Funding Faith: How does Trust the Process communicate recovery from addiction and spirituality in the context of contrasting scientific opinion, and a secular health service?

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Abstract

This paper uses Critical Discourse Analysis (CDA) on the website of private addiction treatment organization Trust the Process Counselling (TTP) [http://www.trusttheprocess.org/]. The aim is to determine exactly how TTP uses discourse to represent addiction, recovery and spirituality on its website, while considering the increased funding such organisations are receiving due to the recent shift in treatment policy and the wider context of opposing scientific opinion and a secular health service.

***Most of us feel we need look no further for Utopia. We have it with us right here and now. Each day my friend's simple talk in our kitchen multiplies itself in a widening circle of peace on earth and good will to men* - Bill Wilson, 1939**

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Introduction

Trust the Process (TTP) is an organization providing residential treatment for individuals with drug and alcohol dependencies in the United Kingdom. The webpages it uses to represent and promote itself will be the text investigated in this research. TTP is selling a brand of 'recovery' based treatment, using methods which focus on spiritual concepts, making it a captivating text for public relations analysis. The aim is to see how TTP uses its website represent the problem of addiction, and spirituality as the solution. The 12-step model it uses as adapted from Alcoholics Anonymous (AA) is an important contextual aspect of the text being analysed. The primary objective will be to uncover what nuances of language and other discourses say about the identity of 'the addict', both as an active substance user and as an individual in recovery. Ultimately this research hopes to understand at a deeper level how TTP represents certain concepts; exactly what methods of production, negotiation and exchange of meaning are employed in order to manage the image they utilise in the promotion of their organisation. Any findings and observations will be considered with reference to the wider medical, political and increasingly secular context that TTP is operating in.

Substance addiction presents a significant problem in the United Kingdom, having huge financial consequences for public health, criminal justice and law enforcement. Alcohol use alone is known to have been a major factor in over one million violent crimes in the UK during 2011 (Chaplin et al. 2011). Rates of problem drinking in the UK are higher than those in most European countries, alcohol representing the third largest lifestyle risk factor for disease and death (Alcohol and Drug Unit 2012 p.3). Alcohol related harm is estimated to cost the UK a staggering £21 billion annually (Alcohol and Drug Unit 2012 p.2). Drug addiction is also an issue in the UK, with at least 400,000 problem drug users (PDUs) in the UK as of 2010 (EMCDDA 2010 p.15). The risk of contracting diseases such as hepatitis C and HIV is raised among injecting drug users and over two thousand deaths are attributed to drug overdose each year (EMCDAA 2010 pp.100-115). The annual cost of maintaining treatment and paying benefits to PDUs is £3.6 billion, which includes £1.7 billion in benefits, £1.2 billion for looking after the children of drug addicts and £730 million for prescribing medication to stabilise dependence (Telegraph 2011). Drug users

have been estimated to commit 56% of the total number of recorded crimes in the UK, with drug-motivated offences being responsible for a third of the total cost of crime (Godfrey et al. 2002).

There is consensus among policymakers that alcohol and drugs can causes serious harm to individuals and to society; however agreement on how to tackle the issue has proven impossible, with drug policy in particular under regular scrutiny. In 2012 the Commons Home Affairs Select Committee, which is made up of influential cross-party MPs, called on the government to set up a Royal Commission in order to consider all the alternatives to the 'failing drug laws' of Britain (Travis 2012). Breaking the cycle of addiction to hard drugs has been a focus of drug policy for some time; largely in response to the associated crime addicts can bring to communities. However the traditional approach taken since the late 1980s has been on maintenance, with addicts being prescribed methadone or buprenorphine so an individual can discontinue using heroin with reduced withdrawal symptoms, or offer harm reduction information and equipment to minimise the consequences of substance use (NTA 2009). Since 2008 there has been a striking evolution in rhetoric with a clear entrance of a moral discourse, evidenced in the increasing use of conditionality in the welfare system and the idea of targeting those engaging in unsafe behaviours to change their ways (Monaghan 2012). This seems to be related to disillusionment with maintenance treatment and an aspiration to solve the drug-crime problem by endorsing the goal of total abstinence. More recently, abstinence has been replaced by the less well-defined term 'recovery', as described in a recent government report on the Drug Strategy which started in 2010; "We committed to reduce the demand for illicit drugs, to reduce their supply and, most importantly, to put recovery at the heart of our efforts" (May 2012 p.3). This signals a desire for funding to move away from maintenance, and emphasise on recovery. Furthermore the Alcohol Strategy presented by the coalition government in 2012 puts greater focus on changing problematic social norms relating to consumption as well as increasing funding for recovery based treatment for alcoholics (Alcohol and Drug Unit 2012).

TTP is an established provider of abstinence based treatment for drug and alcohol addiction in the UK. Overall TTP has enough beds for over one thousand clients and represents one of the largest providers of residential treatment for substance addiction in the UK. Treatment will always include a medicated

detox when necessary; however the rest of the service provided by TTP is focused on the period after chemical dependence has been treated. The aim is for each client to manage to live a substance free ('clean and sober') lifestyle after graduating from the programme and leaving residential accommodation. This is the approach referred to as recovery based, with an emphasis not only on sobriety but on achieving a whole new way of life, and has not historically been part of traditional state run addiction services (Christine et al. 2002). Treatment centres like TTP are seeing an increase in the number of government funded clients due to the recent shift towards abstinence as the target in addiction policy (NTA 2012).

The method of treatment TTP uses is based upon the Minnesota Model which focuses on the established work of the Alcoholics Anonymous (AA). The 12-step programme is practiced by a multitude of free self-supporting recovery fellowships worldwide, as well as in the industry of private addiction treatment. A requirement for treatment and therefore use of the residential facilities at TTP is regular attendance at external 12-step fellowship meetings, including AA and Narcotics Anonymous (NA) and Cocaine Anonymous (CA). Treatment at TTP includes regular reading of the 'Big Book' of AA, as well as written work modified from the original 12-step literature. All counsellors and support staff at TTP are recovered alcoholics and/or drug addicts, with some of the junior counsellors having no counselling qualifications whatsoever. The emphasis on life experience, with one addict or alcoholic helping another in order to maintain his or her own recovery, is a crucial part of the 12 step philosophy. However the method is also deeply spiritual, with clients being asked to pray and repeatedly read portions of the book and the original steps that reference building a relationship with either God or a 'higher power'. Due to the anonymous nature of AA and related groups, they have been difficult to empirically research (Kurtz 1999). This has attracted pejorative attention with many questioning the validity of AAs claims and the dominance adapted 12-step models have on the private treatment industry (Peele et al 2000). Others have argued that many features of AA, especially in official literature, echo Christian themes concerning personal despair and surrender as a route to spiritual transformation (Antze 1987). AA and private 12-step treatment providers maintain that they are in no way associated with religion, only spirituality; the process they promote aiming to give each individual a 'spiritual experience' and 'psychic change'. AA is a

global fellowship encompassing people of various beliefs, yet it is derived from a non-denominational movement modelled after first-century Christianity called the Oxford Group whose members read the Bible in their meetings (Cheever 2004 p.29). This association with religion and faith raises some difficult questions for treatment providers who have to represent non-scientific 'spiritual' methods as effective in treating what is largely recognised by the medical community as a disease. This position is complicated by the contesting medical and cultural understandings of addiction.

Considering the growth in this type of funding for alcoholics and problem drug users, TTP is an organization which is increasingly changing the lives people in the UK. It maintains a web presence which is used to explain substance addiction, the 12-step program and the treatment it provides. It communicates ideas which are often controversial in order to persuade the public, whether that is the addicts themselves, their friends and families or local service providers, to pay for treatment. Discourse is the crucial focus for the analysis of this content, requiring an emphatic use of critical theory intended to identify ideology and sites of ideological negotiation. Language and semiotic non-verbal communication are forms of social practice and able to constitute social identity, crucial to the TTP message. Critical Discourse Analysis (CDA) can be utilised in order to reveal messages that are relevant in the context of the contemporary recovery agenda. Within these discursive processes it will be of interest to discover which representations of the interrelating issues of addiction, recovery and spirituality are found, and how they fit into wider social contexts.

