a career path, it would still benefit him to get a discount on his stay and a volunteer stipend. He has already lost so much – a job, a family, a partner, a home, his dignity – and he's at risk of losing more.

Very little of the message he receives in the treatment centre is overtly political, little if any of it explicitly linked to class, race, or gender. But often he knows that masculinity – that *being a man*, at least – has something to do with the reason that he uses drugs in the ways that he does; whether because of his inability to ask for help, or because of the "work hard, play harder" culture that defined his hockey playing days and time on job sites. Feeling lost, like he's never belonged anywhere, or that there is "nothing going on back home" – nowhere really to *return* to

[90] Though I'd argue a solid majority were at least feeling lost and disoriented, I don't mean to paint these men in a monolithic brushstroke, as if all of them were Trump supporters or conspiratorially minded. I certainly met working class white men whose politics leaned anti-capitalist, or anti-racist, or whose politics were hard to pin down.

– the treatment centre and the Twelve Step communities he's now a part of, they seem to offer direction, meaning, and community, a safer space in which to lower the heavy shield he's been carrying for most of his life. But something is familiar too, because in this space he still gets to be a fellow fuck up with the boys, with the added benefit that now when he tells funny stories about chaotic moments in his life, his stories might just help him feel purposeful, to feel *better*.

If the man in treatment is there because he wants to be, or because he's desperate (not all men are, of course), then, with so much on the line, and so much to look forward to, TWC has a lot of leverage to work with in facilitating a potential change – in trying to help him reinterpret his life, to adopt new ethics, be more accountable, and to develop a reliance on higher powers beyond himself. And TWC might be able to push a little harder if he wants to work for them. They can help cultivate the kind of spirituality they're looking for.

Though it often went unnamed, I will argue in this chapter that the recovery on offer at TWC does address itself to the working class white *men* who show up at their door – that is, to the aspects of who they are that relate to the "most honourable way of being a man" (Connell & Messerschmidt 2005), and to the intersecting reasons that misalign them with the contemporary world of work, and purpose. Likewise, aspects of recovery address some of the harms accumulated in the places they come from: the poverty, the violence, the lack of, or narrowly defined, opportunities. Recovery offers openness, purpose, fellowship, and, importantly, a place where a man can learn to forgive himself for his past, but take responsibility going forward – *you are not responsible for your disease, but you are responsible for your recovery*. In helping men own their shit, recovery might then offer one of the small emotional elements that might help redirect *white* men away from the politics of aggrievement. That TWC treats white men's *addictions* is obvious, but in a way, they are also in the business of treating *white men* – the men

at the intersection of the addiction crisis, the masculinity crisis, and deindustrialization. But a gap is left, a potentially wide one, where a man can "recover," and still hold or cultivate a politics of aggrievement (Kimmel 2013). It was precisely into this "strategically apolitical" space, where Twelve Step recovery leaves off, that I found myself stepping in. It was this gap that I was, instinctively, addressing in my group and especially at the dining room table. In this space, my role as a researcher became complex, as did questions about "apolitical" recovery, objectivity, ethics, and care.

But I've come to see that I was drawn into debate, into being *unseated*, for another, surprisingly hidden, but now so obvious reason: I had come to *care* about these men, and in that care, I wanted them not only to transform but to *grieve.* For if they could "*trust in a loving God*" as I had, as I had *personally* come to understand God, then I knew that they too might finally soften, drop their heavy shields, and let their death grips release that *thing that nobody was allowed to take* – the only self-care that they had ever truly trusted: the *right* to self-annihilation. Only in grief would they finally know how much they had sacrificed, how much had been taken, and how much they had given away. And further, if they could grieve, then the world might be a little safer, a little less exploitative, and *I* would have *helped.*

This is the last effect of the unbalanced equation that I will deal with in this thesis. This time, I will think about the mismatch between a political problem and a "spiritual" solution. The remainder here – the leftover – is, of course, a potential political problem. Here, addiction is a constraining word, for the problem I am pointing to – the problem of white men feeling deprived – is broader than addiction. While deprivation may contribute to addiction, it is certainly not its only source. Still, for the overrepresented man that I met, who lived at the intersection of whiteness, deindustrialization, governmental abandonment, class politics, social change, labour

transformation, *and* addiction, when his problems were transformed from something political into something spiritual, the solution addressed the political problem with only limited reliability, and yet, with some surprising effects. For in the AA tradition of strategic apoliticism, in the enclosed form of pluralism that this apoliticism creates, men sometimes learn to deal with difference, learn to be in a kind of divergent *togetherness* (Savransky 2021), in a way that more politicized spaces perhaps rarely achieve. And yet, as with all things about AA, it is its enclosure – its singleness of purpose – that both gives it its (internal) power, and precisely constrains it beyond its borders. As it is often said, "*its easy to practice these principles in here, it's out there that's the problem.*"

Rob will be my key conversant in this chapter – the story of his 60 days at Awakenings, and the debates we had . All of these questions are held together by a kind of untranslatability between the world of politics and the world of spirituality, and the gap I found myself in, trying to navigate between them. Though Rob's stay at TWC lasted less than two months, in that time, his story, his relationship to recovery and treatment, and to *me*, prompted so many of the questions that this chapter aims to visit. With his frustrating invulnerability but also the glimpses of redefined vulnerability that he showed me, it was Rob, I confess, that I wanted to see transform the most.

It was Rob that prompted me to ask: given the views that a given man may hold, and the feelings that he may harbour, can it even be said that that man's "spirit" is healed – that he has "recovered" – independent of politics that veer towards dangerous forms of misogyny, homophobia, transphobia, and white nationalism? By extension, given the dangers that deprived white men pose, where might we position the treatment industry in a discussion about the public good? Does TWC's ethical program (incidentally) challenge facets of masculinity that make the

spiritual life known as "sobriety," in an ideal sense, impossible? What "good," or yes, God, is it oriented to and what can be made of its "apolitical" approach? How does TWC, for instance, understand its responsibility to the public good? And related to my role at TWC, *who* was I supposed to help? Did I have any responsibility to those beyond the treatment centre's walls? Or, when I stepped into the gap, did I stray into condescension, towards an ethically dubious political agenda that did not respect the residents' autonomy? My answers, as usual, will be anything but neat, tidy, or binary. But maybe that's the point.

1. Rob's Pluralism

As introduced in *Chapter 1*, it was precisely my debates with Rob that prompted me to more fully appreciate both truth and pluralism as discreet ethical considerations, both critically important in projects concerned with justice and equity. Yet, I've come to realize that it is still pluralism's job to underwrite and hold space for both principles. How can pluralism be in both places? Both equal to and yet bigger than truth? How can it be the box that holds both itself and something else? Looking towards the ineffable, I think something important is missing if pluralism is thought of as a "principle," an abstract guideline, something about honouring "multiple truths" that can be entirely understood by, say, reading about it. Rather, there are moments when pluralism, if it *means something,* must be embodied in things like tone, body language and word choice, and in the capacity to *hang in there* when things escalate – moments when enough tension is held in the body so that a space for dialogue, disagreement, and offense can be *respectfully* sustained. In the most conflictual moments with the men of TWC, respecting the *other's* autonomy had far less to do with respecting the man's politics and much more to do with *how* I communicated my "disrespect" for his politics – that is, *with respect.* In other words, I tried to respect the man, if not his beliefs. By no means am I pretending to have done

this perfectly and I do not aim to create an expectation of what people *should* do in the face of offensive views and behaviours – it can be perfectly legitimate to leave, yell, or snap, and I'm not arbitrating which moments are legitimate. And yet, perhaps beyond "sitting there" (Mahmood 2005), there are moments when *hanging in there* will be necessary if speaking across difference is to be achieved. I hope my encounter with Rob can serve as an example of what I have in mind.

In the moment that I sat back down, I found it in myself to hold the pluralistic commitment. But in this exchange, it is Rob's commitment to pluralism that is obvious. He was the one who wanted to *sit there*, to speak across our differences. He was the one open to entering my world with me, even to be convinced, changed and rearranged, by the experience. Had I walked away from our differences, from this moment of encounter, I would have walked away from the possibility of a co-produced, ineffable togetherness. It was Rob who demonstrated Savransky's (2021) notion of "trust," the kind of trust that "precipitates a pluralistic event: the partial, fragile, ongoing, and unfinished weaving of a tremorous form of togetherness that [is] obtain[ed] thanks to, and not in spite of, divergence" (21). Had I walked away, I would have allowed a brittle, frightened, and offended form of difference to win, I would have retreated to the safe and the known, perhaps I would have vanquished Rob to the *category* of unreachable, or Hilary Clinton's "basket of deplorables." When he called me back – when he *called me out* – he signalled to me that I wasn't unreachable to him, *he* trusted that we could sustain our differences in dialogue. Thankfully, I was able to accept his invitation.

And yet, I was *never going to be* convinced by Rob, at least not about his beliefs on race and gender. And here is where some kind of non-relative truth comes back. Though anthropologists often talk persuasively about the importance of pluralism in encounters with

witches, demons, and "sorcery lions" (Savransky 2021), sometimes this can feel removed from encounters with alien beings simultaneously closer to home and further away. When I found myself in rooms full of working class white men – in the era of Trump – I sensed that a pluralism that means something about respecting another's "beliefs," or politics, was not going to do.[91] Regarding the beliefs themselves, respect was not in order. When I started to hear about vaguely defined resentments at government, about the ways that they feel abandoned and deprived, and, as one resident told me, seemingly voicing what others felt, "I know something is so wrong [with the world], right? And I want a fucking answer, ya know?", I began to wonder about my responsibilities as a researcher, and about the tensions between intervention and neutrality. And then, when I couldn't help getting pulled into debates, that's when these men helped me to more deeply appreciate something about pluralism: the easy part of pluralism is intellectual; the hard part is emotional.

