

STRUGGLES WITH SOBRIETY: ALCOHOLICS ANONYMOUS MEMBERSHIP IN JAPAN¹



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Membership in Alcoholics Anonymous (AA) in Japan results in societal disjunction, the divorcing of oneself from family, friends, co-workers, and others. AA meetings and meeting dialogues over the course of fieldwork highlight the social marginalization experienced by AA members of the Central Group in Tokyo. Members are thwarted by ideological frustrations with AA and an inability to consume alcohol that clashes with societal expectations and find expression in sobriety group meetings. They are caught between AA's advocacy of a new and "joyous" life devoid of alcohol that rarely matches their daily experiences of being viewed as bearers of a shameful esoteric instead of a bested personal struggle. (Japan, Alcoholics Anonymous, alcoholism, social deviance)

Alcoholics Anonymous (AA) "is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism" (Alcoholics Anonymous website). In a different vein, Valverde (1989) notes that "whether or not it works to cure alcoholism, AA has certainly succeeded in developing a whole array of non-professionalized, low-cultural capital techniques for acting on oneself that have profoundly shaped our present" (Valverde 1998:19). AA is an organization that "fabricate[s] and stabilize[s] particular versions of the self, understood in terms that are psychological . . . even though their relation to the complex and contradictory domain of authorized psychological knowledge is one of bricolage, translation, and hybridization" (Rose 1999:265). In short, AA attempts to reconstruct the identity of its members from heavy drinkers into sober and self-identified alcoholics. However, instead of its members in Japan "living in sobriety" as AA advocates, many endure their sobriety in unhappiness and secrecy. They are thwarted in Japan by ideological frustrations with AA's advocacy of a "profound transformation of the self" that is said to accompany working the organization's "Twelve Steps" and the ensuing sobriety, sentiments frequently voiced in group meetings and explored here. Identification as an alcoholic becomes a life marked with subterfuge and shame, as many AA members across Tokyo intellectually engage group ideology while actually existing on the social margins.

Founded in Akron, Ohio in 1935, AA advocates defining alcoholism as a disease, total sobriety as the only means of recovery, and links recovery to a

spiritual transformation of the self. The stated result is a newfound happiness in sobriety, contingent on a sustained recognition of and surrender to a “higher power.” AA is an organization with deep roots in Protestant Christian values and practices, but emphasis is placed on the spirituality of individual members, not religious affiliation; a member is to cultivate a relationship with God “as you understand Him” (Alcoholics Anonymous 2001, italics in original). The result in Japan is AA members who rarely identify as Christians, but regard their AA group and fellow members as the source of inspiration and the higher power from which surrender, strength, and sobriety are possible.

The first Japanese AA meeting took place in March 1975 at the Kamata Catholic Church near Tokyo’s Haneda Airport. Today AA has between 5,000–7,000 members in Japan and holds meetings throughout the country (Alcoholics Anonymous Japan website). Membership is concentrated in urban areas, particularly Tokyo and Ōsaka. This article is based on fieldwork with the Central Group weekly meeting in Tokyo. It includes AA ideology, information on the Central Group’s meetings, and provides ethnographic examples.²

The frequently expressed frustration and unhappiness within meetings result from Japanese AA members privately enduring sobriety instead of experiencing the profound alteration in one’s life that practicing group ideology promises (Alcoholics Anonymous 2001:567) Despite organizational principles extolling the contrary, AA membership and sobriety are too often hidden from co-workers and other acquaintances, an abnormality weighing as a source of shame instead of a bested personal struggle worthy of praise and pride.

AA IDEOLOGY

“The Twelve Steps” are the philosophical cornerstone governing AA. Intended as a guide to living without alcohol, the steps “closely approximate protestant middle-class values” (Chenhall 2007:8), and serve as a “set of spiritual practices which have their own internal logic and whose purpose is to move the alcoholic from active drinking to the spiritual state of recovery” (Swora 2001: 59). Through a process of admission, surrender, and acceptance (Steps 1–3), personal inventory-taking and apology to those one has wronged (Steps 4–9), and continued prayer and spiritual awakening (Steps 10–12), “we are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door on it. We will comprehend the word serenity and we will know peace” (Alcoholics Anonymous 2001:83–84). Working the Twelve Steps is AA’s foundational course of action, and membership involves consistent meeting attendance, and adoption in daily speech of organizational slogans and terminology. These practices become the path to sobriety and a “spiritual awakening