One of the key aims of CDA is to uncover how discourse may be used to influence or even control the minds of individuals (van Dijk 1995). In the case of the website of a treatment provider such as TTP it is especially important to consider that people "may lack alternative sources of information, or they may lack the knowledge of rules and strategies of grammar and discourse, they may not have sufficient knowledge to detect lies and manipulation, or strong counter-opinions or counter-ideologies to argue against and reject influential text and talk" (van Dijk, 1995 p.22). This assumption is made due to the nature of the service TTP is providing, and what that means for the audience. Individuals looking through the text are likely to fall into three separate groups. They may be someone suffering from problematic

substance use, 'active' addiction, or they could be an individual looking to get a family member or loved one into treatment (Tober 2011). Subjects could come from any background, yet due to the desperate nature of chronic substance dependence, it can be assumed that they may be in emotional distress, and as a result may be looking desperately for a solution. Considering the medical and political communities are not in agreement as to the ideal way to treat addiction, we cannot assume the audience of the TTP website will be well informed. Other factors complicate this; it is known, for example, that parents may blame themselves for the behavior of their children (Morgenstein 2010). This makes them vulnerable to discursive influence, something the discourse on the text may reflect. The third type of person would be from an organization like an addiction service provider, prison or state supported charity that allocate funding so as to get problematic substance users into treatment (NTA 2012). Individuals in this category are more likely to have greater understanding of addiction treatment and better communication with clients as to what service they are looking for, something the text must consider, yet may still hold preconceived opinions, either positive or negative, on the 12-step method.

Literature review

There is a formidable body of medical literature from numerous disciplines that relate to addiction and treating those afflicted. How addiction and faith-based treatment are perceived from a medical point of view must be looked at if the message communicated by TTP is to be understood. Despite addiction being a prominent feature of media discourse, there is precious little research into how treatment and spirituality are represented as part of this issue, or how PR is used to communicate such ideas. The majority of the work on this topic focuses on how addiction is portrayed in cinema and television, not in print or online, with work specifically on the representation of treatment and recovery being especially infrequent. Any work, especially from a cultural studies perspective, that critically examines these representations in any medium is relevant to this study. The notion of spirituality as an antidote to a condition which is classified medically is the key concept being investigated. Therefore research that coherently analyses representations and cultural understandings of spirituality is pertinent. Academic study of discourse and its influence and relationship with identity, especially when relating to addiction, can also be used to frame this research. Examination of government communication, especially that which features representations of the relationship between addiction and recovery in any policy report or preceding criticism, will be the final source material that paints the backdrop to this study.

How is addiction understood and treated?

How addiction is defined depends on which discipline or area is relating to it. Despite definitions largely resulting from medical research, they are often at odds, dichotomies that are echoed in cultural and political understandings and representations. The most basic medical model sees addiction as disease of the brain, with dependence and therefore harmful use as the result of neurotransmitter imbalances caused by the substance itself (Leshner, 1997 pp.45-47). The physiological viewpoint of the medical model is used to understand and treat chemical dependence; 'stamping out' the disease with antagonist medications such as naltrexone (Anton, 2008). This model has been an integral part of UK government understanding, reflected in the maintenance strategy which has been used since the 1980s. Yet the medical model must

also take into consideration the influence of other biological, psychological, or sociological entities on behaviour despite an incomplete understanding of their exact mechanisms (Goodman and Levy 1997). The more adaptive biopsychosocial model, which takes into account both chemical dependence and maladaptive coping strategies, is the most widely accepted 'disease' model of addiction in the context of medicine.

Yet there is medical opinion which disagrees with the disease model, theorising addiction is firmly a disorder of choice (Davies 1997; Hayman 2009). Known as the 'life-process' model, it is not compatible with the 12-step definition that has made up the method used by treatment providers since the 1980s. This distinction between the disease model and the life-process model; between symptoms of an environmental or genetic condition or symptoms of gratification and security, must be recognized. These divisions are not semantic; they are entirely opposing opinions regarding the factors that lead to addictive drug use and drinking. The 12-Step philosophy emphatically describes addiction as a "cunning, baffling and powerful" (Alcoholics Anonymous p.58) disease, which manifests regardless of social experience. So despite subscribing to the basic disease model, the 12-Step paradigm does not reflect deeply on any variables that may cause addiction beyond being born with a chemical allergy and mental obsession. This can be seen in the words of the Hazelden foundation that adapted the AA model for private treatment; "This condition is not merely a symptom of some other underlying disorder. It deserves to be treated as a primary condition" (Anon 1954). AA sees addiction as a symptom of a "spiritual malady" (Alcoholics Anonymous p.64) that must be treated if sobriety is to be achieved. This puts the simple AA model outside of the current and scientifically researched biopsychosocial disease model and utterly opposed to the psychological life-process theory; the spiritual element causing controversy and misunderstanding in addiction discourse (Cummins and Collins 2002). A more recent study has confirmed that unlike in America, here in the UK the majority of substance treatment workers did not understand AA and were unlikely to recommend the 12-step model to their clients, with many seeing addiction as a "bad habit rather than a disease" (Day et al. 2005 p.326). So the contemporary addiction management field is in a peculiar position, with maintenance making up the most of state run services, and poorly understood, controversial and difficult to research 12-step methods providing the only route to abstinence. Efforts to

treat addiction scientifically, such in the work of secular organisations like SMART Recovery, have found themselves failing to break into what has become a faith based market monopoly, despite initial praise and client demand (Schrank 2012). This demonstrates the power of industry led discourse promoting the 12-step model. Political rhetoric avoids this issue, instead fixing on efficiency; "The key focus for service users, commissioners and providers alike is successful treatment outcomes. Yet in an increasingly outcomes focused local public health system, all treatment services will need to be able to demonstrate value for money" (NHS 2012). This puts further pressure on TTP to attract clients by promoting the spiritual solution as effective and cost-worthy to an audience that may not understand or actively distrust faith based treatment.

Discourse: Addiction, treatment and recovery

How addiction and addicts themselves are actually represented is determined by more than debates within psychology, medicine and social policy. It is argued that the construction in addiction discourse of 'addict identities' is part of a process that has been termed by Foucault as the 'constitution of subjects', whereby the meeting of various forms of knowledge, power and authority create new ways of conceiving types of person (Reith 2004 p.284). This sociological viewpoint attempts to transcend heterogeneous interpretations of addiction, considering it "in terms of a set of discourses that are embedded in socio-historical formations and caught up in particular relations of power and knowledge" (Reith 2004 p.286). The web of discourses described reveals a multifaceted image of addiction in which a number of dynamics influence its representation, a major factor being mass media which has become responsible for influencing our understandings of addiction and other health issues (Wallack 2008). Statistics taken from nationwide interviews have confirmed that the majority of the public; "perceives problem drug users to be dangerous, deceitful, unreliable, unpredictable, and hard to talk to. They are likely to be blamed for their predicament." (UKDPC 2012 p.15). Stigmatisation of this nature is known to be a barrier to effective recovery, which has led to calls for the representation of addicts as morally deficient to be discouraged in journalism discourse. Nevertheless research commissioned by United Kingdom Drug

Policy Commission showed that 64 per cent of adults agreed with the statement that: "People with a history of drug dependence are too often demonised in the media" (UKDPC 2012 p.35).

In America, where the majority of research on the representation of addiction has taken place, there was a period of cultural backlash against addicts and treatment during the Reagan administration, which suggested many saw addiction firmly as a choice or moral lapse. This understanding was influenced by the political and media rhetoric of the age which often misrepresented addiction and used fear in an attempt to control public opinion on substance use (Reinarman and Levine 1997). However it has been noted that public attitude began to shift in the 1990s towards encouraging those with substance problems to get help (White 1998), reflecting in the cultural representations of addiction that Hollywood produced whose narratives focused on institutional treatment of and recovery from addiction. Through their representations, these films help create for their audiences a common cultural understanding of addiction. They can be viewed as a discourse in a Foucaultian sense—creating meaning and marking off the boundaries of how individuals in the Western world should view and understand treatment. This communication is not simply one-way, though; it exists as a continual feedback loop, with films "both reflect[ing] and shape[ing] individual and societal values, attitudes, and behaviour" (Wedding 2000 p.3). Thus representations of addiction and treatment from cinema can become received knowledge, which is incorporated into societal views. As well as speaking to society, these cinematic representations of problematic substance and treatment also provide a strong point of identification for addicts themselves (Lalander, 2002). This is evidence of addiction being a recognizable subject in the media, and further confirmation of the discursive model that suggests representation has significant influence on actions in the real world (Foucault 1991), such as the eventual outcomes of those affected by substance abuse.