Pluralism is not merely an intellectual exercise in contextualizing the other's truth, point of view, or cosmology. If it *is* an exercise in decolonizing oneself of the residual Enlightenment-inspired, I know and you don't, biases that dwell in us, then I'd argue that this sometimes includes reckoning with the emotional task of hanging in there when confronted with difference. Indeed, in cooler moments it proved relatively easy to take seriously the *worlds* that these men depicted for me – to see how their views were being formed from very real hardships, from fears about irrelevance, or from cynical narratives skillfully targeted at their sense of loss, bent on weaponizing that loss into aggrievement. But then there were the moments with heat, when I was confronted with a particularly ugly view – it was in these moments where I found myself

[91] I'm aware that it may appear that I'm creating something of a strawman in this. I'm sure there are many anthropologists who have come to this realization or something like it. As such, I am merely trying to document how this (fledgling) anthropologist dealt with latent notions that he/I harboured.

wanting to win, to convert, and to save. Here, I started to consider what it means to speak across difference, to try to work through certainty, authority, and condescension, in the heat of the moment – in moments when, ironically, "objectivity" is hard to hang on to. Rob's gift, his call out, prompted me to work towards the realization that I don't have to choose, that it is possible to respect his autonomy while trying to change his views. He invited me to, after all. And this is how pluralism can be the box that holds both itself and the things it contains, how it can achieve divergent togetherness.[92]

This dualistic conflict I found myself in relates to what I explored in *Chapters 1* and *2*, traced to a familiar source: an instinct that showed up and said, "freedom and determinism are opposites." I feared that I would be *dominating Rob with my authority*. And though that is a crucial consideration, something to forever be mindful of, if I had not accepted Rob's invitation to sit back down and hang in there, I can now see that I would have been no less *the authority who knows*, just expressing that authority by other means. I would have fallen into the position of condescension, deciding that he is, alas, unreachable. Needless to say, *from my perspective,* a safer, more just world benefits from Rob having different views, from him being able to distribute and "take" responsibility in a different way, from him reinterpreting and repositioning himself as the subject in his story. Though it is a delicate line to walk, I think that Rob would benefit from this change too.

2. AA's Pluralism

Before it appears that I have solved the tensions between truth and pluralism (as if that were possible!), there is another factor in these moments of encounter that complicates things

[92] In a way, this is what I try to achieve in every session as a therapist, where I cannot void myself of truths or authority, and yet I must be careful with my "therapeutic agenda."

once more. At TWC I was not only a researcher, but also a fellow recovering addict and member of AA, and as a relative elder in the community, I bore some responsibility to its traditions. As I have discussed, the Twelve Step world is one that achieves its own, and effective, form of pluralism by enclosing itself in a singleness of purpose – building community around a relatively singular, shared identity: addicts helping other addicts with no "governing" authorities other than collective personal wisdom , and a minimally defined (though "loving") God.[93] Immersed for so long in a culture that promotes personal experience and that strategically excludes – however difficult to define – (overt) politics, I found myself feeling conflicted about the overt politics that I might get entangled in at TWC – notwithstanding that that AA and TWC, recovery and treatment, are two separate worlds that just happen to share cultural elements. With my fieldwork premised on me getting actively involved at the centre, and when the idea of facilitating a "society and addiction" discussion group was decided as my form of participation, politics were inevitable, though to what extent I had no way to know.

There is no policy stopping group facilitators – and at Awakenings that was typically Kelly – from bringing in social and political perspectives about addiction (like "Rat Park," as discussed in *Chapter 2*), but there is no question that Brett's sociology lessons were of a different order. Though, as I have discussed, it is all but – and I do mean *but* – transparent that Bill Wilson all those years ago thought of the "spiritual solution" to alcoholism (and addiction, more broadly) as one meant to counteract a *kind of* political problem – one born of community disintegration, individualism, big-shotism, and self-centeredness. I t is also true that his writing style conceals the overtness of those politics, transforming them into a "spiritual malady"

[93] Tradition 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."

that asks nothing identifiably partisan of recovering addicts. From *The Twelve Steps and Twelve Traditions* (1955/1989), AA's second most quoted book, comes the following passage:

> Should his own image in the mirror be too awful to contemplate (and it usually is), he might first take a look at the results normal people are getting from self-sufficiency. Everywhere he sees people filled with anger and fear, society breaking up into warring fragments. Each fragment says to the others, "We are right and you are wrong." Every such pressure group, if it is strong enough, self-righteously imposes its will upon the rest. And everywhere the same thing is being done on an individual basis. The sum of all this mighty effort is less peace and less brotherhood than before. The philosophy of self-sufficiency is not paying off. Plainly enough, it is a bone-crushing juggernaut whose final achievement is ruin (37).

This is Wilson's method, a political statement with any obvious identifiable political position removed. Assumedly almost anyone can superimpose their own, more overt politics onto such a statement. One can relativize "self-sufficiency" into isolation or egotism, in a sense make it a psychological – or indeed spiritual – rather than political phenomenon, and relate to it on a "personal" level.

And yet I wasn't going to find my way around the fact that the group obviously overrepresented at TWC is one in which "self-sufficiency" and "self-righteousness" relate to empirically knowable concrete political realities. This leads us back to the unbalanced equation, and of a curious facet of the mismatch, ADDICTION > recovery, which is AA's ultimate limitation. While it is clear that the men of TWC arrive with political problems trailing behind them – deindustrialization, governmental abandonment, a work hard, play harder masculinity – problems in no way incidental to their addiction struggles, these are not what "recovery" is expressly oriented towards. Rather, these political problems, and whichever ones that others trail behind them, are all transformed into the same "spiritual malady." In this way, the past is less relevant than the present and the future.

Critiques that are applied to certain approaches in psychotherapy have some application here (Epston & White 1990). In this view, "healing" is dis-oriented from politics, "neutralized," and then techniques of self-development are re-oriented to the unquestionably banal *end* of good health or self-regulation. This relates to Foucault's (1984) framing of the kinds of subjectification that are "passive regarding truth." This form of *dehistoricized* healing is obviously dangerous when it relates to groups more obviously categorized as oppressed, but there is no reason to think that virtually anyone *cannot* benefit from having their struggles framed by context (depending, of course, on how this is done). And yet there is a way to see that AA's spiritual solution, in its concealed way, does partially address itself to political problems. But to what extent? And what is lost? Or, indeed, gained?

TWC, roughly following the Twelve Step tradition's lead, doesn't confront the working class white man with the problems of politics or history, but rather with the problems of his ego, his isolation, his willfulness, and his self-reliance. There are things that anyone can relate to; *at least* anyone with a drug problem. When the political is transformed into the spiritual, it cannot, in a sense, be transformed back. Like two different languages, they cannot merely be translated back and forth without loss of meaning. The transformation is fundamental, and so transformed comes the possibility of AA's particular form of pluralism, where people can see themselves in the minimally defined spiritual problem – the spiritual disease of addiction – without having to agree on its precise political origins.[94]

[94] Though this book focuses on an overrepresented group in TWC, the house was never homogenous. When more overt political tensions showed up – between those with anti-capitalist feelings and those voicing something more meritocratic, between those critical of religion and those whose spirituality was obviously Christian, or on a couple of occasions between queer men (and allies) and the homophobic men in the room – the counsellor, *or often other residents*, would bring the conversation back around to something more common to all, sometimes even citing the singleness of purpose ethic.

But that doesn't mean that the confrontation for men like Rob isn't stark, nor that it doesn't, again, address aspects of the problems that masculinity or deindustrialization create. Crossing the threshold of TWC, the newcomer – a relatively rare man that I met over the course of my fieldwork, for most were veterans – will be confronted with a stark message, however encoded: your old ways don't work, and if you don't change, you're going to die, or wind up institutionalized. During group, as can be heard in AA and NA meetings, there were moments where men, in chorus, would quote the slogan, "jails, institutions, and death" – the places where the "untreated addict" is said to end up. For others, that particular message had lost its sting, become rote – they'd already overdosed multiple times, and/or spent years cycling in and out of treatment centres, "psych wards," and prisons. For them, the starker message might be: you're going to have to open up, and accept help. And for still others, the starkest message is always: you're going to have to rely on God. And I introduced above, relying on God might be the ultimate gambit for the working class white man, because it might be *the* "Step" that finally invites the man to soften to the ultimate vulnerability for him: the grief that may allow him to finally let go of his most reliable form of self-care, that *right* to self-annihilate, that last thing that was truly *his*, and that no one was allowed to take – a right, of a kind, to self-defence.

And then, there are those seemingly more banal confrontations that can be as stark as any other, like: give us your phone, or piss in this cup. But regardless of the specifics, a successful round of treatment – again, not defined here by an amount of abstinence, but by the transformation of a man – is predicated on the turn from closed off to opened up, and on submission to powers, benevolent or not, beyond the self. One of only two direct references in the entire Big Book, a line from Herbert Spencer was often quoted in TWC, if in snippet form: "contempt prior to investigation," coming from a longer line about how only one thing ensures

the impossibility of learning anything new. As Gueta et al. (2021) discuss, the profound change that men are being asked to consider is that they might have to fundamentally swap the places where weak and strong currently sit in their internal lexicons. Strength from here on is going to have to include humility, the need for help, and the ability to accept that one doesn't know. These will be the practices that may just make a "loving God" not only appear, but *work.*

3. Rob's Opening

As I learned, Rob had reason to resist opening up and it wasn't only because he felt that the world wanted to dispose of his kind. He shared much with the overrepresented treatment resident: a white man from a historically working class background, in his late 30s, who works (unstably) in the trades, and who grew up in nonurban Canada, in a place formerly supported by a mill, now years closed. He told me that his "old man was a drunk bastard," and his mom "took off," leaving Rob with his father, for a period when he was young. When she came back, she managed to get Rob and his brother out of their house, but the stepfather that eventually came into his life "wasn't much better." Rob moved out when he was a teenager, not "need[ing] that shit at home anymore." He started splitting his time between dealing drugs and working in the trades. Eventually, he moved to Fort Mac, where he started making money, and he bought a truck – "it's, like, the first fucking thing on the shopping list up there, even before food." Like so many others I met, his drug use got worse in the camps, and eventually he was mandated to go to treatment. This was not that time. It was his third shot at it, and he told me it'd be his last. I didn't follow up, but when I listened back on the recording, it wasn't clear to me that he was expressing confidence in his sobriety. Eventually he met his ex-/partner (it was ambiguous) and mother of his child, with whom he was in seemingly endless conflict. He admitted to me that part of him wanted to leave her for good, "because it's too toxic," and "leave her with the kid" –

perhaps suggesting that the abandonment of their child would punish his partner. And yet, in group he made it known that his recovery from addiction aligns with his ambitions to better live up to the task of "being a man." Indeed, as with other residents, being "responsible" had a certain symmetry with "being a man."