[that provides a] daily reprieve [from drinking] contingent on the maintenance of our spiritual condition” (Alcoholics Anonymous 2001:85). “The alcoholic needs the constant reminders of AA meetings and other forms of participation in the fellowship, for he or she is always in grave danger of forgetting that he or she is an alcoholic” (Alcoholics Anonymous 2001:61). Forgetting one’s admission of AA membership is less a concern in Japan than abiding by its tenets. The result is that disclosures of membership are often kept hidden to avoid the frequent challenges and questioning by family, friends, and co-workers that are the daily companion of the alcoholic.

MEETINGS

Meetings are the foundation of the AA program, the “arena for AA’s basic formal activity” (Rudy and Greil 1989:42). In Tokyo, Central Group meetings take place every Wednesday from 7:00 to 8:30 p.m. in a classroom of a Catholic Church complex. The meeting room can accommodate approximately 30 individuals seated around six tables arranged into a rectangle, and additional stools line the walls of the room. A Narcotics Anonymous (NA) group meets sporadically at the same time in an adjacent room, yet the two groups’ members rarely interact. Two tables along the wall at the front of the room display AA literature, announcements for meetings, flyers publicizing AA-related events, a hot water pot, plastic cups, and instant coffee or tea. Written before every meeting on the whiteboard at the front of the room is “AA Central Group Open Meeting. Theme:___ Chairperson:___.” Each week has a theme for the meeting. Generally, one of AA’s well-known phrases, such as “one day at a time,” or a term such as “powerlessness,” “counsel,” or “thanks” is selected by the volunteer chairperson. “Welcome Home” is also written on the whiteboard each week, to cultivate a “good space” or alternative home within the meeting that members frequently mention in their speeches.

Members begin arriving around 6:40 p.m. and trickle in as the start time approaches. Some members come from work and a few have left their homes for the first time that day to attend the meeting. Meetings begin promptly at 7:00 p.m., but often with only half of those who eventually attend. A steady stream of latecomers, most arriving directly from work, continue to join the meeting until just before it ends at 8:30 p.m. For many, the level of participation is not as important as actually attending, viscerally reinforcing the presence of others who identify as alcoholics and sharing their struggles. In contrast to Brandes’s (2002) findings with AA practitioners in Mexico City, a shared emphasis on self-discipline is not linked to punctuality: “aside from staying sober, self-discipline reveals itself in punctuality and attention to [meeting] time limits” (Brandes

2002:144). Self-discipline within the Central Group is linked to notions of *gaman* (perseverance), and manifest in consistent meeting participation. Attendance for any portion of the meeting is deemed laudable. However, as the example below illustrates, the importance given to arriving on time is implicitly understood. Two meeting encounters described below illustrate expressions of dissatisfaction at unrealized life changes and social discomfort among Central Group members. The first is the encroachment of amplified noise, fueled by alcohol consumption, into a Central Group meeting during a nearby university's Halloween celebration. The second is the violation of unwritten rules of conduct within a Central Group meeting and the accompanying frustrations members display at an individual's failure to properly express his alcoholism at one of the meetings. Before describing these examples, an overview of the meeting format and conduct expectations is necessary, as it situates Central Group members and other attendees within the larger social context that constitutes identification as alcoholics in Japan.

Each Central Group meeting has a theme selected by the evening's leader, often before calling everyone to order, and with some informal input from those seated nearby. "One day at a time," AA's widely used phrase, is a popular theme as it is directly linked to the organization's governing philosophy on recovery—that sobriety is lived and maintained in daily increments—yet vague enough to allow all attendees adequate latitude in finding something relevant to share. Other themes during fieldwork included "companions," "admission," "determination," "burying [one's] pride," "character," "living without drinking," and "enduring." While having a theme encourages attendees to speak on the same topic, individuals often raise whatever subject is foremost in their mind when speaking. Themes exist as a meeting guide, and as any Central Group member is quick to note, an attendee may speak about anything found to be therapeutic without concern of correction.