This 'addiction theme' has several purposes and reasons as to why society is interested in it. Pryor (2006) describes the fascination with addiction as two-sided: it is both real and unreal. We know that addictions really happen to people, but at the same time they are a phenomenon of our individual and collective imaginations. Our perceptions are part of our culture's total articulation of the problems and vice versa (Hellman 2010 p.14). Scholarly articles that discuss addiction to video games (Thomas and Martin 2009)

or mass media reports on new types of problematic behaviour such as checking Facebook (Sparks 2013); all are examples of a public articulation and circulation of complementing, sometimes competing, images of the nature of addiction problems. This shared interest and understanding of compulsive behaviour tends to be fed from representations of 'active' addiction, not including the full picture of treatment and recovery. When rehab is discussed in newspapers it is as the destination of some troubled celebrity in an on-going narrative (Gabler 2001), and in cinema is often portrayed as a comfortable centre that caters exclusively for white middle class addicts (Hersey 2005). The reality of abstinence based residential treatment using the 12-step model is not expressed in our cultural products. In cinema it has been argued that the spiritual aspect, which is at the core of the methods used in many treatment settings, is hard to represent; "The search for spirituality may be too difficult to translate on the screen, or filmmakers may just fear their movies would be interpreted as endorsing religion" (Hersey 2005 p.486). This position would apply to any communicative mediums, such as those which promote private treatment.

When it comes to the nature of what AA and the adapted private industry are providing, there is much confusion and disagreement. Peele et al (2000) argue that private treatment facilities are simplifying the issue of addiction to fit with the AA based models they use, and in doing so are misinforming the public about the success of faith based treatment (Peele et al 2000). One of the key arguments they make is that AA, and therefore private treatment based around the 12-steps, is religious in nature. They back up this claim by critically dissecting much of the literature used by 12-step groups, finding evidence that classifies AA as religious by dictionary definitions. They cite quantitative linguistic analysis of the 'Big Book' conducted by Fox (1993) that demonstrates that AA literature is saturated with religious terms and includes several biblical references. It is easy to see upon cursory reading of AA literature how they make this argument; "For if an alcoholic failed to perfect and enlarge his spiritual life through work and self-sacrifice for others, he could not survive the certain trials and low spots ahead" (Wilson 1939 p.14). In light of such evidence, they conclude that AA's assertion of it being a 'spiritual not religious' organization cannot be justified, and should be seen as a clichéd distinction. Their reference of appeal-level court cases in the USA which have deemed 12-step groups such as AA as religious in nature, and therefore forcing someone to attend such a group is in violation of the "Establishment Clause" of the First Amendment,

suggests some confirmation of their argument. Nevertheless private treatment organizations continue to draw a clear distinction between religion and spirituality. This is seen in the memoirs of the Hazelden organization that developed the Minnesota Model used by TTP; "Religion is more structured and external. Spirituality is freer, more personal, broader … religion helps you achieve spirituality, but if it doesn't, then set it aside for a while" (Anonymous 1997 p.109). This suggests again that the private treatment industry is aware of the negative connotations people may hold against religion, and as a result employ discourse to redefine spirituality outside of religion, as something that can be adapted by anyone to treat addiction.

The semantics of religion and spirituality, and how we construct identity

The semantic layers in terms such as spirituality and religion largely depend on where and by whom they are being understood. The meaning of the term 'religion' in particular is determined by the context of the particular culture it is being expressed, a fact that underpins the study of religious meaning (Schmitz 1996). However the usage of the term 'spirituality' as something separate from religion in self-identification is a phenomenon that has increasingly been observed only over the last 30 years. Research which investigated the semantics of the terms 'religion' and 'spirituality' in the USA and Germany observed, among cultural differences, that the distinction in meaning of the term religious is different between self-identified religious and spiritual individuals, yet there is agreement in both groups on the meaning of spirituality and connection to some form of 'higher power' (Keller et al. 2012 p.2). This could be seen as demonstrating that while 12-step groups have elements that are undoubtedly religious; the semantic distinctions between the terms religion and spirituality are not entirely clichéd. This study also observed that those that defined themselves as 'neither spiritual nor religious' agreed with entirely different semantics on both terms than the other two groups (Keller et al. 2012 p.1). That individuals project a variety of meanings onto the terms depending on how they identified themselves, underlines the complexity and importance of understanding discourse in the construction of identity, to the study of how spirituality is communicated in any context. When trying to promote services by using such terms there must be calculated assessment

of how the audience identifies themselves, in particular if the audience identifies as neither spiritual nor religious, as many in the UK do (YouGov 2012).

Identity itself is defined by Woodward (1997) as the result of processes of differentiation both at personal and organizational levels. It can be seen as the interface between subjective positions and social and cultural situations; "marking the ways in which we are the same as others who share that position, and the ways in which we are different from those who do not" (Woodward 1997 p.2). Organizational identities develop through their cultures, histories and political allegiances, and therefore can be understood as open to negotiation among a number of actors (L'Etang 2008 p.53). Hall (2000) elaborates on this process; "Identities are never unified and, in late modern times, increasingly fragmented and fractured; never singular but multiply constructed across different, often intersecting and antagonistic, discourses, practices, and positions. … Identities are therefore constituted within, not outside representation" (Hall 2000 p.4). It is due to identities being created within discourse itself that they must be understood as produced in specific institutional and historical sites within precise discursive formations and practices, and by systematic enunciative tactics (Hall 2000 p.4). Cultural identities themselves, which colour our attitudes, are a part of the knowledge that is expressed so as to construct cultural identity, a process happening faster in the light of mass media and instant digital communication (Warschauer 2000). In this area Hall (2000) argues that throughout their careers, identities can function as topics of identification and attachment only because of their capacity to exclude. The unity, the internal homogeneity, which the term identity treats as foundational is not a natural, but a constructed form of closure. This viewpoint is reflected in the attitude many addicts collectively associate with themselves, as outcasts who are seen as not in control of their actions. Research has shown that many problematic substance users identify themselves as "screwed for life', due to their incompatibility with mainstream cultural identities (Jodlowski et al 2007).

Business: PR and the treatment industry

Narrowing down this discursive approach to identity to the field of public relations and critical research, particular identities are created as the result of subject positions innate to the discourses of certain groups. Motion (1997) explores the use of creative image expression and identity within public relations from a discursive perspective, demonstrating a model which is more adaptable than the empirical paradigms traditionally argued for by PR theorists and practitioners. The sociopolitical context in which PR operates in is then of real value to anyone trying to understand such communication. Motion and Weaver (2005) take this approach to the study of an advocacy group, in an attempt to move the discursive model from one purely of PR theory to one of research and practice. This critical study confirms the importance of questions relating to power in PR research, precisely because discourses themselves are a political resource which are wielded to "influence public opinion and achieve political, economic and sociocultural transformation" (Motion and Weaver 2005 p.52). Discourse is crucial to the critical study of organizational identity; so there must be consideration of the discourses employed in the political rhetoric of the private treatment field. Sheff (2013) has examined the PR tactics of private treatment providers that promote the behavioural change model using adapted 12-step approaches. He believes such methods only work for a percentage of individuals, yet remain the treatment standard due to discursive industry tactics. Sheff analyses many issues which demonstrate the scope for manipulation in the discursive processes used by treatment organisations. Using political spin in order to manage the reputation of a website is an example that is relevant to this research; "I met an employee of a prominent rehab center … who reported, 'One of my responsibilities here is to write testimonials for out brochure and website. I was given a list of words to use: 'transformation', 'love', 'miracle', 'light', 'astonishing', 'wonder', and 'gratitude'" (Sheff 2013 pp.16-17). This sheds a light on the unregulated nature of a multi-million pound industry that in its hunger for clients uses discourse which may even be fabricated. Sheff is concerned with the relationship between business and treatment; "For profit doesn't necessarily equate with poor treatment, but for addiction treatment programs… the bottom line may cause a rehab to admit patients who aren't appropriate for it" (Sheff 2013 p.16). It is argued that in certain cases, the PR methods used by rehabs to attract as many clients as possible in order to increase profit are as important to the industry as

helping people achieve sobriety. Money is then a powerful element of in the processes that govern private treatment identity and promotion. Sheff also argues that there is growing cynicism towards the claims made by the treatment industry; "People in need become increasingly disillusioned, sceptical of every claim, and distrustful of every promise, because most available addiction treatments are a haphazard collection of cobbled-together, often useless, and sometimes harmful recovery programs based not on medical science, but on tradition" (Sheff 2013 p.16). While perhaps disregarding some of the success stories of 12-step treatment, these themes; distrust of the claims made by rehabs, and the concern over the influence profit on private treatment policy all form the socio-political backdrop that TTP has to promote itself from.