Rob's story rather straightforwardly aligns with a version of "hegemonic masculinity" (McElhinny 2017; Connell 1987), right down to the presence in his story of the "malignant woman" (Connell & Messerschmidt 2005). It's easy to interpret that Rob wants more power, more control, more status, and that he is threatened by how far away from those he feels. One day in group, when I drew attention – as I often did – to the fact that it may not be accidental that a lot of the men in the room roughly resembled each other, it was Rob that summarized the state of working class white men as "yeah, we're fucked." Rob was often angry – "I don't always play nice with others," he told me – and "opening up" didn't come easily to him, by his own admission. And yet, Rob was unfailingly attentive and engaged in my group. Sometimes it seemed he took any opportunity to bring things back around to "reverse racism," but as I got to know him better, and as our lunchtime sociology lessons revealed, Rob more than anything wanted to understand what he knew to be "wrong" with "the world," "society," "the government" – whatever *it* was, it was bigger than him. Rob evidently felt what Cristman (2023) describes as a "pervasive sense of wrongness:"

> It's all wrong. The wrongness is pervasive; you could not, if asked, identify the *it* or the *its* that went wrong. Wrongness leaches into everything, like the microplastics you read about, which may or may not be reducing sperm count in men, which may or may not be good, in the long run—it's something to do with the environment. Someone wanted you to feel one way or the other about it, but you can't remember who or why or whether you agreed with him. Everyone speaks so authoritatively, whether it's on the evening news or a podcast, in an Internet video or a book, or even in one of those Twitter threads that begins (irksomely, you once felt, but now you don't notice) with the little picture of a spool. Authority makes them all sound the same; it crosses all their faces and leaves

> many of the same furrows. Only afterward, trying to add it all up, do you half-remember that none of them agreed with each other. But the wrongness you can be sure of. It is like God, undergirding all things.

Cristman's analysis relates to how conspiratorial thinking maps onto iterations of the grand narrative, the grand explanation. Especially when delivered with certainty, the explanation is like the "monster disclosing itself," giving the wrongness a shape and a name, or, a race.

It was fascinating to witness Rob's approach to dealing with this pervasive sense of wrongness over the time that I knew him. In group I watched him thrusting forward with absolute authority – "that's just bullshit," "yeah, that's the problem," "it's always been that way," or repackaging something he heard on Joe Rogan's podcast and delivering it with conviction. But over the weeks, he'd still interject, and with just as much conviction, but then he started to retreat at the first sign that he was out over an unsupported ledge. A couple of times he even laughed at himself – "I mean, I don't really know what I'm talking about." It was like watching someone muster a fuck it moment before throwing themself out of a plane, but then bailing at the door. It occurred to me that him bailing out was the first sign that something was opening, the first signs of uncertainty.

Then, Rob told me that he "really respected" Kelly, the house counsellor, mentioning that "it was cool" that he spent so long in prison and had found a way to turn his life around, but without becoming "a bitch." I wish I had asked him what that meant, and more importantly, whether I fit that description, with my cardigans and habit of cycling to the treatment centre. He poked at me about my vegetarianism: "that figures." I can imagine that I had earned status as "an exception," but that men *like me* were bitches. But I'm only speculating. I did share some things with Kelly – years of sobriety, an ability to tell my story with self-effacing humour, and tattoos, though not ones that I had gotten in prison. I likely didn't score as many credibility points

because of that, but I did have credibility with Rob, and it's hard to imagine that I would have earned it without my own "war story." As another resident told me about his perspective on experts: "You have no idea what I've been through, I have no reason to talk to you." Though he was speaking of this as a kind of side eye first instinct, and like with Rob, it seemed that "expertise" was able to score some points in one's favour, as long as credibility was established by other means. In short, and in bringing in the discussion from *Chapter 5,* the transformation from *pre-recovery* to *recovery* masculinity, the treatment centre, carrying in some of the traditions from the broader recovery culture, offered a different model of the "most honourable way of being a man." Here was a new model for a new ethic. This wasn't the "coke and strippers guy," Tony Montana, nor "I'd do it for free," and yet there might be honour in telling funny stories while saving men's lives.

Everything I did to earn trust with Rob, and with other men in treatment, some who definitely side-eyed me, was instinctive, a lot of it learned in AA. I told my story. I balanced laughing at myself with vulnerability, and said things like, "I'm far from perfect and here's how…," and "here's what I did," rather than "here's what you should do." According to the principles of recovery, it is crucial for men like Rob to drop their shields and their I-have-nothing-to-lose postures. In helping facilitate this, recovery cultures create a bridge from shielded to exposed in a way that is relatable to a certain kind of man, who at an early age learned to contain hurt and fear within, as Dougie said, "funny stories." As the comedian Marc Maron talks about, self-effacing humour is powerful because it gives one the power to control *why* someone is laughing at them (though in that, it can also be thought of as defensive, as discussed in *Chapter 4*). By first becoming just another fuck- up addict with a funny story, I watched men slowly enfold more emotional openness and more hurt into their delivery. Doing

so, they carried forward a strategy they developed as boys – tucking the need for validation behind the need for respect. One could be a "fuck up," broken but not weak.

The next sign that Rob was beginning to open up in group started with complaints about his partner, and yes, he fulfilled the stereotype, calling her a "crazy bitch." But one day when I was facilitating group, the discussion having veered into the territory of "attachment wounds" and "I statements," something seemed to release for him when another resident talked about how freeing it had been to meaningfully apologize – to "make an amends" – to his girlfriend for the first time. When Rob next spoke, and I can still hear him saying it, "I've been an asshole in every relationship I've ever been in." I could have interpreted that as a self-blaming moment, but I knew Rob had just deployed a self-effacing statement to gently shield the exposing thing he had just done. He had just managed to rearrange and redistribute some of the agency, some of the responsibility, in his story. And I doubt very much that it was accidental that the man who shared before him, and had talked about the power of owning his shit (apologizing), was a guy with a neck tattoo.

This moment captures how a central element of the peer-support, identification-based recovery model links up with masculinity. As Antze (1987) discusses, in AA, alcohol has a "totemic quality" from which "the group's name, its central preoccupations, its solidarity and power to confer identity all spring from a single substance which members collectively abjure" (150). The substance deeply binds the community together in a kind of shared ethnicity or kinship, because the substance acts upon their bodies in similar ways. Whereas a "foodie" or a "natural wine snob" may build parts of their identity around a substance, alcohol binds a community together in shared disaster and suffering. Antze compares AA to "cults of affliction" like the Ndembu in Zambia, where the community is bound by "bad luck" in hunting, inabilities

to conceive, and other social ills. In this sense, one clearly finds in AA the legacy of Temperance thought and the prohibitionist impulse that feared alcohol's power as the ultimate agent that leads to social harm, overriding the will of the "intemperate." For in AA, alcohol is a "cunning, baffling, and powerful" substance that one must, ultimately, abstain from, but it is also the possessive spirit that brings alcoholics together.

In my thinking, altering Antze's point slightly, drugs and addiction establish a kind of baseline for vulnerability or exposure, thus for opening up and intimacy, because everyone is weak or broken in the same way. Alcohol and drugs being as powerful as they are, one can soften to something more self-forgiving, knowing that drugs "kicked other's assess too." But it became evident that for Rob, it wasn't only alcohol or drugs, but how far down one had gone with them, how dangerous one had been, how rough one had lived. Here, being fucked up – a peculiar kind of "weak" – linked back up with a sign of strength that he could recognize. One could be weak or *out of control*, but almost regain control, or confidence, by way of recklessness or dangerousness, by becoming untouchable, by being – or at least acting – nihilistic.[95] In a man that displays his dangerousness – or previous dangerousness – Rob found someone with the kind of credibility that he could trust. With trust established, the brittle *I know* let go, and Rob, perhaps for the first time in many years, found enough courage to be *uncertain.*

It wasn't long after that I overheard him saying "he's not so bad," in reference to one of the staff that he had originally had a problem with, I assume because that staff member, Doug, was typically responsible for taking phones and checking that chores were done. And not long after that, I heard him, for the first time, talk about the prospect of working in treatment. That

[95] This relates to a previous point I've made about how people in Twelve Step communities can feel unsure about whether they qualify having "just" been pot smokers, wine drinkers, or "weekend warriors." In this sense, what I'm calling "the masculine" here need not relate to anything "biological."

happened on the same day that he and I had our second lunchtime sociology lesson, when I heard him say, “I hadn’t thought of it that way.”

No doubt, Rob had reason to be shielded: he had parents he couldn’t trust, he had been on his own since he was 16, and there was little sign of support or opportunity in his hometown, so he turned to self-sufficiency. Eventually drugs, as they often do, made being alone a bit easier – and here is where he found that much more reliable form of self care, a care that he could bestow upon himself. Trusting people was dangerous, so he found certainty where he could, but eventually “the drugs turned on [him],” too. And then, Rob told me, when the drugs had started to betray him, this is when he started turning to the internet – not at first to help with “addiction” per se, but to explanations for what was *wrong*. This is when he discovered Jordan Peterson. The feeling of wrongness that he lived with, there was a reason for it, and it wasn’t him. That was relieving, and even more importantly it gave him a purpose and a sense of belonging, with others, who even if he didn’t know them, felt like him.

Eventually, though, he realized that though he may have an answer, he still didn’t have a solution for the drugs, the betrayer. Reluctantly, at first sitting in the back, he started going to a place that told him that he could find belonging, but that the basis of that belonging wasn’t going to be found in self-reliance or strength as he had known it, but in their opposites: in dependency and in the humility to admit uncertainty. They told him that there was no way to make that feeling go away – they had it too, and they called it a “spiritual sickness,” a “void” or, confusingly, a “God-sized hole” – unless he opened up and started to practice things that would make him more, rather than less, dependent on others, and that *being wrong* rather than having *been wronged* was a more promising path to freedom. If he could change, merely, his “entire way of thinking,” there might be an opportunity for a new life. Over the course of a few weeks,

something started to destabilize. “Something feels different this time,” he told me, in contrast to his previous rounds of treatment. And perhaps this is why Rob was able to *lead me* into that moment of divergent togetherness. That Rob showed me how I might go about honouring a pluralistic commitment may not be incidental to the fact that he was in a treatment centre. Treatment centres are in the *business* of changing men, and that begins with humbling them, getting them to trust, and opening them up.

In treatment, men like Rob find themselves at a specific, dialectical turning point[96], where shadow meets light – the point where loss touches potential, where defeat touches hope. For the man who embodies certain masculine norms, when the old ways are exhausted – indeed, when the old *ethics* of self-reliance, proving, and providing are exhausted, or impossible to align with a changed world – he may finally be receptive to new guiding principles and the courage to practice them. Having had, as he said, his “ass kicked by addiction,” it was Rob who had been *leveled*, like so many of the residents that I met, and like I myself had once been. In confronting loss, and with the spectres of prison and death near – the shadow-worlds along the migratory path of addiction – Rob’s unchallenged beliefs began to crack, and he found himself as philosophically open as he was ever likely to be, in a state of “beginner’s mind.”[97] However reluctant he at first appeared, he wanted to learn, even challenging me to challenge him when I had momentarily given up. He challenged me *not to give up on him*, to *validate*, if not agree with, the sense of loss he was dealing with, the sense that “his kind” were being left behind. Rob reminded me of what all therapists know and imperfectly practice: validation is the liquid that helps any difficult teaching “go down.”