Two types of members attend Central Group meetings: those who designate the meeting their "home group," and guests for the evening. Designating one's home group entails assuming some responsibility for the group's logistical and practical needs, which includes ensuring that coffee and tea are available, literature placed on the table for distribution is up-to-date, sufficient time is provided before or after the meeting for any announcements, and money raised through donations is deposited and spent appropriately. Because it is an open meeting without restrictions on entry, guests attending are sometimes NA, Gamblers Anonymous, and other twelve-step group members unable to find a meeting with their own group.

Meeting content at both Central Group and other AA meetings in Japan generally consists of speaking aloud to the group without expecting or receiving

an immediate response. Everyone is given an opportunity to speak and attendees adjust the length of time they talk during meetings in consideration of group dynamics. The designated leader speaks first and usually for slightly longer than everyone else, often between five and ten minutes. The leader then asks another member to speak, often whoever is seated to the immediate left or right, and continues asking others to speak after someone finishes. Each speaker is careful to ensure that everyone has an opportunity to say something and that the meeting does not end early.

“The self-understandings of the individuals joining AA must . . . reflect and incorporate . . . the AA system of beliefs; cultural knowledge must become self-knowledge” (Cain 1991:211), which is to say that an AA member must recognize that he drinks as an alcoholic, and he is an alcoholic. “The disease is a part of one’s self” (Cain 1991:214). Sharing personal stories, in Japan as elsewhere, acts as the medium through which reinterpretation of past events, as viewed through an alcoholic’s lens, is made possible. The personal stories are always colored as alcoholic, differentiating them from the actions and decisions a non-alcoholic would have taken, and creating the defining tools and narratives of alcoholism in Japan. As “drinking and alcohol are woven into the fabric of everyday life in Japan” (Borovoy 2005:45), then the narrative of AA members is a social memory of denied claims upon these norms of socializing, and becoming an AA member leaves the individual alcoholic without recourse to a larger social network from which to draw companionship and identity.

HALLOWEEN

The shared dialogue of being socially marginalized came to the forefront at an October 2008 Central Group meeting. The neighboring university was then hosting a Halloween party as a fundraiser for student organizations. The event included performances by student rock bands and selling beer and *chū-hai* (a canned alcoholic beverage made with fruit juice). Groups of intoxicated undergraduates loitered around the campus and church entrance talking loudly as AA members made their way to the meeting.

As the meeting started the amplified noise of the student rock bands seeped into the meeting room, the world of drinking intruded into a space of sobriety. No one at the meeting acknowledged this unwelcome intrusion, but its influence was evident. The meeting’s posted theme was “how not to drink,” yet it became an evening of shared experiences of hiding one’s alcoholism from non-sobriety group members. Toshi, a man in his early 40s, initiated this trend, recalling an incident where he received a bottle of expensive sakē from a co-worker returning from a business trip to Niigata, a city in northern Japan famous for high quality

sakē. Toshi accepted the gift because he did not have the courage to say he abstained from drinking. After work that day he thought of throwing the bottle away at the train station, but the guilt of doing this to something so visibly expensive and beautifully packaged was too much and he gave the sakē to a friend, but not before yearning to have “just a small drink” (he did not). At home he looked up the sakē’s flavor and characteristics online in order to later converse about it knowledgeably with his co-workers. Toshi’s deception regarding his AA membership, despite the necessity of constant vigilance, came with less anxiety than disclosing his need for sobriety.

Following Toshi’s speech, others recounted feelings of worry about how they could keep their alcoholism a secret or the reaction of others if they revealed their AA membership. Throughout the meeting, members referred to themselves and their past drinking practices as “strange” or expressed a desire “to return to a good/normal life,” implying that living as an alcoholic in Japan is abnormal and fraught with difficulty. The community of alcoholics in Japan is an imagined community (Anderson 1991), and imagines itself in opposition to the *futsū* (normal), finding AA support for a reinterpretation of the normal as frequently unfeasible.

Yasu, in his mid-20s, neatly illustrated member frustrations at an inability to meet societal constructions of normalcy in his speech at the meeting. Yasu lives with his girlfriend whom he mentioned at numerous meetings in the past, and talked about her irritation and anger with his sobriety and AA membership. She did not understand why he stopped drinking, and she continued to consume alcohol in front of him, sometimes taunting him to drink and recently yelling while drunk, “which is more important, AA or me?” Her unwillingness to see his alcohol consumption as a problem or something in need of regulation was the principle source of tension in their relationship. She found Yasu’s sobriety abnormal and an acceptable target for her anger at his unwillingness to drink with her.