Summary of literature

The literature referenced some themes and issues that must be understood to frame the research, many of which interrelate. Firstly the separate models used to describe addiction that are a part of medical and treatment discourse. The disagreement between proponents of the life-process model and the disease model makes up part of the wider context to which private treatment lies and must communicate itself from. This distinction is further complicated by the adapted disease model used by AA and other 12-step fellowships, and further adjusted by the treatment industry. Tied into these contrasting perspectives is the notion of recovery, spirituality and spiritual experience. Such terms seem to provoke a variety of responses and meaning to people. A powerful element of addiction discourse, from the influential private treatment industry, portrays addiction and spirituality as part of the same issue. Many of the received meanings in spirituality as part of addiction treatment, such as salvation and forgiveness, resonate as religious, forming a backdrop to this research. These semantic responses feed into notion of identity, such as that of the self-identified 'active' and 'recovered' addict and the collective idea of 'the addict' in wider discourse. For a proportion of people, their understanding of such an identity is formed collectively and largely influenced by media representations. These representations are created through historical periods, and feedback into the political discourse process that influences addiction policy. The majority of media discourse portraying only active addiction, while neglecting the positive message of potential recovery,

cultivates a social understanding that often blames 'addicts' for their behavior and marginalizes them from the rest of society. This also relates to collective identity, as in this case of promotional organizations such as private addiction treatment providers. While a part of the discursive progressions that occur within media and political communication, these group identities must also be concerned with raising capital, giving them a particular interest in managing their potentially controversial public expression so as to attract clients. In light of the themes made apparent, this study will now focus on the TTP web presence, so as to determine how TTP communicates recovery from addiction and spirituality.

Method

The content of TTP website was split into 31 separate screen grabs for analysis, each of which conducted separately. These were taken from the website (URL: http://www.trusttheprocess.org/) on the 28th of November 2012. As of publication the website is unchanged, making the same texts used still available online. The screen grabs were selected as the sample due to their relevance in relation to the research question; the only sections of the website not being included due to their purely informational function (such as the list of treatment center locations, job vacancies or the sites privacy policy). The focus of each webpage was saved and examined as an image as non-verbal communication was an element being investigated along with language. Of the images taken from the website, there were seven testimonials from clients and ten separate frequently asked question (FAQ) sections relating to different substances. The rest of the images could not be categorized, varying from explanations of the 12-step program to descriptions of drug addiction and alcoholism. Additionally hosted on the website is the scan of a TTP brochure, which was also looked at in this study. It must be noted that due to the interconnectivity of websites it is hard to tell what path an individual will take when visiting (Bergman and Meier 2004), due to this sequential analysis was not used in this study.

The method used to interpret this communication was Critical Discourse Analysis (CDA). CDA is similar to traditional discourse analysis in that it emphasizes examination of linguistic artifacts (Fairclough, 2001; van Dijk, 1993). For Fairclough (1995), the 'critical' component of CDA implies knowing that causes and connections are often hidden. Through a systematic inquiry aimed at description, interpretation, and explanation of language in use, researchers can begin to uncover the causes and connections and link them to local, institutional, and societal matters (Fairclough, 1993). Therefore, CDA also concerns itself with what is not said, looking for the veiled meaning or "reading between the lines" since texts cannot be viewed in isolation and must always consider context, which Fairclough (1995) referred to as the "intertextuality" of messages. Rogers (2004) reported that critics often cite the amount of social theory or linguistic method disproportionally in the research. With regard to using media, such as websites as sources of data, there has also been academic criticism. Some view media sources as

'secondary', as there ease of access is not in the spirit of true research (Bergman & Meier, 2004). These limitations must be considered in the research; when themes are identified in the text, and are connected to wider issues, it must be noted that the text itself is simply a promotional and informational website used by TTP, and not necessarily reflective of their wider agenda. The methodological flexibility of CDA may make it difficult to explore all the themes found in the literary framing of this study on a solitary promotional text; however this can be seen as further evidence of a lack of critical communications work in the practical addiction field.

CDA can be conducted using a wide array of approaches (Fairclough, 1989, 2003; Gee, 2005); however the developed by Fairclough as adapted by Jenks (1997) was used for this research. This was employed to uncover, through careful reading and interpretation, some of the themes within the text, and how they were part of larger social, historical and political processes. In her revision the model consists of three interrelated dimensions of discourse coupled with three interrelated processes of analysis (Jenks 1997). Using this model the content of the webpages themselves, including all the verbal and visual communication they contain, are the object of analysis and the first dimension of discourse. The medium by which this content is expressed relates to the processes by means of which the object is produced and received by human subjects. Analysing the website, as the second dimension of discourse, is concerned with how and why the object is developed for the audience. Lastly the context to which these methods operate is found in the analysis of the socio-historical conditions that govern the communication. According to Fairclough each of these related dimensions require a distinct kind of analysis. The object calls for textual analysis, which is used to describe the content of the website and brochure, as the first dimension of discourse. Processing analysis is used to read the second dimension of discourse, in order to interpret the developments that have taken place in the construction of the text. Social analysis is used to examine the socio-historical conditions that govern the content, in order to offer explanation. All three methods for analyzing the dimensions of discourse interlink, in order to reveal a clearer understanding of the discourse within the text; bridging the gaps between content, medium and context. This method is used to argue that texts are "instantiations of socially regulated discourses and that the processes of production and reception are socially constrained" (Jenks 1997 p.1). This perspective allows for different

points of analytic entry to be made, requiring the researcher to explore the interconnections in a text and present any findings as mutually instructive by separate methods. It also mandates the researcher making explicit from what position it text is being read; "Looking at a text critically is not very difficult when we disagree with it - when the positions that it offers to us as readers are far removed from what we think and believe and value. In cases where we begin from a position of estrangement or alienation from the text it is easier to read against rather than with the text (Jenks, 1997 p.2). In this case, it must be noted that the researcher has close experience of TTP and is aware it is able to achieve sobriety for many of its clients, however is also somewhat skeptical of how this is achieved using the 12-step method. This forms a position of relative neutrality for conducting this research.

How to adapt this model to the study of the TTP required the study of writing that laid out the objectives inherent in CDA and others which took the theory to the practical study of actual texts. The article *Aims of Critical Discourse Analysis* (van Dijk, 1995) was used to narrow down which goals that can be met when using CDA to uncover meaning. One of the criteria for conducting CDA is that it has a "problem- or issue, rather than paradigm" (van Dijk, 1995 p.17) orientated approach. This references the need when using CDA to connect any chosen methodological or theoretical direction with the study of relevant social problems. In the case of examining the representation on the TTP website, the larger themes it illuminates are addiction and its relationship with spirituality recovery and treatment. The singular and collective identity of the 'addict', both in active addiction and recovery, are also themes connected to the method. CDA is not limited to purely verbal levels of discourse; also paying attention to "other semiotic dimensions (pictures, film, sound, music, gestures, etc.) of communicative events" (van Dijk 1995 p.28). This would apply to the study of the TTP website, which utilizes images along with language to express meaning. These criteria were met in the reading and analysis of the TTP web pages, with language and image being examined as part of the same text.

Findings

Adapted disease models and medical discourse

Upon preliminary reading of the material taken from the TTP web pages, broad themes were identified which permeated throughout the text, raising further questions within the analysis. As one would expect there was regular reference to the concept of addiction, which was referred to in certain sections that discuss problematic drinking, as 'alcoholism'. Clearly TTP represents the addiction process as a disease, using phrases such as "physical and mental illness" and "a disease [which affects approximately one in ten people]". This disease theme ties into several other specific discursive elements within the text, manifesting across various parts of the website. The question is how exactly TTP represents the disease theory, especially considering the conflicting scientific opinion the subject inspires. Some oppose the very premise of classifying addiction as a disease (Heyman 2009); others subscribe to and expand upon the disease theory, often in ways both incompatible and irrelevant to the AA model (Sheff 2013). How do their chosen representations of the disease model serve the interests of the organization will be of interest in the analysis of the discourse in the text.