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[96] Not coincidentally, “turning point” is a common name for treatment centres and recovery houses.

[97] Zen master, Shunryu Suzuki: “In the beginner’s mind there are many possibilities; in the expert’s mind there are few.”

But this is also what makes the state that Rob was in so profoundly vulnerable, so potentially exploitable. These aren't dissimilar to the conditions in which gurus abuse their students, and in which interns are taken advantage of. In *Chapter 2*, I talked about how useful Bruce Alexander's Rat Park experiments were when I was facilitating group. Bruce's work provides a powerful shortcut to a dose of "it's not my fault," without having to resort to a pathological framework. And more, I knew, though without clear intentions, that if these men were open to an *explanation* for their ails, for that sense of wrongness, better that explanation be one well-reasoned and anti-capitalist, rather than conspiratorial and anti-social. I'm far from settled on the ethics of my actions, in the light of pluralistic and decolonial considerations, but I also know that I'd likely do it again. In a room disproportionately full of working class white men, I had stepped over the ledge, from where recovery's strategic apoliticism stops. I was called to explain that "wrongness" in a political, rather than "spiritual" way.

4. How Treatment Changes *Men*

Awakenings announces itself as a "disciplinary environment" right away. When a man shows up with his bag of belongings – a compelling scene on the occasion that everything owned is stuffed into a black garbage bag – it is turned in for inspection. His phone is handed over for "safekeeping." Then, he is shown to his room, which he will share with at least one other man. After that, he's told the rules – how the days will be structured, the chores he'll be expected to do, and what he can do in his "free time." He'll be told that he'll be piss tested at the house's discretion, and what will happen if he "pisses dirty" or is otherwise caught using – that for the good of everyone else, he will have to go (though sometimes, in practice, this means being sent to another house). If he "relapses" on day two of the month, too bad, you've paid for the month. If he's in particularly bad shape, is still "detoxing," he might be given a day or two of grace

before he's expected to participate in the day-to-day runnings of the house, including attendance at group.

Some men are visibly resistant right away, however subtly – stiff body language, aversion to meeting the staff's eye, and clipped one word answers. Others have been through this many times and its routine, and some are eager and demonstrate an obvious willingness to play by the rules. Some come in trusting that "this is all in my own interest," some arrive at this more slowly, and some never do. Rob never quite got *there*, but that the staff became "decent guys" in his eyes suggested movement in that direction. The question, it seems to me, is where does Rob's transformation come from? What does it signify? Does it come from something within himself, something self-authorized and consented to? Or does it signify the institution's coercive power? Foucault (1982) is helpful here, in asking something more subtle than freedom or dominance?, but rather, *which moral order* is the subject both consenting to and being disciplined by at the same time? I'll return to these questions after providing further evidence of what appears to facilitate change.

When Rob first started attending group, he came in thrusting with his authoritative messages. I'm sure I remember his arms being crossed. I know he took the floppy armchair whenever he could, so that he didn't have to share one of the couches. Everything seemed to signal that he would *not join*, that he was separate and would remain that way. The world would have to come to him, because he wasn't *fucking coming to it.* But I wonder if Rob noticed what I noticed, that residents that had been a part of recovery culture for longer sounded more confident. They spoke with more ease and fluency, despite being more emotional. They were more honest about their struggles and imperfections. They laughed at themselves more. They

even subtly demanded a kind of vulnerability, or at least lack of posturing from other men. They encouraged men to speak up and join in.

Gradually Rob started to relax. I noticed him laughing with other men in moments of down time, he started doing the dishes or vacuuming without complaint, and more of his real life – more of those "I statements" – started to show up in his messages during morning check-in. This transition began over a matter of weeks. Rob was being socialized in the local culture, and that culture required that he *share*, of himself, of his time, his labour, and even his property.

The most effective guides at Awakenings, those who came to be "decent guys" were the house counsellor Kelly, and the house manager, Doug. They embodied lived-in credibility and practical wisdom, didn't seem "like salesmen like other guys [i.e. like other treatment staff]," and were confident without being puffed up. Doug, responsible for much of the formal "discipline," snapped sometimes, but he would use morning check-ins to apologize for his short-temper and then more cooly deliver his messages about the importance of teamwork and shared responsibility in the house. More than once I heard him say "we're not your moms," and, perhaps with more nuance, he would talk about how "chores are an important part of growing up in recovery." As mentioned, for many, Kelly's and Doug's credibility credentials were earned in the serious prison time that each had done. They both had the ability to wrap "spiritual principles" in relatable knowledge, and deliver it with self-effacing humour and critical self-appraisal. ("Critical" in both senses, for sometimes, my therapist instincts fully activated, I found them being unfair to themselves, having attributed too much "responsibility" to themselves/their selves.) Each was patient and validating, most of the time, and had enough levity to "call residents on their shit" in ways that mostly avoided escalation. In short, Kelly and Doug were respected and modeled a possible way forward. Perhaps Rob could not deny that they had

something that he didn't, and they were both showing and telling him how they got it, being careful to embed and obscure messages about what he *should* do in messages about what *they do*, true to the AA tradition.

At the intersection of disciplinary practice and spirituality, Rob initially related to God by way of the acronym "Group Of Drunks" (G.O.D.), which seemed ironic to me, considering his apparent aversion to belonging. But perhaps Rob was like others who find a way into the "God idea" through something more secular, more translatable. Beyond the "G word," Rob was working on his Step 4 at the time of our interview, meaning that he was working on a "searching and fearless moral inventory" of himself, a Step that anticipates what is known to be one of the more intimidating Steps, Step 5: "Admitted to God, to ourselves, and to another human being the exact nature of our wrongs." He told me: "I've done some writing on my Step 4 before, but I've never fucking finished [a Step 5]. I always relapsed before I got to it." Step 5 is one of those steps sometimes known to those even outside of Twelve Step recovery, whereby one discloses the "personal inventory" they write in Step 4 to someone else, typically their sponsor. It's the "confessional" step, and can be *the* moment that someone feels unburdened by finally telling someone things they've never told anyone, and it can be a useful way to begin to recognize patterns of harm (to self and others) in one's life, and in the direction of responsibility. It can also be a step that retraumatizes people, considering what's at stake, and the fact that it's being done outside of a professional context (not that that acts as a guarantee of anything.) In the interview, I asked Rob if there is a connection there, whether the relapses have anything to do with the opening up required in Step 5, but I now see the potential error in my question. When he answered "no," I now realize, he may have been saying no to the way that I led him to a more specific, more vulnerable answer, almost as if I had asked if he hadn't been able to go through

with it because he was too scared, or too chicken. The moment passed in the conversation, and I confess I'm left wondering about that link. Rob didn't have a sponsor at the time of this interview, meaning he was doing the Step 4 with guidance from TWC staff, and I wasn't clear on who he planned to do his Step 5 with.

In our second interview, three weeks later, Rob still had no sponsor, and hadn't done his Step 5. But by this point he was starting to have ideas about working in treatment. And he told me that the God thing, though "still throwing [him] off a little," didn't feel as in the way of spirituality anymore. At one point Rob told me:

> I still think all of this is kind of a bunch of bullshit, but I kinda don't care. It's like…I like that line [assumedly in the Big Book, or maybe a slogan?] where a bunch of people can't be wrong about God, if God works. It's like that. I even tried praying which I've never done before…They say you have to do things you haven't done before. It felt fucking weird, but I didn't die [we both laugh].

Rob was about 7 weeks sober at the time of this interview, and in that time he went from resentments against the people that took his phone to praying for the first time in his life. He went from the armchair to sharing couches. He went from "crazy bitch" to "I've been an asshole in every relationship." He broadened the scope of "men worthy of respect," including men who took his things but may have been doing that in his interest, and men "like me," even if, as I suspect, I might have earned an exceptional status. During this time, he was off from work, in minimal contact with his ex-, and being told to just focus on his recovery, to make that the priority in his life. It is evident that Rob was changing (irrespective of abstinence from drugs) and that the changes that were happening in the spiritual world of recovery – in the world apart, where material concerns are temporarily, if partially, suspended – were having some impact on who Rob is in the political world, even without my more overt interventions. Some of the things that characterize hegemonic masculinity, the "most honourable ways of being a man," were

starting to soften around the edges. And there was a potential, in the ways that he was learning to "own his shit," for a redistributed sense of responsibility to edge towards a politics of entitlement and aggrievement, though I'm doubtful that learning to apologize and to engage in less self-pity would have ever gotten him all the way to "woke." But short of that, as I have talked about in previous chapters, recovery seemed to be having the effect of bringing him from a closed place – isolated and certain – to a more open place, more blurred around those edges.

In this way, Awakenings – an appropriate name, after all– succeeds in creating the *conditions* for radical changes in subjectivity, whether the changes to follow be thought of as spiritual, political, or ontological. In other words, Awakenings succeeds at facilitating a state of beginner's mind, a profound and, yet profoundly vulnerable, state of being for however long it lasts. Rob was opened up, less certain, and more *trusting* than he may have ever been. But where was this man's change coming from? By whose *will*? Or from what source of power? And what does the change signify? Surely much of it can be thought of as identification-based socialization (i.e. peer influence), but how about a desperate man reaching for a life raft, or even a man under duress telling someone, I'll do whatever you want if you'll let me live?

By degrees, these are questions about power and coercion, and about the contexts in which ethical practices take place – to what ends do the practices relate? *Who* are the practices for? Step One of Twelve is known as the *surrender* step, "an admission" of one's "powerlessness." Once more, surrender is a word with duality, connoting both renunciation practices *and* someone in a position of subordination to another's power. Bracketing TWC's labour needs for a moment (which I'll return to below), I'll ask these questions assuming that this change can be said to be "spiritual in nature." This leads to the question: which God does the treatment resident serve?

In Foucault's (1982) lectures on the *Technologies of the Self*, he discusses renunciation with respect to the differences between "know yourself" and "take care of yourself." The difference, in line with the discussion in *Chapter 1*, has to do with the ends that different ascetic practices orient to. In what has *become* Christian morality, and in the project of rational morality (e.g. a morality based in knowable rules), external law acts as the basis for morality. Like a divine commandment, a law such as "men are born equal," when derived from reason, acts as the moral backstop, the authoritative foundation that other practices *must* be built upon. If Hume, for instance, would argue that regarding morality there is no "there" there, the external law *is* the *there* there for the "moral realist." With this set up, Foucault argues that "from Descartes to Husserl, knowledge of the self (the thinking subject) takes on an ever-increasing importance as the first step in the theory of knowledge." In other words, because it is assumed that deductive reasoning can show us what *we*, as human beings, *are*, we can derive *oughts* from *is*. This, as I discussed, relates to Foucault's notion of "passivity regarding truth," truth being something subject independent, something that, paradoxically, doesn't need "us" for if to be true. For Foucault, know thyself has come to obscure "take care of yourself," the latter symbolizing an ethical premise: ascetic practices are those means by which the self is known. In the former, ascetic practices flow from an *already known* decree, and one must renounce oneself in deference to its authority. As Foucault summarizes:

> There has been an inversion between the hierarchy of the two principles of antiquity, "Take care of yourself" and "Know thyself". In Greco-Roman culture, knowledge of oneself appeared as the consequence of taking care of yourself. In the modern world, knowledge of oneself constitutes the fundamental principle.