Alcoholism in Japan is “about the human body and society’s perception of normal and abnormal,” constructing those who elect to no longer consume alcohol as abnormal (Dennett 1996:325). Yasu’s decision to abstain from alcohol calls his position and performance as a boyfriend and as a male into question, framing sobriety as problematic and easily derided in Japan. AA membership in Japan is devoid of societal support and the therapeutic sympathy or understanding the organization presumes.

CROSSTALK

The conduct of members and the construction of meeting speeches is governed largely by unwritten protocols opaquely visible until violated. When not speaking, an attendee only need listen to what other members are saying or, as is often the case at meetings held in the evening, simply avoid falling asleep. When individuals are speaking, however, there are many actions that can violate the unwritten rules of conduct, disrupting the harmony and effectiveness of the meeting. A meeting faux pas is manifest in speaking for too long and thereby denying others an opportunity to participate, potentially limiting their sobriety maintenance.

The consequences of violation were apparent at an April 2008 meeting. The theme of the meeting was “conceit.” Yumi, a woman in her early 40s, led the meeting. She mentioned in the meeting’s initial speech that the relationship with her sister had been strained to the breaking point due to Yumi’s drinking. Strained relations continued with sobriety, manifest in the disdain her sister expresses towards Yumi’s AA membership. Nearly every time they converse, her sister asks when Yumi will be “completely recovered,” voicing her dismissal with AA’s advocated position that alcoholism is an illness from which total recovery is not possible. Yumi’s sister’s ignorance of AA’s definition of alcoholism drew chuckles from many in attendance.

The unusual choice of the meeting’s theme (never again revisited during fieldwork) had numerous participants eager to express their experiences with conceit and volunteering to speak instead of having to be called upon. One speaker was a middle-aged man attending his first Central Group meeting and held membership in both AA and NA. Animated, he loudly offered unsolicited agreement when others were speaking, to the noticeable displeasure of some in attendance. When selected to speak, he launched into a 30-minute monologue that meandered in subject matter from his alcoholism to his thoughts on the existence of extraterrestrial life. After 20 minutes, the others attending became increasingly annoyed and started leaving the meeting to use the bathroom or smoke a cigarette, shuffling their papers, sending text messages from their cell phones, and refilling their coffee cups with greater frequency than usual. Finally, Yumi loudly interrupted, “Nakama!” (lit. fellow, a term used to address an AA member the speaker does not know) to which he hurriedly responded, “yes, yes, [I’m] finished.” Yumi proceeded to sternly explain that in the time allotted for the meeting, as many attendees as possible needed a chance to speak; an opportunity denied others through his verbosity.

This encounter violated two rules governing behavior at meetings: “back/crosstalk” and not allowing others the opportunity to speak. Ironically, it was

Yumi's intervening to rescue the meeting from complete monopolization that violated one of AA's few rules governing conduct. The Central Group does not impose a limit on how long an individual may speak, following AA's position against commenting or critiquing the words of others. Subsequent speakers at that evening's meeting acted to self-correct the proceedings, speaking rapidly and for less time than normal, allowing nearly everyone an opportunity, albeit brief, to speak. The above illustrates member's frustration at the long winded speaker's failure to recognize the calculated progress of the meeting. Each meeting attendee must be afforded time to speak, the act that constitutes progress, working the Twelve Steps towards continued sobriety and "living in recovery." Not allowing others this opportunity violates the rationale of meeting attendance.

Central Group meetings finish promptly at 8:30 p.m., and many attendees step immediately outside to smoke cigarettes while others tidy up the room and tend to any remaining administrative duties. Some home group members have specific jobs they perform and it is frequently the minority of women attendees that are tasked with washing the coffee cups and cleaning the hot-water pot. The tasks, however, are not arduous, and within a few minutes everything is complete and all attendees are outside smoking, saying their goodbyes, and walking to one of the many train or subway stations nearby.