The language on the webpages is the first dimension of discourse, and object for analysis. Terms that are used to explain physical addiction have medical connotations, part of a recurring medical theme in the text; "progressive", "dependent" "physical illness", "nausea, vomiting, sweating, shaking, fits, headaches and palpitations", "can cause death". There are several points that can be made from the choice of language in the pages explaining what addiction and alcoholism are. Firstly there is acceptance of the physical symptoms of substance use, and an emphasis on the unpleasant and dangerous nature of physical dependence. As these explanations of addiction are so far being expressed in the context of chemical detoxification, it only represents addiction using the basic physiological disease model. The information regarding chemical dependence is coupled with reassurance that TTP is medically competent to supervise detoxification so as to ensure safety; "The physical dependence upon alcohol will often require a medically supervised detoxification programme, so that withdrawal symptoms are managed safely and

with minimal discomfort", and "All Trust The Process clients see our doctor on arrival to be assessed, and to be prescribed a detoxification regime if required". It is interesting to note that the use of such scientific language was exclusively employed when explaining detoxification to alcohol and drugs, which makes up a fraction of the service they provide. The reason behind this process of selective use of professional language can be interpreted by considering the context; the wider understandings many have of detoxification come from cultural depictions of horrific withdrawal symptoms. The use of medical terminology in this first dimension of discourse can be interpreted as a process of careful linguistic selections designed to comfort the audience. An active user or service worker would like to know that they or their client would not be left 'cold turkey' upon arrival. As for a loved one browsing the text, they may have no knowledge of substance reduction procedure, and therefore the discourse used is reassuring and may challenge any preconceived depictions they have absorbed through wider media discourse. However it also raises the question as to why the rest of the content across the text is devoid of any scientific terminology. We can classify the genre of the text as an informational promotional text, one that justifies claims made to certain facilities with medical language if not medical evidence or empirical data.

Addiction: As brought to you by Trust the Process

In medical addiction classification, a determining factor for the most widely accepted biopsychosocial model is the psychodynamic element (Goodman and Levy 1997). Textual analyses of pages that reference addiction or alcoholism lack any acknowledgment of the psychodynamic component. When discussing the mental aspect of addiction in the primary discourse, thought processes are described without using any scientific terms, and any possible reasons behind such thinking and therefore behaviour is left unexplained. The text states that there is "no obvious reason" for such thinking and that "underlying reasons may very person to person". The only explanation given for why an individual's thinking may lead to such damaging behaviour is that for them; "life without drugs, in the absence of a recovery programme, can be extremely painful – the addict feels compelled to use, despite the problems it is causing in their life. Their thinking can be so distorted that they believe that drugs are providing them with some relief from life's difficulties – it is life that is the problem for them, not drugs". This discourse

simplifies addiction to the level of an unseen disease of the mind, leaving no room for maladaptive coping mechanisms which are known to be a factor in compulsive substance use. The reasons behind such a one-sided representation of alcoholism and addiction call for an analytical interpretation of the medium and the developments behind how it is used to communicate to the audience. As clarified, there are expected to be three broad groups of individuals visiting the TTP website. The text must provide information to the people that make up these groups in the hope that they will pay for their service. In leaving no room for the psychodynamic element the text is positioned as one which does not try to excuse problematic substance usage as something that can be worked out by resolving deeper psychological issues, instead representing the cause as an irrational and obsessional thought process; "Even when the individual is not actually using drugs, they can have overwhelming cravings to do so. This is what compels the addicted person to get drugs, often putting themselves at risk in the process". This use of linguistic discourse that simplifies what are clearly intricate issues into linear narratives is a theme of the text. This discourse can be interpreted as persuasive to the audience, who might have been told endless potential causes and reasons for their behavior in the past, or blamed themselves for the behaviour of others (Morgenstein 2010). They may accept the simple disease concept as an explanation, however inadequate, for past actions. Yet the context behind this interpretation raises some problematic questions. As we have seen, some addicts use for a variety of reasons other than obsessional thoughts that come from nowhere. The representation of addiction TTP is promoting may mislead such individuals into thinking they have a lifelong disease, serving the interests of TTP by attracting clients.

In the process of representing addiction as an unexplained disease in their promotional discourse, TTP are validating the 12-step method that they use. In the primary discourse not representing any of the potentially deeper causes of substance dependence in its representations of addiction, the idea of invasive personal therapy from treatment is automatically removes the those unacquainted with the 12-step method. For individuals browsing the site who are part of the addiction service field this use of language should have less of a discursive influence, as they would be expected to have knowledge of other routes to recovery (NHS 2012), and may be aware that the 12-step method does in fact require honest and deep reflection and sharing of past issues. The discursive tactic of downplaying the need to work on deeper

issues as part of any addiction treatment paints a picture of treatment being emotionally easier to handle. Upon textual analysis of primary linguistic discourse there is no representation of this element to the method on the pages explaining Drug Addiction or Alcoholism, however there is a hint of it on the '12 Step Explanation' page in which the original AA steps are modified; "Step 4: Looking thoroughly and honestly at resentments and harms done in the past through addiction and alcoholism. Step 5: Telling another person about all the resentments and harms that have been done". Without directly comparing this discourse to the original 12-steps, the representation of 'opening up' is minimised to the level required in the content, suggesting TTP do not like representing any psychological issues as part of the disease model and therefore construct discourse which simplifies the elements of the 12-step method which may require deep reflection. The context TTP is operating in may be a lurid web of unpopular policy and media stereotypes, yet it clear just from this example that TTP avoids an honest explanation of the 12-step philosophy, making the 12-steps themselves an important contextual factor. Already here the authors of the text are aware of the social connotations many people hold about the searching nature of the 12-step method, and use discourse to represent addiction as simply unexplainable so as to lessen the association between the treatment they offer and the inward consideration necessary for progress in the fellowship of AA and similar groups.

The Addict –Walking down a narrow crossroad

This simplification of addiction and treatment can be found in the brochure which is hosted on the website, in which the first page after the cover includes a single sentence which reads; "According to UK statistics, in 2008 alone, there were 8074 premature drug and alcohol related deaths in men and 3885 in women". This use of statistics is designed to address the reader directly and instill a sense of severity in either their behavior, that of their loved one or their clients. The use of the adverb 'alone' is chosen as an implication which puts emphasis in the minds of the reader of the scale of tragedy that substance use can cause. This sentence is printed in white over a black and white photograph, which shows a middle aged man with his eyes closed, holding his head on his hands which are clasped together. This could be seen as a portrayal of someone in private reflection, or even prayer. However coupled with the text it is clearly

supposed to be interpreted as someone struggling with addiction. It is the only image within the brochure that is black and white, contrasting with the colour photograph of three people hugging and smiling on the front page. The instant connection between substance use and death, and the absence of colour used on the image, represent addiction as bleak, deadly and powerful, again awarding it the status as more powerful than any given individual. That process can be interpreted as using primary discourse to frighten the audience into considering treatment. The following page breaks things down to the simplest level possible; bold blue text poses the question; "What is addiction?" With smaller gray text answering; "Addiction is a physical and mental dependency created over a period of time". Below this again in bold blue text is the question; "Do I need treatment?" The reply in the same smaller gray text reading; "If drugs and alcohol are causing problems in your life and you are having trouble stopping then you probably need treatment". This does not explicitly represent addiction as a disease, nor identifies the audience as 'addicts', yet it still sees it entirely as a linear process with two possible outcomes; death or treatment. This is important as discourse is able to influence public opinion (Motion and Weaver 2005).

The fact that addiction is represented at a simpler level in the brochure, avoiding the term 'disease', suggests that as a medium, the brochure is not always read as part of the website. While there is no information to explain where the brochure may be found in print form, one would expect it is distributed to service providers, charities or prisons in which choices about addiction treatment must be made. This may explain why addiction is represented differently than on the website. As service providers are going to have greater understanding of addiction and therefore have their own opinions as to how it is classified, they could potentially be adverse to 12-step discourse. The brochure does represents addiction as serious, yet keeps the explanation basic and open to positive reading from individuals who may not subscribe to the disease model. Additionally there is nothing in the brochure which explains the 12-step programme or its connection with concepts such as spirituality. The majority of the content of the brochure is informational, and littered with supposed quotes from ex clients who are grateful to TTP. This focus on residential details in the primary discourse, along with testimonials reading; "The accommodation was very good, clean, equipped with everything and me feel at ease – Paul", can be interpreted as TTP factoring in audience concern when in the process of constructing discourse. The function of discourse

on the brochure is in building brand credibility for TTP and providing assurance for worried clients, relatives or service workers. If the brochure has been altered due to it being widely distributed, then the authors may be aware of both the distinction between the uninformed individuals and their loved ones who may be seeking information about treatment, and those in their role as service providers who are more likely to be well informed. As the actual type of treatment method to be used is an important factor in choosing where to attend rehab, the fact that it is hardly mentioned in the brochure can be interpreted as awareness from TTP that the needs of the people who may visit the website to those reading the brochure may be different. Social analysis reveals another example of TTP wishing to distance itself from the wider context that is the 12-step programme in its public discourse. This deduction would lead credence to the premise of the research question, showing that private treatment providers such as TTP are careful to manage the representation of the model they use, due to the connections with non-scientific concepts; this management is exemplified when the communication is intended for the wider secular health system. It could be interpreted that the authors developed the brochure in this way in order to soften it for the casual audience; TTP is already uncomfortable mentioning where its method is derived from on the website, perhaps the connotations of eternity and mortality on terms like addict and disease were considered too direct.