Or, as I like to think of it, in the world of "know thyself," someone else has already worked out what everyone else is supposed to do, and they are saying to the rest of us: "just trust me. I have it on good authority."

Bringing this discussion to bear on the disciplinary practices of the treatment centre, the important question, it seems to me, is which moral order takes precedence in the treatment centre, the moral order of a more "pure" AA virtue ethics, arguably found in the moral universe that Bill Wilson conceived of and wrote about? Or does the moral order of Western rationality preside, and here in the form of the official disease model of addiction? The distinction is important – or it seems it would be for Fouacult – because if the treatment centre can be said to align with something closer to virtue ethics, it is easier to make the case that its residents are engaging in practices (of course relatively) more aligned with autonomy – autonomy from a moral order that someone else has worked out "on their behalf." And crucially, this for me justifies a God possible to call "loving," for at lost last it is a God that actually *cares* about *the working class white man's* self-care; a God who doesn't see him as a means, but rather as an end, for *himself*; a God who bestows the *gift* of sobriety in exchange for the practice of faith.

One may notice that until this point I have made no mention of "disease" in this chapter, regarding TWC's practices. This isn't accidental. Though the discourse of disease was prominent and widely circulating in Awakenings – and here I must be precisely local, because I spent little time at TWC's other houses – it generally seemed to serve a relatively straightforward function, one I've discussed at earlier points in the book. By no means am I diminishing its importance in saying this, but the disease's simple function – its "just trust me" function – was to provide a dose of *its-not-my-faultness*. Without requiring any further explanation, it did what diseases and disorders have the power to do in the Western moral universe. Someone else – a scientist – has

worked out that a truth about choicelessness, and thus about blamelessness, has been found in the differences between one person's body and another's, between an addict's and a "normie's." While the staying power of this explanation of "*what* I am" was limited for me, I cannot deny that it seems to do the trick just fine for many.

With Kelly as the counsellor and Doug as the manager – two men, who relied mostly on AA wisdom, and far more on a *methodology* of personal experience – the disease discourse was most often deployed in a wider discourse about spiritual unwellness. In other words, though the disease seemed to provide a basic, taken for granted amount of its-not-my-faultness, I rarely heard it deployed in relation to a detailed account of the latest brain science, discussion of neurotransmitters, or even in connection to "trauma," but rather, it circulated far more often in relation to the discourses found in AA's texts and circulating in AA meetings.[98] This thesis, of course, is filled with the slogans and aphorisms of AA coming out of resident's and staff's mouths. But this still leaves a question about how much correspondence there is between TWC's everyday, "ordinary" ethics and the moral universe as first articulated in Bill Wilson's writing.

AA's pragmatism – its promotion of the principle that "*faith without works is dead*" – shows up in observable ethical practice in a few ways. First, it can be seen tempering and deflating absolutes, where "truth claims" are often brought back around to the *truths* found in personal experience. In the introduction of *Chapter 2,* in reference to Matt's bottoming out story, I talked about what I called the "subjective tag" that is appended to recovery stories. In that example, Matt discusses his *turning point*, where surrendering to the truth of his addiction became a foundation upon which to begin building a new and better life. And, then, right at the

[98] Though of course I wasn't there to witness the goings on in the treatment centres represented in other sociocultural studies (Garcia, McKim, Carr, Fairbanks, etc.), my observations may complicate the apparent assumption that recovery discourses are reducible to, or synonymous with, the discourses of medical materialism.

end, after a brief pause, he snuck in the phrase "and that's the way it worked for me." Versions of this happen everyday in Awakenings. And in the same spirit, "you statements" slowly come to be supplanted by "I statements." A speaker framing his experience as "you know, sometimes you've just gotta _____," might stop in mid-sentence, correct course, and carry on after saying, "well, I should speak for myself."

Secondly, a "don't take *my* word for it," or "don't take it on blind faith" ethic was consistently expressed. The truths or powers of a given practice – as Rob said about prayer – were meant to be verified by experience. Ethical practices, as presented, had no truth independent of their practical application, of their effects. Following from this, it is possible to say that the Awakenings staff promoted a cosmological outlook in which *ethical practice brings God into existence* (James 1902). God wasn't already there to catch me, for God didn't exist until I jumped. As I said in the *Introduction,* through hitting dial on the phone, early in recovery, I created the place for a trusting foot to fall. Not knowing that it would be there – I couldn't until I dialed – I undid the safety I had found in not risking the traverse to nowhere, based on an embodied assumption that men were not *there to help*. And as such, in that moment, I learned something about – or rather, I felt the *practical truth* in the message that I had started to hear: "God works through people." And even for those who came with a version of God, that God still had to *work*. Though the recovering addict is said to be powerless without God's power, it seems equally true to say that *God* is powerless unless the recovery addict "practices him." "Faith without works is dead" is a principle taken seriously in recovery culture, and at Awakenings, "works" (or *means*) could signify anything from emptying the butt can, to trying out prayer or meditation for the first time, to apologizing to someone in group without excuses. Anything less was likely to be noticed and "called out."

And lastly, though it may be tempting to read a Christian notion of self-sacrifice (or, in Foucault's terms, self-renunciation) into recovery culture's emphasis on "service," this is complicated by the fact that service to other alcoholics and addicts can be thought of as *the* ultimate act of self-prioritization, of *care for the self*, for as implied in the 12th Step, "Practical experience shows that nothing will so much insure immunity from drink as intensive work with other alcoholics It works when other activities fail." Sometimes Doug may have been reaching – and self-interested – in equating cleaning the butt can to this "spirit of service," but I feel cautious about creating a binary out of this and dismissing Doug's spiritual "tutelage" out of hand.

Though Awakenings *is* a disciplinary environment, I can only think that it would be cynical to singularly conclude that the institution, biopolitical though it may be, merely obscures the dominance it has over its residents in narratives that dupe people into believing that the product they're selling is of the "just trust me, it's good for you," flavour. Though the confrontation that greets the resident upon arrival at Awakenings is very stark: *you need to find God or you're going to die*, Wilson's insistence on a minimally defined God, can still be found, more than 80 years later in the day-to-day ethics of Awakenings. It is *a* God, rather than *the* God, and one left to be coloured in and constructed in the terms of residents. In one striking example, Justin, from *Chapter 3*, told me about how he "was working on" his concept of a higher power:

> I like to think that, maybe...God is Earth. It's a living thing. We're created, maintained and taken away all basically by this planet. We're the only planet in our Milky Way that we know about that has life. It's just like this concept that I've been working on. It's like, something more tangible, but that's very specific to me. But I realized it fits all the questions I've had…God started with the dinosaurs and then he moved on to micro organisms and then evolution and then all these things, and I like to use God as an acronym for Guide of Destiny. That's the way I'm starting to think about it, like, "God, I pray that you can guide me in my destiny today and let me be a vessel of your will."

After I heard this, I asked if he had ever heard of the concept of Gaia. He said that he hadn't but that he'd look into it. He wasn't kidding. When I came back to Awakenings the next week, he was excited to tell me about how perfectly Gaia seemed to fit with his thinking. Laughingly, I told him that he might want to look into Hegel's idea of spirit. I never heard back on that. Perhaps Hegel had barred passage to understanding once again.

Though relative – forever relative – the freedoms that men are finding in Awakenings are as real as any, ephemeral or temporary as they may be. For there is no escaping the fact that the treatment resident has to leave the spiritual world and head back on out into the material world, into the political world. He has to leave the enclosed world where means and ends lose their sense of direction, and where self and other are harder to distinguish, and head back on out into a world in which *means* orient to material, individual *ends* – to paycheques and pickup trucks. Hopefully he has done enough spiritual labour to sustain him, and that he has learned that he's going to have to visit the spiritual world often enough, for respite, and for more practice. And still for others, there seems to be a tempting middle path, where he can live in both worlds at the same time.

5. How Treatment Changes Labourers into Recovery Workers[99]

Rob dismissed the idea of working in treatment when I first interviewed him, when he was about four weeks sober. By seven weeks, Rob had started "thinking about it." He told me that he was in no rush to get back to "normal life," that "[he] didn't know what the fuck [he] was going to do." He wasn't sure if his old boss would take him back and he had "burned a lot of bridges," though he knew himself to be a hard worker. "I just would always fuck it up…getting

[99] Much of what I want to say about the extra leverage that TWC has in *changing men* has been previously covered and is central to the themes in *Chapter 3*, but I will briefly reanimate some of those themes here in context of treatment change / labour transformation.

caught somehow," meaning that on multiple occasions he was written up for missing a shift – the cardinal rule having been broken, in the "work hard, play harder" ethics of the oilfields. He was in frequent conflicts with co-workers, though he wondered if that might be different with sobriety. Grinning, he said, "maybe I won't be such a fuck up now."

In three weeks, something had changed, now curious about a new path, by a different *opportunity*, in part because Rob was afraid (my word, not his) of returning to the only career path he knew. I could see him gripping, imagining having to return to the possibility of fucking up again, of getting in those arguments again. But he wasn't only moving away from something; he was going towards something. Revealing that dawning capacity for self-appraisal, he asked, "I wonder if Kelly was, ya know, like, more like me when he started [working in treatment]?" I took his question as rhetorical. I knew, of course, that my honest answer wouldn't serve him. But I was surprised to hear that I did sneak something of a challenge into my response:"it'll be interesting to even know who you are when you've finished a set of Steps, right?" He heard what I had concealed. In the very next thing he said, he provided me a revelatory statement that helped unlock some of the key themes in this book: "I guess I'll have to learn to play nicer with others." It was meant as a humorous callback to an earlier point in our conversation, but it spoke directly of the leverage that TWC holds in bringing men into the hybrid world of treatment labour, of the opportunity they offer.