DISCOURSE

Statements like the following are consistently heard at Central Group meetings: "I hate myself, I want to commit suicide, I am weak, I am selfish." "I want to return to good society, I want to be normal." "[I want to] escape reality." They illustrate how members speak about their alcoholism and sobriety. Such statements and set-phrases create and reinforce an alcoholic identity in Japan along established social and medical norms; words that build and maintain the marginalizing of Japan's alcoholics. AA members in Japan, especially men, are supposed to be able to persevere and not proclaim their weaknesses for those in attendance at meetings to hear. "The ways in which masculinity is identified [in Japan] is most differentiated from that which characterizes Western game styles [and] are tied into ideals of self-control and the notion of *gaman*" (Light 2003:114–15). Light's assertion applies to the actions of Japanese AA members. The importance of both alcohol and *gaman* in Japan dictates member presentations of the self and makes scant concession for those electing to remain sober. Consequently, the return to alcohol consumption remembered as normal, which members crave and express in meeting dialogue, reveals alcoholism as an enduring personal identity in Japan, devoid of the profound transformation said

to accompany sobriety. AA members exist at the social margins with “no cultural assurance of a final stable resolution of their ambiguity” (Turner 1974:232–33).

It is “the soul of the member that is the main object of AA’s innovative approach to ethical governance, an approach relying primarily on self-governance rather than on advice or exhortation” (Valverde 1998:120). By eliminating expertise, AA seeks to create self-governing alcoholics. However, unlike in a Euro-American or Latin American context (Brandes 2002, Cain 1991, Gusfield 1996, Mitchell 2004, Rudy 1986), the authoritative gaze of the physician is not circumvented in Japan. “It was AA that came up with the notion that physicians should not have the monopoly on disease . . . it was AA that first succeeded in turning a disease into a full-fledged, lifelong social identity” (Valverde 1998:122). Among the members of the Central Group and AA generally in Japan, alcoholism is a lifelong identity and socially marginalizing. Alcoholism and group membership remain marked by secrecy, *haji* (shame), and inconsistency in the presentation of self.

A middle-aged male, Hide, the Central Group’s treasurer, spoke at one meeting of having recently quit his job. A year earlier a doctor ordered him to curtail his drinking, which he found to be impossible. As his health worsened he entered a hospital and then joined the AA, yet kept his membership and sobriety from his co-workers. The pressure to drink socially and his anxiety with hiding his sobriety grew and became difficult to bear. He finally quit his job with little warning and began working for a significantly reduced salary with a new and far less prosperous company. Sobriety and participation in AA for Hide and other group members confines them to the metaphorical margins of Tokyo. The ubiquitous bars, *izakayas* (pubs), restaurants, cafes, and even offices, parks, and public events become *kiken* (dangerous) places into which alcoholics rarely venture or avoid entirely. Invitations to drink must be strategically avoided, dodged, or deferred—sometimes, as Hide’s example demonstrates, in a dramatic and consequential manner.

The physician acts as the gatekeeper of alcoholism in Japan, diagnosing individuals as “alcohol dependent” and then directing them into AA or Danshukai.³ Members are drawn from those in Japan’s hospitals that specialize in treating alcohol dependency, ensuring a membership that has accepted through prolonged hospitalization a medically sanctioned diagnosis of alcoholism. Yet members struggle with the limited general acceptance of this concept or the failure of AA to transcend the prevailing societal opinion of alcoholism in Japan, as is evident at Central Group meetings. The result is a membership ashamed, dissatisfied, frustrated, and miserable in sobriety. Identity reconstitution for AA members “occurs as the teller reinterprets her life as an AA story” during meetings (Cain 1991:233). In Tokyo such a reconstitution is frustrated through

societal expectations to imbibe and the inability of members to reinterpret a life without alcohol.

MISERY

Dan and Hiro are AA members in Tokyo who first entered the organization in the U.S. Dan, middle-aged and employed in the technology sector, is originally from northern California. Hiro identifies Ōsaka as his hometown and lived and worked in Los Angeles as an actor before settling in Tokyo 10 years ago. Both commented during interviews on the frustration and misery that pervades the lives of many AA members in Japan. Hiro pointed to the use and popularity of the “handbook” among members. Officially known as the “meeting handbook,” it is a green 15-page pamphlet containing an overview of AA’s history, the organization’s position on alcoholism taken from the Big Book,⁴ a reprint of the Twelve Steps and Twelve Traditions, the serenity prayer, a note on anonymity, and a section of the Big Book titled “Into Action.”