The linguistic content of the website explicitly represents addiction using the disease model as an incurable and life-long condition that manifests regardless of any variable. Using terms like the adjective "overwhelming" load terms like "craving" with severe connotations, representing "the craving" as something so powerful willful resistance would be useless. This was becoming a theme of the website; even cursory textual analysis of the primary dimension of discourse represents addiction as a disease more powerful than human will power, almost personifying it as a deadly phenomenon beyond scientific understanding. The 'addiction is stronger than you' theme represented by TTP excludes scientific opinion that may question it, or research that may give evidence of problematic substance users becoming abstinent using other methods. Yet nor does it provide any explanation itself (such as genetic or environmental factors) as to why addicts are unable to resist the urge to use, leaving the audience with a model of addiction that in itself, hugely simplistic. The active addict represented by TTP is unfortunate,

seemingly born with unexplainable suicidal tendencies that they are often aware of; "Deep down … most addicts know that the drugs are destroying them and making life even harder to deal with". The chosen use of the phrase "most addicts know that the drugs are destroying them", describes the inner thoughts of a large proportion of people; using the adjective 'most' immediately targets the first expected audience member in the active addict, causing them to make a situational comparison with an unseen group of people. This general depiction of the problematic drug user in the discourse, coming to the deep realisation that their behavior might not be doing them much good, simplifies addiction and the enormous range of variables that may have taken effect over the course of time for that person to be recognizing the harms of behavior in the first place. These decisions can be interpreted as a discursive tactic used by TTP to make active addict members of the audience reflect on themselves and their behavior, so as to persuade them to consider treatment. By claiming that most addicts have the same internal realisation, the text is providing an identity for many of the audience, if only within the context of an incomplete representation of addiction in a promotional treatment communication. When considering this process along with the thematic language that describes addiction as inevitable, the only option TTP leaves its audience is treatment or death. This identity provided by TTP half reflects the hopeless self-identification of many addicts (Jodlowski et al 2007), while adding the dimension of recovery. This certainly seems to fit the argument made by Hall (2000) in that identities are constructed through discourse. The depiction of obsessive thinking more powerful than the addict in the primary discourse is not verified or expanded upon, yet knowing the wider context of 12-step treatment one interpretation could be that TTP develops this discourse to prepare actual clients for some of the later theories (such as faith in the supernatural as more powerful then addiction) that they will have to accept in order to progress in treatment. Such use of discourse on individuals who might not be as aware of exactly what the 12-step method is could be interpreted as an attempt at mind control (van Dijk, 1995 p.22). Social analysis frames this meaning; the wider socio-historical conditions that govern the communication in the text include accusations that private treatment providers simplify the issue of addiction so as to promote their methods (Peele et al 2000), seen here in the representation of the 'addict' identity as both on a linear journey to death while also on the verge of salvation. The text leaves the audience few directions, with singular constructions of identity encompassing all those who use substances problematically.

Representing recovery: You are not alone anymore, and never will be again

One of the other broad themes within the site is the notion of recovery that is tied in with the concept of spirituality. Recovery is referred to in the singular, as in "recovery", as well as a verb, as in "recovering [from addiction]". This singular use of the term places it in the semantic category associated with a total change in perspective, echoed in sentences on the website such as; "an inspiring programme that brings so much more than sobriety with it" and "Addicts who have long term recovery often describe how recovery just gets better and better, as deeper realisations are made about themselves and about how to live their life. Ambitions are realised in recovery. Relationships are restored and new friendships are built. Life does not seem so frightening anymore", there is also an image of people of different ethnicities and ages, all smiling and enjoying different activities under the tag line; "Life beyond addiction and alcoholism". Firstly just from the image, this is a more realistic and multicultural representation of treatment than seen in Hollywood films (Hersey 2005). All this primary discourse represents the ideal outcome from treatment as a 'place', that is far more rewarding than merely abstinence from psychoactive substances. This can be interpreted as TTP using the medium to inspire home, even if it comes at a price. There are little wider social and cultural understandings of recovery, suggesting that the meaning expressed in the representations of recovery is not framed by much, which can be analysed socially as an opportunity for TTP to have strong discursive influence in this area.

The language chosen does not yet describe the role and responsibility of the individual who is undergoing the treatment; rather it portrays recovery as a process which easily replaces substance use with beneficial behavior. While for an addict, the transition from regular substance use to daily abstinence is undoubtedly difficult one, the text represents the change as logical; "Through recovery, facets of addiction can actually be turned to the individual's advantage. Addicts can be incredibly resourceful people, for example – so if these skills are turned to better use, then they can achieve great things". This is a simplistic explanation of the recovery process, neglecting to mention pitfalls such as relapse. However it does show addiction as something that can be recovered from, which is rarely a part of media discourses that influence wider social understandings. In emphasising the potential for recovery, TTP is

expanding on the mostly singular media representation of the selfish and active addict in the third dimension of discourse. This can be perceived as appealing to problematic substance users, who may feel historically stereotyped and demonized due to media representations of addiction (UKDPC 2012 p.35). This collective representation is known to provide a strong point of identification to addicts (Lalander 2002), suggesting TTP does not want to represent addicts as unusual or isolated. This process of discourse, both due to messages within the medium and as the result of changing socio-historical attitudes towards substance users, may be designed to inspire hope in the audience. Language such as; "One of the most powerful factors about coming into treatment for addiction is that you are not alone anymore", is a use of primary discourse that welcomes clients as equals. The second dimension of discourse at play here, in the process of acknowledgment of the stigmatizations addicts suffer from, can be interpreted as TTP developing empathy with clients so as to depict their service as something personal. The third dimension of discourse in the unified group support that is central to the 12-step way of life is a contextual dimension that helps represent recovery as positive a group process.

Selective depiction: Diluting the 12-step philosophy

The website includes primary discourse which represents the 12-step model in the context of the treatment TTP is offering. There is regular use of language holding spiritual connotations and explicit use of the term 'spirituality' itself, all of which ties in with the broader theme of recovery. It is here that the wider context in which connotations that colour people's attitudes towards the 12-step model and spirituality in general become carefully considered by the authors of the text. There is primary discourse used which portrays the method as credible, such as in the text that reads; "the world-renowned 12 step recovery programme", and "[The] 12 step programme has been helping alcoholics and addicts to recover for over 75 years". This use of language promotes the method by acknowledging its global status and far reaching history, essentially branding the model as trustworthy without actually mentioning the fellowship it was borrowed from. The residential accommodation used by TTP is provided by the taxpayer, with all clients whether private or state funded, being put on housing benefit when they check in. Attendance and participation in external 12-step fellowship meetings forms a proportion of the treatment, with individuals

told to rely on being part of such fellowships after they complete their treatment. Process analysis would interpret the fact that AA and other related fellowships not being declared in the discourse as evidence of TTP considering the financial implications of their service. Money, either that of the taxpayer (through a service provider) or from an individual or relative who may be paying privately, is what TTP hopes to secure. As either from attending themselves or knowing someone who has, many in these audience categories may be aware that such external groups are free of charge. There also is the possibility that an active addict will have known someone who attended AA or a similar group and relapsed, going on to form a dismissive attitude towards that particular fellowship, all factors that make up the context TTP promoting in. Those working in the service sector will also be aware the AA, CA and NA (among others) do not charge, however distancing the treatment provided from the fellowships in question is a discursive tactic which will represent TTP as something worth paying for. It is the use of discourse like this that has been chosen to attract private clients and therefore increase profit that attracts negative attention from those who argue it can result in people being wrongly admitted into to treatment (Sheff 2013).

