"Secrets keep you sick":
Metalinguistic labor in a drug treatment
program for homeless women

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ABSTRACT

This article demonstrates how cultural ideologies of language, and the semiotic processes that mobilize them, manifest in contemporary American drug treatment. Drawing from an ethnographic study of an outpatient program in the Midwestern United States, it focuses on therapists' claims about what constitutes "healthy language." It is argued that these claims both stem from and actively reproduce an "ideology of inner reference," which presumes that "healthy" language refers to preexisting phenomena, and that the phenomena to which it refers are internal to speakers. By formally discouraging talk that could point outside the parameters of the individual psyche, the treatment program effectively insulates itself from clients' critiques and challenges. A broad attempt is made to elucidate the connection between a language ideology that enjoys wide cultural circulation as well as significant currency in contemporary clinical practice, and a particular political effect called "institutional insulation." (Addiction, clinical language, drug treatment, indexical iconicity, language ideology, metalinguistics, reference)*

INTRODUCTION

Setting speakers and sitting secrets

In September 1995, upon obtaining a $3 million grant from the National Office of Housing and Urban Design (HUD), five nonprofit social service agencies in a Midwestern city banded together to establish an array of programs for local homeless women and their children. Titled the "Homeless Family Consortium" (HFC), this collaborative venture was inspired by local social workers' consensus that homeless mothers had been abandoned by the area's social service networks, particularly in regard to drug treatment. Thus, HFC designated a large portion of the garnered grant funds to Fresh Beginnings, an intensive outpatient program designed specifically for the treatment of drug-using homeless women.[1]

From its inception, Fresh Beginnings defined itself against "traditional" treatment programs that were thought incapable of sensitively treating homeless women. Administrators asserted that whereas traditional drug treatment approached clients as unqualified addicts with homogeneous needs, their innovative program would recognize that homeless women addicts had SPECIAL needs that could be answered only with correspondingly specialized services. Although all involved in the founding of the program insisted that Fresh Beginnings would be different in both its clinical orientation and its program design, like those of many other American treatment facilities its therapeutic regimen relied heavily on the 12-step model.[2]

The young Fresh Beginnings program also lauded its ability to address homeless mothers' special needs through a system of coordinated care. Each client met regularly with her designated HFC case manager, whose role it was to address pragmatic issues related to housing, employment, or education, as well as with a clinical team comprised of family counselors and drug treatment therapists. Fresh Beginnings also provided an array of support services, such as childcare and transportation, which other local treatment programs lacked. With two drug treatment therapists, two family therapists, three van drivers, a part-time childcare staff, and a cadre of volunteers, the program was designed to accommodate ten to twelve families at a time. However, on most mornings only five or six clients arrived by the white program van at the Fresh Beginnings building on Cliff Street, each with a determination to meet HFC agency or parole requirements and some with an investment in eliminating a drug habit.

Regardless of their individual inclination toward the program's stated goals of "sobriety and self-sufficiency," Fresh Beginnings clients shared similar practical stakes in moving swiftly through treatment. The vast majority of incoming clients did not attend the program voluntarily. Instead, the various social service and penal systems with which they were involved had rendered the custody of their children, their continued parole, and/or their subsidized housing and shelter contingent on the successful completion of treatment. Notably, therapists evaluated clients' relative therapeutic progress largely according to how those clients represented themselves and their problems in language. Indeed, at Fresh Beginnings, one's success in treatment was tied to one's adoption of and adherence to a very particular way of speaking – a fact hardly lost on the women who attended the program.

Arming themselves with mugs of instant coffee, pastel tissue boxes, and Alcoholics Anonymous pamphlets, arriving clients settled into donated couches arranged around a swiveling office chair. As the therapist took that central seat, the unpredictable cadence of multidirectional banter, hushed sympathies about lovers or johns, and the occasional exasperated guffaw segued quickly into the daily regimen of group therapy. Fresh Beginnings clients took turns weaving the morning's designated theme (e.g., shame, codependency, responsibility) into pre-

dictable narratives of early trauma, accelerated denial, rock bottom, and willful recovery, as an attentive therapist looked on.