The significance of the “Into Action” passage is the prominence given it by AA as an edict on recovery that presents personal happiness and freedom from a desire to imbibe as the outcome of membership, a position frequently in contrast with the personal declarations at Central Group meetings. A portion of the cited passage reads: “We are going to know a new freedom and a new happiness. We will not regret the past nor wish to shut the door to it. We will comprehend the word serenity and we will know peace” (Alcoholics Anonymous 2001:83-84). It is a message designed to inspire, yet the manner in which it is used, at least in Dan and Hiro’s view, fails to create the possibility for Japan’s AA members to live “in recovery.” Instead, it encourages a superficial engagement with the Twelve Steps, frequently compounding members’ frustrations by giving the impression that lifelong sobriety is easily attainable and amenable to life in Tokyo.

Dan, Hiro, and others maintain that many AA members experience sobriety superficially and as a result are unhappy in recovery. There are some members who express having had the “profound transformations of the self” outlined in the Big Book, transformations that shaped their identity as alcoholics and allow attaining freedom from the burden alcohol brought their lives. It is an assessment that while sweeping in nature captures some of the reality that emanates from the meeting speeches of Central Group members, a reality conveyed at a December 2007 meeting. Chaired by Akashi, a leading group member, the theme was the reliable “one day at a time” and the meeting appeared initially destined for uneventfulness. Yet Akashi began speaking of shame and significant life events that he felt contributed to his alcoholism. Akashi’s father, disconsolate after

losing his job, committed suicide when Akashi was in junior high school. As the oldest son, he felt obliged to provide financially for the family and deal with the embarrassment of his father's suicide. He linked these events to his alcoholism, saying that he had no other way to live and subsequently turned to alcohol. Discovering later that the Twelve Steps frame alcoholism as a problem of lifestyle brought him relief, as it made clear the factors beyond his control contributing to his alcoholism. It allowed Akashi to conceptualize himself as abnormal, and that abnormality was his alcoholism. He added that while such a diagnosis brought a modicum of comfort, it also sharpened the focus around the shamefulness that accompanies identification as an alcoholic in Japan.

Akashi's mention of suicide and embarrassment at his harrowing past as linked to being an alcoholic started a stream of similar speeches that evening, leaving the posted theme largely forgotten. A young woman who attended a handful of Central Group meetings during the course of fieldwork spoke of her frustration at being told by a doctor that she was not abnormal. It was, she said, harder coming to terms with her alcoholism not being the result of a jarring and traumatic life experience. A readily identifiable abnormality, a moment or experience of trauma, would have at least helped explain her inability to conform to societal conventions of consumption, the absence of such an event became instead the source of personal insecurity.

Borovoy (2008) mentions that "the heavy emphasis on 'mainstreaming' and the powerful association of health with social integration" in Japan, "creates a situation in which the line between the normal and the pathological—between a problem that is manageable through behavior modification or socialization and one that requires more specific or totalizing forms of care—becomes difficult to draw" (Borovoy 2008:554). Being an alcoholic is problematic as a generally accepted diagnosis or condition in Japan. Instead, sobriety is the perceived abnormality among Japan's AA members, not the previous consumption patterns and circumstances leading to one's admission of alcoholism and group membership. "The awareness of inferiority means that one is unable to keep out of consciousness the formulation of some chronic feeling of the worst sort of insecurity, and this means that one suffers anxiety and perhaps something worse, if jealousy is really worse than anxiety" (Goffman 1963:12). An inability to imbibe in a normal (*futsū*) manner renders the AA member unfit for normal participation in society.

Near the end of that meeting, Nobu, a member in his mid-30s, spoke of his parent's marriage and the strain that ensued. They had married after his mother became pregnant, a union they likely would not otherwise have formed. The seemingly loveless marriage influenced how they treated Nobu and today they are rarely in contact. During one of Nobu's hospitalizations for alcoholism, his

parents told him they did not love him, an admission that initially caused him to drink intemperately but now serves as motivation for his sobriety. His defiant sobriety illustrates the degree of disregard his parents maintain for Nobu's AA membership, an indifference evident throughout Japan. He ended his speech noting the danger of such a position, that sobriety motivated by a desire to prove his parents wrong was both fragile and in opposition to AA's position against being overly prideful of one's accomplishments.