Avoiding prayer, God and other controversies

The text goes on to represent the 12-step programme using the first dimension of discourse by describing the programme as "experiential", designed to manifest a "total acceptance of the illness, then offer a permanent solution to alcoholism and addiction". This use of terms that imply entirety in the primary discourse, such as here in "total" and "permanent", are a recurring linguistic theme, and when describing recovery they represent treatment as being perpetual, beyond improvement and almost perfect. This can be interpreted as TTP simply promoting the programme it sells, especially when it has represented the active addict as in such pain. All the representations of recovery still neglect to mention many specific elements of the programme, instead focusing on the initial day in treatment and the social aspect; "Strong bonds are formed in treatment with peers". So when it comes to describing the model they hope a client will adopt and use for the rest of their life, they use discourse to represents the 12-step philosophy from a logical viewpoint; "The programme is spiritual not religious – that is to say that recovery is built on spiritual principles such as honesty, open-mindedness and willingness. It also requires

the individual to take responsibility for themselves through a commitment to taking action to overcome their alcoholism or addiction on a daily basis". This somewhat secular representation continues; "The 12 step programme is often described as an ego-reduction programme, with individuals being encouraged to look at their part in life situations, rather than investing time in blaming other people for example. Once the individual realises that they must look primarily at their own behaviour, they start to discover new skills and resources for dealing with life's problems. They realise they have choices which were not apparent to them before, due to the chaos of drinking and using drugs". Now this discourse is employed to replace spiritual concepts with terms commonly heard in psychology; "ego-reduction" is an alternative terms to one with religious connotations like 'humility'. There are other examples, such as; "Developing skills to quieten the mind and allow intuitive thoughts to come in" has less spiritual connotations than 'meditation' and avoids using the word 'prayer' altogether. Unlike in the original 12-steps, God or 'higher powers' are not mentioned at all. Process analysis can interpret these choices of discourse describing the treatment as simple; TTP do not need to mention the supernatural element, they simply repackage it in contemporary language so to represent it as evidence based logic. Using social analysis one can see why this was necessary, the back drop of AA and private addiction treatment being so fraught with controversy and association with religion, and the historical legacy religion has on public understandings of spirituality, has influenced the promotional discourse of TTP.

Conclusions

The analysis of the TTP website has to a degree illuminated how discourse is used to promote residential addiction treatment using the 12-step method. The interrelating key issues of addiction, recovery, spirituality and treatment are found to be represented from a simplistic angle. An initial finding is that the primary discourse represents addiction as a disease of the mind that unless treated with something more powerful, will progressively develop until it kills the sufferer. This connects to larger medical perspectives which describe more detailed theories of addiction and challenge the adapted disease model (Hayman 2009). Spirituality in the context of addiction treatment is also simplified in the primary discourse by avoiding terms with religious connotations. Such an observation ties in with the wider debate as to whether the private treatment industry is simplifying representations of the 12-step model so as to attract clients that may not be appropriate (Sheff 2013 p.16), and is evidence of the complexities involved in representing terms with such strong semantic associations (Keller et al. 2012). The notion of recovery was another prominent theme which relates to the wider issue of the contemporary government agenda. The discourse describing recovery emphasises themes of personal responsibility which are reflected in recent strategy reports (Monaghan 2012). The discourse used in the text that represents the spiritual method of recovery may be difficult to align with the ideas of recovery based treatment in government policy. Nevertheless government funded service providers regularly admit clients to TTP, suggesting that the use of discourse on website successfully represents the type of treatment being promoted in contemporary addiction policy. However as policy makers (and the audience of the text) are unlikely to have critical understandings of discourses used on such promotional websites, there is concern that they may not properly understand the specific spiritual nature of the recovery they are so keen to promote, or will be subjected to if they agree to treatment.

The one-dimensional descriptions of addiction and spirituality that are identified in most of the content, whether that be in representations of how addiction is classified or spirituality is understood, seem to relate heavily to the medium. As a promotional website, the text does not have much room for more complete representations of issues, especially when in some cases there is little practical agreement in

medical, political and cultural discourse as to how such topics should be portrayed. Many topics such as the role of spirituality in addiction treatment are too academic and complex to represent in promotional discourse. Others such as secular alternatives to 12-step models are not able to legitimately endorse the service TTP is offering and therefore are not present in the discourse. Additionally issues that have been diluted in the discourse, such as using the original religious terminology of AA, seem to have been developed due to their incompatibility with wider cultural opinions and understandings. This careful use of discourse navigates the wider context in which TTP is communicating, so as to promote the organization as one that is effective and professional.

The three tiered CDA approach used show how PR management is used to re-represent concepts so they can be understood and received positively by the wider and largely secular demographic. A key example being the portrayal of the 'recovered addict' as an alternative to the negative media representations, so as to construct a positive identity for those in the audience that are suffering from addiction. This finding demonstrates a discursive tactic used to encourage clients into treatment. This is not done with overt dishonestly, but often by neglecting to give credit to AA and by representing addiction as a one way process, they present themselves as the only alternative to death from substance use. The findings also repeatedly reveal TTP to use discourse to present private treatment as the only route to recovery, which is represented with spirituality in a way to which the largely secular public health service may disagree. In response to this, TTP waters down some aspects of AA and the 12-step programme, to avoid presenting itself as outdated and controversial. If the primary discourse employed on the website acknowledged the details of external fellowships they would be aligning their organizational identity with AA and related groups, and therefore would not have a unique selling point to attract clients. This confirms profit as being a significant factor in the processes by which discourse is constructed to represent the organizational identity of private treatment companies (Sheff 2013). If the evidence from this research was used to make a normative claim about the promotion of the treatment industry, it would be that there needs to be increased use of scientific explanations of addiction and treatment in promotional discourse, so as to better inform clients seeking treatment.

Bibliography

ALCOHOLICS ANONYMOUS WORLD SERVICES. 1939, 2000. *Alcoholics Anonymous*. USA: Alcoholics Anonymous World Service. p.58, p.64, p.14.

ALEXANDER, F. and M, ROLLINS. 1984. Alcoholics Anonymous: The Unseen Cult. *California Sociologist*. **7**(1), pp.33-48.

ANON. 1954. *Twenty Four Hours a Day*. USA: The Hazelden Staff. p.1.

ANON. 1997. *The Way Home, A Collective Memoir of the Hazelden Experience*. USA: The Hazelden Staff. p.109.

ANON. 2011. Benefits and treatment for drug addicts cost £3.6 billion a year. *The Telegraph*. [online]. 19/06/2011 [Accessed 15/10/12]. Available from: http://www.telegraph.co.uk/health/healthnews/8584488/Benefits-and-treatment-for-drug-addicts-cost-3.6-billion-a-year.html

ANTON, R. et al. 2008. An Evaluation of Opioid Receptor (OPRM1) as a Predictor of Naltrexone Response in the Treatment of Alcohol Dependence. *Archives of General Psychiatry*. **65**(2), p.135–144.

ANTZE, P. 1987. Symbolic action in Alcoholics Anonymous. *Constructive drinking: Perspectives on drink from anthropology*. **1**(6), pp.149-181.

BERGMAN, J. AND C, MEIER. 2004. Electronic process data and analysis. In FLICK, E. I, STEINKE. and E. KARDOFF. (eds.) 2004. *A companion to qualitative research*. Thousand Oaks. CA: SAGE Publications. pp.243-247.

CHEEVER, S. 2004. *My name is Bill: Bill Wilson: his life and the creation of Alcoholics Anonymous*. New York: Simon & Schuster. p.129.

CHESNUT, G. [no date]. Jim Burwell: early AA's first famous atheist. [online]. *Atheism, Moral Psychology, and the Deus Non Vocatus in Early Alcoholics Anonymous*. [Accessed: 20/10/2012]. Available from: http://hindsfoot.org/atheistburwell.html

CHRISTINE, G. et al. 2002. *The economic and social costs of Class A drug use in England and Wales, 2000*. UK: Home Office Research Study 24.

COLLINS, S. and A. CUMMINS. 2008. Alcoholics Anonymous and social workers: Misunderstandings and misperceptions? *Practice: Social Work in Action*. **14**(1), pp.39-54.

COUSINS, M. and A, HUSSAIN. 1984. *Michel Foucault*. London: Macmillan. pp.84-85.

DAVIES, J. 1997. *The Myth of Addiction*. London: Routledge.

DAY, E. et al. 2005. United Kingdom substance misuse treatment workers' attitudes toward 12-step self-help groups. *Journal of Substance Abuse Treatment*. **29**(5)**,** pp.321-327.

FAIRCLOUGH, N. 1989. *Language and Power*. London: Longman.

FAIRCLOUGH, N. 1993. Critical Discourse Analysis and the Marketisation of Public Discourse: The Universities. *Discourse & Society.* **4**(2), pp.133-168.

FAIRCLOUGH, N. 2001. *Language and Power (2nd edition).* Essex: Pearson Education Limited. pp.91-117.

FOUCAULT, M. 1991. *Discipline and Punish: the birth of a prison.* London, Penguin.

FOX, V. 1993. Addiction, change & choice: The new view of alcoholism. Tuscon AZ: See Sharp Press. *In:* PEELE, S. C, BUFE. and A, BRODSKY.(eds.) 2000. *Resisting 12-Step Coercion: How to Fight Forced Participation in AA, NA, Or 12-Step Treatment.* Tuscon, AZ: See Sharp Press. pp.82-101.

GABLER, N. 2001. *Toward a New Definition of Celebrity.* New York: The Norman Lear Center.