Method, metalinguistics, and the production of inner reference

As a neophyte social worker, attempting to establish formal organizational mechanisms for clients to participate in program development and give feedback to professional staff, I soon realized that Fresh Beginnings' therapeutic regimen was predicated on talk. Waiting outside the closed door of the group therapy room, where I convened the weekly Client Advisory Committee meetings, I listened to the muffled cadence of therapy sessions that lasted as long as three hours. On other days, I smoked cigarettes with clients on the building's front porch, where therapeutic talk frequently spilled over, often in the form of critical commentary. And while I generally steered clear of group therapy, I regularly attended "special" sessions that celebrated a client's sobriety anniversary, birthday, or advancement to the next treatment phase. Even more frequently, I found myself witness to impromptu therapeutic exchanges between therapists and clients – clients who spent the majority of their waking weekdays talking about themselves at Cliff Street.

Such loquacity is a common feature of contemporary American drug treatment. Whether one enters a clinician-led group therapy session within the formal treatment system (which consists of approximately 10,000 federal, state, and local programs that see about 1.8 million clients annually),[3] or visits one of the approximately 64,000 smoke-filled Alcoholics Anonymous or Narcotics Anonymous groups across the United States, one discovers that drug rehabilitation revolves around rehabilitating the drug user's relationship with language. The familiar prelude – "Hi, my name is X and I am an addict" – and the structured tale that follows are staples of a drug treatment practice in which clients, adopting therapeutic discourse, relay their histories in ways meant to account for their addictions (Cain 1991, Skoll 1992, Fish 1993, I. Young 1994, Rapping 1996, Monk 1997, Hanninen & Koski-Jannes 1999, MacIntosh & McKeganey 2000). Following causal plot lines that link the client's addicted, traumatic past with a recovering, clean future, such narratives promise to lend access to the inner selves of clients, where therapists do their healing work. Furthermore, many drug treatment scholars propose that autobiographical talk helps addicts break through the "denial" thought to characterize addiction and thereby "find" themselves (e.g., Biernacki 1986, Wilcox 1998, Baker 2000).

While the sheer volume of such clinically guided talk was readily evident from my vantage point as a client organizer, it was not until I began to study Fresh Beginnings as an anthropologist that I realized that the program also played host to a tremendous amount of talk ABOUT talk. In the group therapy room, around the staff table, and in a multitude of conversations with clients, other professionals, and a curious social worker-cum-anthropologist,[4] program therapists discussed and delineated the ingredients of "healthy" talk. In this essay, I

examine these metalinguistic claims and the language ideology that informs them. I demonstrate that therapists' claims about language are consistent with the IDE-OLOGY OF INNER REFERENCE, an ideology that presumes (i) that "healthy" language refers to preexisting phenomena, and (ii) that the phenomena to which it refers are internal to speakers.

According to the ideology of inner reference, language works when the radical split between signified and signifier is bridged by the process of signification as the speaker chooses the words that correspond to discrete, preexistent inner referents.[5] In the context of contemporary American drug treatment, language that refers in such a way is also thought to dramatically to transform. Specifically, recovery tales – sometimes called "drunkalogs" – effectively link the denotational and the transformational, not just because their linear plotlines proceed from a denoted dirty past to an anticipated clean future (that is, on the level of narrative structure), but also because their very performance ideally entails the reflexively instrumental use of ostensibly self-referential language. Indeed, Fresh Beginnings therapists posited that words could only heal the client-speaker to the extent that they revealed her.[6]

Some organizational theorists have argued that institutions are cultures with languages and ideologies of their own; however, the ideology of inner reference was neither the exclusive province of the Fresh Beginnings program nor the invention of the therapists whose metalinguistic claims so clearly articulated it. The ideology of reference, which works to confine language's function to the reference of preexisting people, ideas, and things, is the dominant language ideology of Euro-Americans (Silverstein 1979, 1981, 1985; Irvine 1989, Woolard 1998, Kroskrity 2000). Arguably, the ideology of inner reference, which further limits the reach of words to the contents of individual psyches, is one that enjoys broad cultural circulation in the contemporary United States. Talk show confessionals, tell-all memoirs, and the sheer pervasiveness of what James Wilce (1998:51) aptly calls "I talk" are compelling evidence that language is widely thought to be a reflection of inner being rather than a manifestation of situated sociality.