Alcoholism as a lived identity in Japan is frequently paradoxical. It is, in AA's definition, a chronic illness from which total recovery is not possible. It is also marginalizing through a lack of acceptance and "widespread public ignorance about the nature of alcoholism" in Japan that severely influences the openness with which many discuss and reveal their group membership (Borovoy 2005:44). Admitting being an alcoholic undermines traditional gender roles and identity as "drinking is constructed as a vehicle for the expression of individuality" (Borovoy 2005:47). Among AA members the manifestation becomes one of individually finding solace in defining alcoholism as abnormal and the difficulty in how, or a reluctance, to fully engage the sobriety group methodology. Sobriety group membership necessitates for many in Japan the recovery of identity, yet this is hindered through the stigmatization of alcoholism and the struggles many experience in engaging recovery ideology. The result for many is frustration, shame, and hiding one's identity as an alcoholic.

POWERLESSNESS

"He fools himself. Inwardly he would give anything to take half a dozen drinks and get away with them. He will presently try the old game again, for he isn't happy about his sobriety. He cannot picture life without alcohol" (Alcoholics Anonymous 2001:152). This passage at the beginning of Chapter Eleven in the Big Book outlines for the newly sober individual the transforming process for becoming an AA member. It goes on to note the likely response of the reader: "You say, 'Yes, I'm willing. But am I to be consigned to a life where I shall be stupid, boring, and glum, like some righteous people I see? I know I must get along without liquor, but how can I? Have you a sufficient substitute?'" (Alcoholics Anonymous 2001:152). The question is answered in the next paragraph. "Yes, there is a substitute . . . it is the fellowship of Alcoholics Anonymous. There you will find release from care, boredom, and worry. Your imagination will be fired. Life will mean something at last. The most satisfactory years of your existence lie ahead. Thus we find the fellowship, and so will you" (Alcoholics Anonymous 2001:152). These crucial passages, never invoked in

Central Group meetings during fieldwork, sets forth the significant promise and potential of AA. Yet in Japan, reality seldom matches this ideal.

The Big Book ends by detailing how this transformation of self is possible and experienced for the individual members. Only through an admission of *muryoku* (powerlessness) and surrender to a higher spiritual authority is such a transformation of the self, and the ensuing sobriety, constructed as possible. Sobriety becomes the only alternative in AA, attainable through the often problematic position for some Japanese members, of surrender to, and ensuing guidance from, God. It is a sobriety without the cultural apparatus to draw sustenance and significance from such a position, consigning members to “dwell in the space of the gap, in a logic of negation, surprise, contingency, roadblock, and perpetual incompleteness” (Stewart 1996:17).

This raises two questions: Why are alcoholics in Japan powerless and what happens when a transcendence of identity fails to emerge? The invocation of being powerless stems from an ideology of control. Alcoholics frequently cited an inability to control their drinking and the ensuing hospitalization as determining criteria of their alcoholism. Once control is lost, members cease to be *shakaijin* (societal people), no longer capable of appropriately conducting themselves. They become the *dame ningen* (bad people) so frequently mentioned in meetings. Yet they are also trapped in the consistently adduced “vicious circle” of alcoholism and the prevailing logics of recovery. Their recovery becomes a struggle to rediscover and somehow recover their taken identity. Efforts are often conducted in secret, because of shame and humiliation, characterized by in-meeting language use that can mirror discourse on the public disclosure of homosexuality, notably the use of the phrase “coming out” when speaking about revealing one’s alcoholism. For the alcoholics who embrace *muryoku* and find solace in some form of a higher power, be it God, meetings, or the fellowship of other alcoholics, AA provides a structure they claim saved their lives. Many other members in Japan, however, never find the reassurance outlined in the Big Book; for them alcoholism must be endured.

Admissions of alcoholism become problematic for AA members in Tokyo when the impossibility of total recovery is revealed. Miho, recently divorced and in her 40s, illustrated these frustrations during her speech at the November 30, 2008 meeting. She recounted a recent encounter with a co-worker after returning from hospitalization and joining AA. The co-worker asked if she was “recovered” and Miho began to explain AA’s position that one never fully recovers from alcoholism. “So, are you better?” was the co-worker’s response, a seemingly simple question that captures both the frustration many in AA express at sharing their alcoholism with others and the prevailing attitude in Japan towards self-identified alcoholics. Few non-members in Japan conceive of

alcoholism as an illness from which total recovery is not possible. This is reflected in the frequent mention of skepticism or the elaborate lengths to which members go in hiding their alcoholism. For many it is easier, or less embarrassing, to live a life of secrecy and pretense as to why they do not join in drinking, than divulge an identity as an alcoholic.