As I discussed in *Chapter 3*, it is about this extra leverage that TWC holds that I offer my strongest cautions to the institution. For it is here that things get especially murky as to which God the resident's ethical practices serve. From the moment that a resident begins to express an interest in treatment work, the institution can now take an interest *in* his behaviour that is far less obviously *in his own interest*. The first question: will his spiritual practice prematurely begin to

reorient from the more purely spiritual world back to the external ends of money and security? The even messier question: is his labour *for him* or for the *institution*?

When Rob left his small town all those years ago, he went in search of opportunity, completing the first step on the migratory addiction route. Now here he was, fearful of returning to the opportunities he's known – heavy labour and drug dealing – when a new path shows up. This one appears, at first, to be some kind of best of both worlds solution – spirituality and materiality at the same time, and insurance against relapse. Wouldn't this be service, that most important ingredient in sobriety? Rob started to hint at ideas like this in our conversation. By this point in my fieldwork, I'd started to hear cautionary tales but in my response to Rob, I didn't, in retrospect, offer a particularly forceful warning against conflating the two worlds. I was too preoccupied with imagining Rob in the role.

Kelly told me that he does try to be straight with guys about treatment work. We were in his office, partitioned in a corner of the house's garage. He was telling me that he finally managed to get a new desk, after months of asking. Then, spontaneously, he told me about how he tries to be "straight up and realistic with guys about recovery work. I tell them the money's no good, and that burnout is real." Doug was understanding of the fact that TWC is a business, that it has to "balance things out," but he, personally, didn't like getting drawn into the "money aspects" of treatment work. All to say, I found little evidence of the principle staff members in Awakenings explicitly leveraging the promise of treatment work in the direction of moral change. The explicit leverage tended to come from administrators, but it more subtly and pervasively circulated in the house, as an always potential marker of status, as an indicator of spiritual fitness, and as a recognition of how *good* one's recovery is relative to others, and, importantly, in comparison to one's own previous rounds of treatment. Each resident recruited

into the TWC labour force, typically starting as a volunteer, was being recruited and evaluated on a perceived level of spirituality, based on a degree of perceived alignment with Twelve Step principles, like honesty, humility, responsibility (owning one's shit, unflinching self-appraisal, being relatively free of blame and "corrosive" resentment), and the spirit of service, or generosity. In every job one is being evaluated, of course, and in some sense moral character is always a part of that evaluation. But the question here concerns the blurriness of the ethical worlds coming together, the question of which God is being served. Assumedly, one's generosity can only be said to *be* generosity (in an ideal sense, anyway) when it exists at some remove from considerations of money, status, and ambition. One's humility *is* humility when it is less concerned with appraisal.

Justin's story in *Chapter 3* addresses the question of ethical messiness here. Justin was working *a lot* of "volunteer" hours, when two days short of hirable, at 90 days, he relapsed. Retrospectively, he told me about how much the motivations to please and career ambition (external ends) had supplanted his own "recovery work" (means oriented to self and community). And here is where Foucault's warnings about self-renunciation come back, for Justin clearly illustrates how he had convinced himself that he was on the way to serving a larger project than himself – helping out at the treatment centre – but he had allowed the self-care that *brings God into existence* to recede from priority. Justin referenced yet another AA idiom directly applicable to the situation, describing that he allowed his "E.G.O." to take over – that is, he had allowed himself to Edge God Out.

So indeed, when I heard Rob's line about "learning to play nice with others," I heard the potential for moments of opportunity to blur together with moments of exploitation. In TWC, a lot of the onus is on the worker to distinguish these two things, and, ironically, the ability to

make such distinctions depends on the continued *self*-care practices of a given worker. Or turned around, how can the institution trust its own motivations to put this onus on the worker – to have him *own his own shit* – when it is in their interest to assign that responsibility to him? When considering that the newly sober man is often motivated to find a new path, one that takes him away from the risks of heavy labour, the gravity of this question only increases.

Taking a man's phone, taking his freedom of movement, telling him that he has to piss in a cup, no questions asked, telling a potentially secular man that he has to find God – it is a delicate achievement, indeed, getting a man to buy into the idea that this is being done in *his interests.* From what I witnessed, this achievement is accomplished most of the time at Awakenings. Surely some of this comes from the deference given to medical authority, to the place that treatment resides within the taken-for-granted sphere of medicine's benevolence. But that deference only has so much staying power, for it isn't long before many men start to feel something less than pure, they start to notice the inequities, the unfairness, the hypocrisy, and the rumours start to circulate. As I said in *Chapter 3*, left to the private sphere, it is virtually impossible to conceive of a morally pure treatment industry, but this delicate achievement is nonetheless theirs to maintain.

If treatment workers aren't yet attuned at telling the difference between the ethical worlds they live, those worlds seem inevitably to *disclose themselves* to treatment workers. When they become discreet, the treatment worker knows they need to continue prioritizing respite, to prioritize the ethical work that provides the foundation for everything else, which happens in the world apart, off the clock. Their labour – their efforts, their means – need to orient to intrinsic ends, to self-care, but in a world where self and other lose their discreteness. Perhaps especially for the man who comes from a place where labour and opportunity disappeared, he has learned

that he needs to be careful about the Gods he chooses to serve. For when he went in search of opportunity, he learned, *the hard way*, that money and a truck weren't as sustaining as he had hoped them to be. In that world, respite never really came, because working (hard) and playing (hard) both took their toll. Play was the proxy for life – for time off the clock – but it was a life that almost killed him. In that world, their labour was only so much *theirs*, only so much for *them*. Their bodies were someone else's.

As Kurtz (1979) says, referencing the classic Marxist insight, "human beings themselves can never *become* products, commodities. What one does or makes can never become what one is" (168). Though I take Kurtz to mean "should" when he says "can," the point is taken. In AA's model of labour, one can show up for someone, spend time with them, expend a ton of effort – of emotional labour – and this labour, somehow, gives back as much as it takes, given of course that one is clear in their motives, and as oriented to intrinsic ends as they can be. "Rescuing" won't do. Known as the "Two Step," one jumps straight from Step 1, right over the middle 10, and lands at Step 12. It is a truism meant to caution those too eager to "carry the message" before they are ready, for that readiness requires the ethical practices, the cultivation of self-care, that comes by means of the ten intervening steps. And this signifies the true opportunity that the man of heavy labour seeks in the treatment industry, a world in which his labour can finally be *his*. But he cannot *avoid himself* in bringing that world into being.

The potential exists – I met treatment workers relatively happy in their work, able to bring the spirit of service that they had cultivated in the world apart back into their on-the-clock jobs. Integration is possible, provided one learns to depart and come back, provided that he is clear about the need for, and is supported in prioritizing, the continued cultivation of self-care.

Rob didn't think himself capable of treatment work at the point that I met him, but then something in him started to wake up and say "maybe." Quite honestly, when that *maybe* arrived, I found myself worried that Rob would end up in conflict, resentful, and closed off again. In a better resourced world, Rob would have had the time he needed to take the *steps* he needed, to have the respite he needed, away from the demands of the material world, of the world that takes without replenishing. He would have had more time to learn to trust, to continue to let go of his brittle certainty.

6. How Treatment *Doesn't* Change Men

In the same interview that Rob reported to me that he had prayed for the first time and that he was considering treatment work, he talked about "lazy" people (implying, quite possibly, people of colour), he said a couple of overtly sexist things, and he even used the word "snowflake" to describe a fellow resident, who had expressed what in my admittedly peripheral reading may have been a legitimate grievance over chores (the ever present source of conflict, and opportunity for *spiritual practice* at Awakenings).[100] And yet Rob was a changed man, and remarkably so, over the weeks that I knew him. Rob had entered a state of "beginner's mind," possibilities existing that had not before. He still had his political instincts, his political habits, but if he'd ever had anything like a coherent political position, there were signs that that had softened around the edges. In that uncertainty, in the moment in which he felt trusting enough to be disoriented, I, instinctively, offered a map. The treatment centre offered its own map, but

[100] Rob, of course, was by no means the only man less than woke. There were a couple of queer men that stayed at Awakenings over the course of my fieldwork. What they took in stride is remarkable and yet unsurprising, as options for appropriate redress were anything but obvious. The homophobia in my observations was never as direct as demeaning terms aimed at one of the queer men, but it was difficult to be a bystander watching as men tried to (I assume) signal a kind of acceptance, by trying to be *in* on "jokes" about what gay men "must like" and "be into." Kelly and Doug were never in on the jokes, and on one occasion I heard a "c'mon guys," but my guess is that they felt as constrained by the overall context, where anyone who would have wanted to speak, was caught in the same paralysis of complicity.

beyond a certain boundary, the map only says: “The world beyond this border is not our territory. You’re on your own.” Though I see a political critique of individualism and consumer society *barely* concealed within Bill Wilson’s writing and in the ethical practices of AA (no doubt, others see something else), the indisputably prioritized, *political* principle alive in the cultures of recovery is one that allows people of conflictual political views to come together, bound together by the one thing they share.

The recovery tradition is limited, foundationally constrained by its singleness of purpose, by its strategic apoliticism. This means that there are men out there who don’t drink or use, who have found more peace, developed a sense of community, and who may, indeed, play more nicely with others, but these same men may live with hate. They may, one day, even feel compelled to storm the government offices of those they perceive to be threatening their status and position, those taking more of their things away. Treatment environments like Awakenings reduce a bigger political problem – say, the loss of those things, however real or perceived – down to the impacts of these problems on people's spirits. But once converted into spiritual form, it leaves the original political problem virtually intact. Rob’s mill town still has no mill, and no other opportunities have replaced it; those opportunities remain elsewhere. This means, inevitably, that the person who leaves the enclosed space of treatment has to return to the bigger, political world – the time of respite, the retreat, the holiday, having come to an end. Time spent in a recovery culture offers one the possibility of rejoining the wider world less afraid, less certain, more accepting, more responsible, but *only* the potential for those things to link up with a more specific political worldview. As it is often heard in these enclosed spaces, “it is easy to practice these principles in here, it’s out there that’s the problem.” All of the various political

orders, the ones that *have to* take a position with respect to materiality, to scarcity, and to the division of resources, they're still out there, waiting for the recovering person to return.

One of those is saying to Rob join us, but change. Learn how to be respectful of women and you can join us. Learn how to see race and gender with a historical lens and join us. There is space for you here, you *can* belong, but you have to meet some conditions. *You* are responsible for this change. You come to us, because we're not coming to you. We've done *that* long enough. Another moral order says, they're trying to coerce you, to *make you* abandon who and what you are. Stay where you are. Double down. Fortify your position.