A number of scholars have shown that referential language enjoys particular currency in clinical settings and situations. For example, in his ethnography of a Boston homeless shelter where many residents had been diagnosed with mental illnesses, Robert Desjarlais notes that "the staff advanced a way of thinking about language that came close to an ideology dominant in many contemporary English-speaking societies which gives priority to the referential, semantic, and propositional functions of language" (1997:180). In his discussions of the poetics of madness in rural Bangladesh, Wilce (1998, 2004) demonstrates that "sane" others reject linguistic performances that do not accurately denote nonlinguistic facts, especially longed-for "facts" about otherwise puzzling inner states. Allan Young's fascinating study of a psychiatric unit for Vietnam veterans highlights both the clinical demand for patients to verbally disclose the "contents" of their trauma-laden memory and the punitive measures reserved for those who do not engage

in the work of authentic linguistic representation (1995:214–16). And, of course, in tracing the use of confessional techniques from the early church to the contemporary clinic, Michel Foucault (e.g., 1978, 1988, 1993) established the complicity of referential language in the very making of the modern subject.

Yet although Fresh Beginnings' language ideology was shared with its cultural and clinical surrounds, the young program was dedicated to its perfection in practice. Indeed, in making metalinguistic claims, therapists did not simply articulate the ideological premises of inner reference but mobilized those premises as a clinical regimen. Programs like Fresh Beginnings have indeed inherited, ready-made, the idea that "healthy" language functions to denote preexisting psychic and social facts, but the ethnographic observer of American drug treatment cannot help but be struck by the amount of work it takes to guard, protect, and patrol these highly naturalized assumptions. I call such work METALINGUISTIC LABOR, arguing that while therapeutic interventions seemed to elicit inner signs that were always already there, awaiting cathartic escape in language, Fresh Beginnings therapy was instead an exercise in linguistic production that required the labor of therapists, the compliance of clients, and the use of particular metalinguistic tools for producing a perfectly transparent language.

Relying largely on data gleaned from extensive interviews with program clients and staff, this essay focuses on one such metalinguistic tool: the frequently evoked acronym "HOW" (Honesty, Openness, Willingness), which therapists used to guide and sanction their clients' talk. As both therapists and clients attest in the excerpts below, "Honest, Open and Willing" talk involved the revelation of particular CONTENT: the sins of the past and the residual shame of the present recounted in linear plotlines aimed toward willful recovery. Yet HOW was also a particular METHOD of speaking, a method that worked to minimize the potential of words to point, protest, or critique rather than merely self-refer. Institutions transmit ideas regarding both discursive content and discursive method (Silverstein & Urban 1996), and although therapists claimed that the contents of clients' consciences, as inner signs to be spoken, demanded particular methods of speaking, it is also certain that the methods of speaking they prescribed elicited particular content.

If Fresh Beginnings was interested in perfecting the language of inner reference and in socializing[7] clients in accordance with it, it was largely because the program was dedicated to producing healthy speakers. However, as the case highlighted at the end of this essay clearly illustrates, therapists' metalinguistic labor not only served such therapeutic aims but also bolstered and stabilized Fresh Beginnings as a young institution. Thus, while this article focuses on language as a clinical good, it addresses it as an institutional resource as well. In this sense, my argument proceeds from Gal's (1991:186) assertion that institutions are not simply neutral contexts for talk but are instead organized to demonstrate and enforce the legitimacy of institutional authorities' linguistic strategies (see also Cohn 1987, Desjarlais 1997). Indeed, as a client's words

were taken up as a reflection (or denial) of her inner state – rather than, for instance, a cultural or institutional critique – therapists' metalinguistic labor ensured that those words could not point to, let alone challenge, the contexts, interactions, and conventions that framed their articulation. Thus, as long as therapists labored in accordance with the ideological premises of inner reference,[8] the program was effectively insulated from clients' critical commentary.