A December 2007 Central Group meeting demonstrated the pervasive secrecy surrounding admitting to alcoholism in Japan. A member brought Reizo, a guest from another AA group. Reizo, having come from work, was dressed in a business suit. He had recently separated from his wife but continued wearing his wedding ring, adjusting and playing with it throughout the meeting. He spoke of his “coming out” to co-workers, friends, and family after entering AA, explaining to those with whom he regularly interacted that this membership meant he no longer consumed alcohol. Such admissions are rare among Japan’s AA members, making his use of terminology associated with public declarations of homosexuality significant, as he was speaking to the difficulties and concerns surrounding the reception a disclosure of alcoholism would receive. Reizo is unlike most in AA who hide their alcoholism from all but their most intimate family members and friends. Reizo’s revealing himself to others outside of AA is noteworthy for its rarity among Japanese men and the break with societal convention it represents. Many sobriety group members refuse to go drinking with other men because it requires disclosing that they cannot consume alcohol, compromising their carefully constructed false identity. In breaking from this convention Reizo, presumably, freed himself from this restriction but remains marginalized in Japan, thwarted in the pursuit of male intimacy forged over shared alcohol consumption. His words convey that even a widespread disclosure of alcoholism brings little change to the frustrations aired by many during meetings. The significance of Reizo’s statement lies in illuminating the frequently unsaid reality of muted social interaction and unrealized changes in one’s life among sobriety group members.

CONCLUSION

Ideally, AA members work the Twelve Steps, accepting their alcoholism through surrender and taking a “moral inventory” of past transgressions. The result of these efforts should be a “spiritual awakening” during which an individual realizes a “profound alteration in his reaction to life” (Alcoholics Anonymous 2001:567). The Big Book asserts that alcoholism is an illness with no cure but there are the rewards of sobriety in a spiritual condition maintained daily through prayer resulting in a “profound alteration” of one’s character, the outcome of a constantly cultivated relationship with God, or at least one’s

interpretation of a higher power. Under ideal circumstances, being in recovery is enacted through one's constantly cultivated spiritual relationship and the sobriety this enables.

Yet in Japan, many AA members are not living in recovery but simply existing without alcohol. To play upon the often invoked phrase in Japanese, they *ganbaru* (endure or persist) the absence of alcohol in their lives. Their success in maintaining a spiritual life as a "daily reprieve" from alcohol that entails "living in recovery" is frequently absent among Central Group members. *Ganbaru* is a critical cultural assumption in contemporary Japan. "Persistence is the secret; effort, not IQ, is the Japanese explanation for educational achievement" (Singleton 2004:11). The use of *ganbaru* as a stock cultural resource pervades widely differing aspects of life in Japan, from folk song performances to sumo wrestling. "Sheer effort" is culturally more important than ability or even outcome (Yano 2002:74). Transposed to AA members throughout Japan, however, sheer effort results in persistent expressions of frustration and misery at unrealized alterations of the self and persistent societal marginalization.

NOTES

1. I am both grateful and intellectually indebted to all the Central Group members for welcoming me into their meetings and to the Japanese Ministry of Education, Culture, Sports, Science and Technology for this project's funding. I also thank Ana Vaz, Eric J. Cunningham, Eirik J. Saethre, Nicolas Sternsdorff, Toru Yamada, and Naomi Yamada. All provided insightful comments and feedback. Not least, Christine Yano and Keith Brown offered invaluable advice, frequently beyond the scope of the paper, to which I am very appreciative.
2. Fieldwork took place in Tokyo between April 2007 and August 2008. All personal names mentioned here are pseudonyms.
3. Danshukai (Sobriety Association) is Japan's other major sobriety self-help group. It is larger than AA with approximately 50,000 members nationwide. Doctors typically determine which group better serves an individual and then direct their patients into AA or Danshukai. See Chenhall and Oka (2006–2007) and Smith (1988, 1998) for more on Danshukai.
4. The Big Book is AA's basic text. The Twelve Traditions offer guidelines for managing relationships within and between individuals, sobriety groups, and the general public. Both documents can be viewed on the AA website at <http://www.aa.org/>.

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