While Twelve Step communities, in and of themselves, cannot offer the bridge back into that bigger world – it cannot get beyond the ledge that I was called to jump from, the one out beyond the borders on its map – they may still offer a way to think about how to address the critical need for divergent togetherness, one where pluralism doesn't mean passivity regarding another's views, nor even necessarily reigning in the instinct to convince the other to adopt yours. Rather, pluralism might be conceived of as the embodied ethical practice – and indeed, *it might take practice* to embody it– that allows divergence to be emotionally contained. With his edges softened – Rob weeks into a practice of divergent togetherness in the treatment centre, already induced into a state of beginner's mind – he showed me, had faith in me, that we could sustain that space together. The brittleness of categories, dualisms, and certainties relaxed long enough for us to create shared space. In that space, the rightness or wrongness of our political views still mattered – his, to my mind, were no less wrong! – but the debate about those views was held in a space that allowed mutual respect, a respect for each other, if not each other's views.

Whatever points I scored on the political front, for *my cause*, were only generated in that ineffable space. It also didn't hurt that I swear, that I have (non-prison) tattoos, and that I once upon a time "recklessly" put the same drugs in my body as Rob; it didn't hurt that he could identify and find enough credibility in me, like he found in Kelly and Doug, to trust that we had his interests in mind. And it definitely seemed to help that I validated something real about his experiences, that I acknowledged and named the wrongness that he feels and isn't (entirely) *wrong* about.

I am left with questions, though pretend no answers. Notwithstanding that it would only address one aspect of the unbalanced equation (for it would do little to address prevention on a structural scale), is it conceivable that treatment centres – or something like them – *could* do more to treat the specific problems impacting white men, to address the plausible links between their "masculinity" issues and their "addiction" issues? Could they include lunchtime sociology lessons? Or how long would it be before political division pulled the *centre* apart? Inversely, how can we think about creating spaces for dialogue, other than treatment centres, that draw on the principles of embodied pluralism, credibility, and validation?

Conclusion

When Rob left home as a teenager, he left a place with little opportunity that he could see. Ever since the mills had closed, the "little downtown street had turned to shit." So after a period of self-reliance – drug dealing perhaps its ultimate expression – he left for big industry, for the resource-based economy, indeed for the *resourced* economy, where the things taken from the ground, and the value assigned to them mean men get paid. But then the drugs got worse, and he started failing as the only kind of man he knew how to be. That's when the authoritative voices found him, when he was vulnerable, when all of the effort in the world couldn't fix what

was wrong. They told him that that wrongness he feels comes from an unjust world that is taking what men like him have earned, or *would* earn if it weren't being taken.

But then after another fight with the mother of his child, and after losing another job, he returned to the only place that offered him a roof, a treatment centre, the third stop on the migratory route that many men like him, from the same small towns, with the same abandoned downtowns, come from. Then, to his surprise, things started to change. There was more space, less need for conviction, a potential path.

A week after our second interview, I was told that Rob had relapsed and cleared out, two days before. I never heard from him after that, and heard no further updates about him from staff. It was only later, listening back to our conversations, that I really appreciated how central of a figure he had been in my time at TWC. In sifting through the potential stories I would tell, I came to appreciate the ways that he challenged me. Rob was a pain in the ass and I hope he still is. And I can't help but wonder if it was the 5th Step that got him again – maybe he wasn't ready to be that open, quite yet.

Though I have no idea where Rob is, whether he's alive, or has finally done a Step 5, I'll say again that his changes in the weeks that I knew him were easily amongst the most remarkable that I witnessed. In the Twelve Step tradition, and in the treatment tradition embedded within it, Awakenings indisputably, and regardless of how much "quantifiable" sobriety is achieved, changes men. Awakenings offers a different take on what "the most honourable way of being a man" might be. It starts with the most basic thing that treatment centres do, separating person from drug. In the space created by that separation comes the disciplinary, ethical work, the work that reorients men, swapping old definitions of weak for new definitions of strong. Awakenings offers a vision of new opportunities, new sources of purpose,

in places different from where those things used to be sought. And yet, it offers familiarity too, a place in which to tell funny stories with the boys.

What I learned at Awakenings is that recovery offers something valuable to the world, but what it offers, most ironically, is not a solution to addiction. Most importantly it offers a viewpoint, from which it is possible to see what all treatment workers come to know: we live in different worlds, governed by different Gods, and the Gods we serve bring us to different ends. Some worlds offer reprieve from the other worlds we must live in, but also gifts that we can bring back to those other worlds. Amongst those gifts: pluralism can be created, men can learn to grieve, problems can transform. But they all take practice.

CONCLUSION:
Politicizing God's Grace, Politicizing Forgiveness

From the Hastings Branch of the Vancouver Public Library where I wrote much of this thesis, I witnessed an everyday moment that contains so many of the contradictions that I have tried to address. A white middle-aged man entered the library. He was impossible to miss, his poverty making him so very obvious, so visible (Christman 2023). He was bent at a near right angle to the ground. I imagined his state to be the result of years-long drug use (which can affect calcium absorption – see Deik 2012), or some kind of injury, but either way very likely related to or exacerbated by the hard path that he walked. It's easy to assume that everything he owned was in the shopping trolley, the "granny cart," that he also leaned on for support. I momentarily forgot about him when he went into the men's restroom, but eventually he emerged and sat down, kind of setting up shop, near me. I'm not entirely clear on what he was sorting through, but he had various papers and small items separated in Ziploc bags, and he seemed intent on his task, on his work. While he worked, he ate a crumbly granola bar, the kind in the green package. I couldn't help but notice his total lack of regard for the crumbs falling to the floor.

With some effort I managed to shift my focus back to writing. Just as I did, a library attendant approached the man. I overheard the conversation clearly. The attendant told him that he wouldn't be allowed into the restrooms of the branch going forward, and that if he were caught using them, he wouldn't be able to come into the branch anymore. More precisely, she told him, "We can't have you leaving a mess in there like that again." From what I could tell, the man responded with little defense. He wasn't visibly angry, embarrassed, or hurt. He just grunted out a wordless response, and carried on with his work. Maybe 10 minutes later, he packed up and left. The crumbs lay exactly where they had fallen.

I look back on the event, and its those crumbs and that line, “we can’t have you leaving a mess,” that my memory returns to. Is this man so within himself, so external to social norms that conventions about neatness and cleanliness are left in his wake as he makes his way through public spaces? Or did his obvious physical constraints make whatever happened in the restroom simply too difficult to deal with? More broadly, does he recognize himself as a person who causes problems for others to deal with? Or does he see himself as a victim of whatever has injured him, owed something by a world that has taken from him any kind of recognizable security or dignity? Is it possible that he holds both to be true, that he sees himself as a perpetrator and a victim, a subject and an object? And lastly, who is the “we” implied in the attendant’s statement?

And then I think about her, and the bind that she is in, as so many library attendants surely find themselves in, especially those who work in certain postal codes. The library is a *public* space, as is its restroom. In theory the library serves a low barrier social function for those that need access to entertainment, to information, to the internet, to warmth on cold days, and coolness on hot. Not least, it offers a restroom to those who would encounter “for paying customers only” signs posted on the doors of so many *private* establishments. But then, what are library attendants to do with patrons who leave messes trailing behind them? What can be expected of these worker’s labour, of their care? How much responsibility can be apportioned to them in this social order? And if we look beyond the library attendant – who on any given day might be called to play the part of security guard, social services worker, and frontline healthcare worker – then who are the other relevant social actors that should be looked to in the apportioning of responsibility? How would the problem be fairly represented? Who gets assigned what in this picture? And how far back does one need to stand to take in all of the relevant

actors, however concrete (e.g. the mayor) or abstract (e.g. tax policy), however singular or systemic? Surely, one hasn't stepped back far enough if their view can't yet take in the structural reasons that libraries, and other "unproductive" public institutions, are underfunded.

In a world of limitation, constraint, inequity, and the tyranny of efficiency, calculations must be made, "boundaries" must be drawn around individual entities, and the definition and self-care of those entities must be tended to. What is "mine" and "not mine" must be deciphered and I must defend against exploitation where necessary. Utility and practicality must be considered, as must the definition of "help" in any given context. Surely, no more can reasonably or fairly be expected of the library attendant, nor of the library. But it is at least as unreasonable and unfair to expect more from the man bent in half.

Though the victims of these contradictions are multiple, it is the man whose entire world fits in a granny cart who is the remainder – the surplus – in the equation. The library attendant can draw her boundaries, know that she cannot save everybody, and grieve for an unjust world. They are both victims, but only the man bent in half now has to shuffle down the street having been told to do something more, to try harder, to be more respectful and respectable. He's the one that would have to close the gap between where he is and where the social conventions are, because it is far less likely that those social conventions are going to move towards him.

1. The Undertheorized, the Unanswered, and Future Directions

The site at the middle of this thesis, the treatment centre, finds itself at the intersection of some of the same tensions. It exists in a not enough world that asks the people within it to do more. The treatment centre is tasked with closing the gap between where its men are and where the world would have them be. Its labourers-turned-treatment-workers cannot save the men who they were once like, though they may be able to be of service to them. They may be able to

model a new way of being a man, and even show the newly sober man a path to a new moral order, where the definitions of weak and strong will be disassembled and reconfigured. But the treatment worker knows, or if he doesn't, he'll learn, that if he makes himself *too* responsible for the problem of not enough, then he may end up jeopardizing the very resource he now has to offer: the spiritual condition known as sobriety, won through ethical practice, from which he has built a new kind of personhood, a new kind of manhood. In order to guard that resource, he will have to trust in the foundational importance of his own self-care, he will have to bring into existence a God that finally sees him as an end, and not a means. The world, in a sense, cannot ask of him more than he can give, more than he can gift. He can be heroic, he can lend a hand to a buddy in the trenches, but a reasonable and fair world can't expect him to risk sliding back into the trench himself.

Having focused more specifically on the labourer-turned-treatment-worker in this study than on the phenomenon of addiction as such, more on the "recovering addict" already pulled into the sphere of 12 Step recovery, rather than on the person still "*out there*," more, if you will, on the library attendant, than on the bent in half man shuffling away down the street, I know that I have left my own remainder. In drawing attention to the importance of self-preservation in the face of exploitation, of the capacity to grieve, and thereby hold in one's body the contradictions, the loss, and the tragedy of an unfair, not enough world, I may have left the impression that I assume *these* to be the answers to the addiction crisis, and of course they aren't. Though these might be the "spiritual tools" that can help moms and dads forgive themselves for a tragedy so much bigger than them, that might help them manage some sleep while their child is out there tempting fate with every injection, they are not structural solutions aimed at the ADDICTION side of the equation, they are not answers to the social conditions that keep filling up a boat that

is only getting, at best, bailed out. And so I want to spend a moment thinking about where to go from here, and about how to cross the bridge from self-care, grief, and grace – from spirituality – back to politics.