GEE, J. 2005. *An introduction to discourse analysis: Theory and method.* New York: Routledge.

GOODMAN, S. and S,J Levy. 1997. *The Biopsychosocial Model Revisited: A Psychodynamic View of Addiction*. Boca Raton, Florida: Renaissance Institute of Palm Beach

GREAT BRITAIN: Alcohol and Drug Unit. 2012. *The Government's Alcohol Strategy.* (Cm 8336) [online]. London: The Stationery Office Limited on behalf of the Controller of Her Majesty's Stationery Office. p.2, p.3. [Accessed: 15/10/12]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98121/alcohol-strategy.pdf]

GREAT BRITAIN: Home Office Statistical Bulletins. CHAPLIN, R. J, FLATLEY. and K, SMITH. 2011. *Crime in England and Wales 2010/11.* [online]. London: Home Office. p.56. [Accessed: 16/10/2012]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116417/hosb1011.pdf

GREAT BRITAIN: MAY, T. 2012. *Drug Strategy 2010 Reducing demand, restricting supply, building recovery: supporting people to live a drug free life Annual Review - May 2012.* [online]. London: Home Office. p.3. [Accessed: 17/11/12]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118345/drug-strategy2010-review-may2012.pdf

GREAT BRITAIN: NHS. 2009. *Harm Reduction Strategy – Guidance to support adult drug treatment planning 2009/10.* London: National Treatment Agency for Substance Misuse. pp.1-10.

GREAT BRITAIN: NHS. 2010. *The National Treatment Agency for Substance Misuse's (NTA) written statement to Health Select Committee inquiry into Public Health.* [online]. London: National Treatment Agency for Substance Misuse. p.4. [Accessed: 15/10/12]. Available from: http://www.nta.nhs.uk/uploads/ntaevidencetohealthselectcommitteeinquiryintopublichealth_31511.pdf

GREAT BRITAIN: NHS. 2012. *The role of residential rehab in an integrated drug treatment system.* London: National Treatment Agency for Substance Misuse. pp.1-21.

GREAT BRITAIN: UK Focal Point On Drugs. 2010. *United Kingdom drug situation: annual report to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2010*. Liverpool: Department of Health and the NorthWest Public Health Observatory at the Centre for Public Health. p.15, pp.100-115.

HALL, S. 1996. Who needs Identity? *In:* HALL, S. and P, GAY. (eds.) 2000. *Questions of Cultural Identity*. London: SAGE Publications. pp.1-16.

HERSEY, C. 2005. Script(ing) treatment: representations of recovery from addiction in Hollywood film. *Contemporary Drug Problems*. 32(3)

HEYMAN, G. 2009. *Addiction a disorder of choice.* USA: Harvard.

JANKS, H. 2005. Language and the design of texts. *English Teaching: Practice and Critique.* **4**(3), pp.97-110.

JELLINEK, E. M. 1960. *The Disease Concept of Alcoholism.* New Haven: Hillhouse.

JODLOWSKI, D. et al. 2007. 'Screwed for life': Examining identification and division in addiction narratives. *Communication & Medicine.* **4**(1), pp.15-26.

KELLER, B. et al. 2012. The Semantics of 'Spirituality' and Related Self-Identifications: A Comparative Study in Germany and the USA. *Archive for the Psychology of Religion.* **35**(2013), pp.1-26.

KURTZ, E. 2008. Research on Alcoholics Anonymous: The Historical Context. *In:* Hindsfoot Foundation Series on Treatment and Recovery. 2008. *Ernest Kurtz, The Collected Ernie Kurtz.* New York: Authors Choice. pp.1-22.

L'ETANG, J. 2008. *Public Relations: concepts practice and critique.* London: SAGE Publications. p.53.

LALANDER, P. 2002. Who directs whom? Films and reality for young heroin users in a Swedish town. *Contemporary Drug Problems.* **29**(1), pp.65-90.

LESHNER, A. 1997. Addiction Is a Brain Disease, and It Matters. *Science.* **278**(5335), pp.45 – 47.

MONAGHAN, M. 2012. The recent evolution of UK drug strategies: from maintenance to behaviour change? *People Place & Policy Online.* **6**(4), pp.29-40.

MORGENSTEIN, G. 2010. *Teen Drug Addiction: When Parents Blame Themselves.* [online]. 26/03/10 [Accessed: 15/03/13]. Available from: http://intervene.drugfree.org/2010/03/teen-drug-addiction-when-parents-blame-themselves/

MOTION, J. 1997. Technologising the self, an art of public relations. *Australian Journal of Communication.* **24**(2), pp.1-15.

MOTION, J. and C, WEAVER. 2005. A Discourse Perspective for Critical Public Relations Research: Life Sciences Network and the Battle for Truth. *JOURNAL OF PUBLIC RELATIONS RESEARCH.* **17**(1), p.52.

PEELE, S. C, BUFE. and A, BRODSKY. 2000. *Resisting 12-Step Coercion: How to Fight Forced Participation in AA, NA, Or 12-Step Treatment.* Tuscon, AZ: See Sharp Press. pp.17-25, pp.82-101.

PRYOR, W. 2006. *Addiction: a Witchcraft Myth of Modernity?* [online]. [Accessed: 22/01/13] Available from: http://williampryor.wordpress.com/some-prose/addiction/

REITH, G. 2004. Consumption and its discontents: addiction, identity and the problems of freedom. *The British Journal of Sociology.* 55(2), pp.284-285.

ROGERS, R. 2004. *An introduction to critical discourse analysis in education.* Mahwah, NJ: Lawrence Erlbaum.

SCHMITZ, B. 1996. *'Religion' und seine Entsprechungen im interkulturellen Bereich.* Marburg: Tectum.

SCHRANK, J. 2012. How Smart is Smart Recovery? *The Fix*. [online] 30/08/12 [Accessed 06/01/13]. Available: http://www.thefix.com/content/how-smart-smart-recovery

SHEFF, D. 2013. *Clean: Overcoming Addiction and Ending America's Greatest Tragedy*. New York: Houghton Mifflin Harcourt Publishing Company. pp.16-17.

SPARKS, M. 2013. Twitter and Facebook 'addicts' suffer withdrawal symptoms. *The Telegraph*. [online]. 11/04/13 [Accessed: 29/04/13]. Available from: http://www.telegraph.co.uk/technology/social-media/9986950/Twitter-and-Facebook-addicts-suffer-withdrawal-symptoms.html

THOMAS, N. and MARTIN, F. 2009. Video-arcade game, computer game and Internet activities of Australian students: Participation habits and prevalence of addiction. *Australian Journal of Psychology*. **62**(2), pp.59-66

TOBER, G. 2011. *Treating addiction Q&A*. [online] [Accessed: 02/04/13]. Available from: http://www.nhs.uk/Livewell/addiction/Pages/treatingaddiction.aspx

TRAVIS, A. 2012. David Cameron urged to take 'now or never' step on drugs reform. *The Guardian*. [online]. 10/12/12 [Accessed 23/12/12]. Available from: http://www.guardian.co.uk/politics/2012/dec/10/david-cameron-legalising-drugs

UKDPC. 2012. *Dealing with the stigma of drugs, a guide for journalists* . Cambridge: The Society of Editors. p.15, p.35.

VAN DIJK, A. 1995. Aims of Critical Discourse Analysis. *Japanese Discourse*. **1**(1), pp.17-24.

WALLACK, L. 2000. The Role of Mass Media in Creating Social Capital: A New Direction for Public Health. *In:* Institute of Medicine: *Promoting Health: Intervention Strategies from Social and Behavioral Research*. USA: National Academy Press. pp.337-342.

WARSCHAUER, M. and R, KERN. 2000. *Network-based language teaching: Concepts and practice*. Cambridge: Cambridge University Press Applied Linguistics Series.

WEDDING, D. 2000. Alcoholism in the Western genre: The portrayal of alcoholism and alcohol in the Western genre. *Journal of Alcohol and Drug Education*. **46**(2), p.3-11.

WHITE, W. L. 1998. *Slaying the dragon: The history of addiction treatment and recovery in America*. Bloomington, IL: Chestnut Health Systems/Lighthouse Institute.

WOODWARD, K. 1997. *Identity and Difference*. London: SAGE Publications. p.2.

YOUGOV. 2012. *YouGov-Cambridge Survey Results*. YouGov. [online]. [Accessed: 06/02/13]. Available from: http://d25d2506sfb94s.cloudfront.net/cumulus_uploads/document/md6rf2qvws/Reputation%20UK%20Report_21-Aug-2012_F.pdf