In the realm of 12 Step recovery, words like "miracle" and "grace" circulate frequently. To my mind they are words that, in their own way, signal the unbalanced equation, but they aren't words that hold a theory about why the imbalance exists. They point to a problem much bigger than the solution meant to address it, and yet they say nothing to diagnose this state of affairs. Indeed, when recovery "success rates" are as low as they are (Perrin 2020), and when relapse is acknowledged as constitutive of the very (at least predominant neuro-bio-psychological) definition of addiction (Volkow 2013), it is easy to see why those who "make it out" might consider themselves the exception to the rule of addiction, why they might consider themselves "miracles," or, to be people who have been "spared." This is why I have attempted in this study to make the counterintuitive move of unlinking sobriety from a given person's abstinence from the observable use of drugs. "Success" in recovery simply cannot be reduced, or summed up, to an amount of days not taking drugs, when learning to be more honest or more accountable to someone else, are also observable and important changes.

Though I may want to quibble about possible anti-empirical, mystical implications in the notion of "being spared," and I'm certainly not comfortable with the notion of a God that has a personal "plan" for *me*, I have an easier time – philosophically and politically speaking – with this manner of self-representation than I do with discourses about people needing to "try harder" or be "more willing." At least in the case of miracles, action is not being reduced to the self, or to an abstracted idea about a will that we all have the same "amount" of. Rather, when one is a

miracle, there is room for "I don't know why," for mystery. There is room for powers, for "social" forces, beyond the self.

Much the same goes for the way that the notion of "grace" is used and circulates in 12 Step cultures. One's recovery from a "*seemingly hopeless state of mind and body*," in AA lore, is a state accomplished through practical action, and comes by aligning one's will with a loving higher power's, but that power *to* recover is not, strictly speaking, one's own. And "humility" here means not needing to know why one has been delivered into a state of grace, which is encapsulated in the phrase, "*if God were small enough to understand, than he wouldn't be big enough to help me*." Indeed, if one starts down the path of knowing *why* one has been spared relative to other people and finds a *definitive* answer, as Bill Wilson undoubtedly considered when he wrote AA's texts, one might very well be on the path to megalomania.

As Kyle from Glace Bay demonstrated in *Chapter 4*, theorizing about addiction is complex. Though it's easier to speculate about why certain groups seem more vulnerable to addiction struggles than others, answering a question like, why you and not someone else, even when both of your stories seem to share important elements, is immensely more complicated. Kyle settled on: "I don't know. It's too complicated," but on the way he offered a seemingly sound story that included the loss of his father at a young age, instances of schoolyard violence, and money problems at home. On the one hand, I realize now that I admire Kyle's commitment to mystery, to a kind of scepticism and humility regarding "final causes." But on the other, I see perhaps something of myself here, when in earlier recovery, troubled by not being able to get to *certainty* – to final causes – I instead comforted myself with a deterministic outlook that was ultimately based in something defensive, a discomfort I felt about taking credit.

In short, I saw only two incompatible options. Option one: I know why, and I willed it. Option two, and seemingly far better: *I* had nothing to do with my recovery; I'm only grateful to have been granted this gift. Though the first option is surely a dangerous form of hubris, it's only now that I see in the second path the potential abdication of responsibility – the "spiritual tool" that can help one to turn away from the harder problem, a kind of throwing up of the hands just at the point where things get too messy, too political. Even in this study, I can see in my rush to champion grace, my hesitancy to dig in on the hard question of why some and not others, regarding addiction. That is, in embracing the mystery of final causes, in embracing "it's too complicated," I stopped somewhere short of really theorizing *about* the phenomenon of addiction, even regarding the men at the centre of this study. Though I talked a good deal about how recovery is offering an unexpected "solution" to a masculinity crisis and a labour crisis, I did not think as carefully as I might have about the links between whiteness, empiricism, and colonialism, and their relationship to loss of status and power, and to the role that drugs play in mediating or adapting to that loss. In short, might there be something, both in my interviews and notes, and in future projects, in pursuing a line of thought about "the higher the climb, the harder the fall?" And how would this compare, for instance, to other groups disproportionately impacted by addictions, like Canada's Indigenous communities, or to queer and trans communities? How, in other words, can I be even more specific about the phenomenon of addiction, by way of contrast between different groups of people? I've barely mentioned, for instance, the experiences of the men of colour that I encountered at Awakenings, nor the two (openly) queer men, who endured daily homophobia, one of which died, intentionally, less than a year after the conclusion of my fieldwork. I know that their experiences deserve careful

attention, and I regret that their experiences were so bluntly bracketed out in this thesis (no doubt, another iteration of the tyranny of efficiency).

Related to the ways I instinctually chose to work with the notions of grief, uncertainty and grace, I can also think about how to be more direct, incisive, and practical about, to not shy away from, question about the ethical practices and approaches that actually *do* seem to help in the facilitation of recovery. Beyond the criticisms I have for TWC, which I explored in *Chapter 3*, it is undeniable that I watched better and worse practices, at least along the lines of watching the "*message*" get delivered. Practices that were too confrontational, too reactive, and too domineering were consistently met with defensiveness and a lack of buy in, but when soft skills like emotional validation were presented within a more recognizable form of "you're like me" masculinity, this seemed to hit a kind of sweet spot in terms of recovery delivery. For, in going the other way, this presentation seemed to bypass the resistance men felt about experiences in treatment with "experts who don't know what the fuck they're talking about," as Dougie put it to me. Though this is only one of many practical observations I made over the course of my fieldwork, I can again detect the presence of my hesitancy to take on addiction and recovery too directly, more comfortable instead in a default position that I adopted, one of wariness towards anything too prescriptive or normative. Here, going forward, I want to think about how the principle of grace – of a commitment to uncertainty considering final causes – can actually form the basis of a trusting stance that can help me to be more direct in trying to help the bent in half men of the world, the men that I met at TWC who were least likely to be seen as good candidates for the TWC labour force.

When I look back at my own days in early recovery, when I too was living in recovery facilities, having no better options, it is certainly true that Wayne, the house counsellor at

Freedom, certainly saw something in me, as did Burt when I was asked to step in as temporary house manager at Its Up to You. I say this only to acknowledge whatever was obvious about my privilege, about whatever resources I seemed to carry even when I was fresh out of homeless shelters, paranoid, stealing from stores and family members, and living beneath layers upon layers of lies and misrepresentation. Though there had been truly scary moments in my using days, on some kind of aggregate I'm by no means the least likely candidate to be sitting here writing this thesis, while other men that I lived with in shelters and recovery houses are now dead. I came into recovery with resources that would help me engage in the change processes on offer in 12 Step culture. Likewise, I see evidence of certain resources in Kyle, Justin, and Keiran, the makings of what I see in the more established staff at TWC, like Matt, Kelly and Doug. In saying this, I only mean to think about a future taxonomy of the "spiritual character" most likely to succeed in recovery, in order to demystify and better target treatment solutions. Again, thinking in this direction need not impose judgments on, nor forecast the futures of, those "least likely to succeed." I asked Kelly, the house counsellor, point blank what kind of read he had on the chances of a guy staying sober, and he told me, "even after doing this for years, man, you'd be surprised at how hard that is to predict. Sometimes the lights go on in guys you wouldn't expect. Some guys struggle like crazy even though their nice or whatever…it's easier to guess who's not going to make it, you know what I mean, than it is the guys who's going to get five years." Here again, I see the unbalanced equation – of having to live in a world where "recovery" is the unexpected surprise – and the importance of a complex view with all kinds of room for exceptions, all kinds of room for not knowing, and yet I want to trust in an empirical project that can get us incrementally closer to thinking about how to help those of less privilege, of less resource.

2. A Social Problem with Medical Consequences

This leads me back to my ultimate political commitment in this study, my allegiance with other sociocultural researchers who are dedicated to the cause of recasting addiction from *medical problem with social consequences* to *social problem with medical consequences*. Here again arises the pragmatic importance of threading the needle between positivistic approaches that pretend at certainty, and a critical approach that embraces mystery and complexity but abdicates on the empirical project of concrete solutions. Here, more specifically, is where I come back around to a foundational change that must happen in the public conversation about addiction, if ever the unbalanced equation will be righted. The metaphor of disease cannot be the primary place that addicts turn to for self-forgiveness, nor the false second choice set against moral failing in the public conversation.

In the mythos of the traditions that follow AA, one must forever be on guard against one's spiritual disease, one must forever work to maintain one's spiritual condition so that they may remain in conscious contact with their loving higher powers, the guides that will light a path of wise action. Failing do so means leaving oneself vulnerable to the voice of addiction – the voice of "fuck it," or "it's too hard," or "just this once" – that still lives within them. For however many months or even years it has been mute, the "possessive spirit" remains, lying in wait for one to become "complacent" or "arrogant." In this mythos, one guards against something inside oneself, against the disease. Such that there are external forces: traumas being passed through generations, poverty, inequity, an isolating, culturally dislocating consumer society (Alexander 2008), and, more specific to the men in this study, the masculinist, extractive culture of camp life (work hard, play harder), and the real and perceived losses that they face, these are threats to one's sobriety only to the extent that they may awaken the voice of disease,

the whispers of self-annihilating self-care. As suggested by the slogan, "*first things first*," posted at AA meetings, one's primary focus should be the active upkeep of the psycho-spiritual state of sobriety. One would be wise to prioritize the practices that keep the channel to a wiser, more loving voice clear, as it is received through sober (i.e. intentional) reflection, prayer, meditation, or "*through other people.*" This is what it means to focus on that which is within one's power to control (how one *relates* to the world), and not on what is beyond control (the world itself). Though the culture by no means dissuades its members from activism beyond its cultural boundaries – for it has no official positions on "*outside issues*" – one's sponsor may very well caution a sponsee to "*practice acceptance*" if they are displaying a degraded spirituality, a lack of equanimity, as they resentfully rail against whatever (perceived) injustice. "You might be entirely right," a sponsor might say, "but if it's going to cost you your sobriety, well, what then? Who is served by that?"

The sponsor might be right, but that doesn't dispel the problem, that something at level of instinct needs to change in how the question of addiction is approached. There needs to be a way for addicts and those who care about addicts to reach instinctively towards something like the unbalanced equation at the moment of relapse, or in a given person's continued struggle, or in their *choice* to self-care through self-annihilation. Forgiveness and acceptance need to come from something better than a tautology, something in us that says not "well, of course you relapsed, you have a disease," but rather, "that's exactly what should be expected in a world that tries to solve social problems, one person at a time."

Appendix 1

The Twelve Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol — that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Appendix 2

The Twelve Traditions of Alcoholics Anonymous

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 non-professional, 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.

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