THE IMPORTANCE OF SPEAKING SUBSTANCE

Addiction, denial, simulacrum

Local regimes of personhood select some speech acts as exemplary of "healthy" human agency (Hill 2000:261). These select speech acts are grounded in local language ideologies that implicitly inform speakers of just what their words can (legitimately) say and do. To be a "healthy" Western individual, one must use words that do little but transparently reflect one's own "realities." It is not surprising, then, that the ideology of inner reference would enjoy even greater currency in the treatment of addicts who – according to both clinical and cultural judgment – have very tenuous ties with reality.[9]

Although increasingly challenged by feminist and constructivist drug treatment scholars,[10] it is a commonly accepted belief among American treatment professionals that addiction is a disease and that DENIAL is an inherent part of this disease (e.g., Paolino 1991, Walters 1994, Kearney 1996, White 1998, McDowell & Spitz 1999, Rasmussen 2000, Lemanski 2001). According to this thesis, even though active addicts may at first be able to make sense of the world, they are unable to see the causal connection between their life problems and their drug use. For example, in their textbook *Substance Abuse*, David McDowell and Henry Spitz define denial not only as a "primitive psychological mechanism for dealing with reality," but also as a "focused delusional system" in which the addict avoids the realities that are "obvious to everyone else" (1999:121).

Since addiction is widely considered a progressive disease in which casual use develops into physical and/or psychological dependency, the symptoms of denial follow suit. Indeed, the drug-induced simulacrum soon proves to be sticky, as the addict comes to deny her history, her disease, and, inevitably, her very self (White 1998, McDowell & Spitz 1999:121). Addicted denial is at its most pernicious when the denying addict refuses to see the obvious truth about herself: that she is an addict. At this stage, treatment is required in order to dismantle the addict's denial by confronting her with the reality of her progressive disease (Kearney 1996, Lemanski 2001). In this sense, recovery is not simply a matter of quitting drugs, as the common therapeutic term "dry drunk" suggests.[11] Instead, recovery is a matter of coming to terms with the self that is denied in active addiction. For example, writing from a cognitive behavioral perspective, Walters 1994 posits that because denial is the process of "projecting blame onto external situations, other people, or the capriciousness of fate," drug treatment

should redirect addict's focus to the INNER coordinates of their addictions. He continues that "what such people need to realize is that their lives will not change until they stop offering excuses for their behavior, start taking responsibility for their actions, and begin learning to make better decisions" (1994:105).

So if addiction and denial are regarded as a matter of eluding internal realities in favor of blaming external ones, it is no surprise that the language of drug treatment is so inwardly focused. One might argue that talk therapy is a discipline that teaches clients to exchange the consumption of illegal substances for the ejection of linguistic substance, and in so doing, to trade simulacrum and denial for honesty and truth. Indeed, the discussion that follows shows how Fresh Beginnings therapists worked to help clients articulate the realities that they presumably once denied. However, it will be evident that "denial" is also a feature of clinical interactions and institutional relations in which the clinicians' truths enjoy automatic precedence over those of their clients.

"Secrets keep you sick"

Convinced that a client's verbal self-representations could circumvent her addicted will, program therapists agreed that denial was their greatest clinical challenge. Treatment literature at the program, distributed to affiliated staff and posted on bulletin boards at Cliff Street, admonished that "we must remember that *denial is a major barrier to recovery*." Clients, too, were regularly warned of the dangers of denial as therapists repeated the phrase "Secrets keep you sick" like a mantra.

At Fresh Beginnings, the "secret" was loaded with double entendre. Secrets left unrevealed were virulent because, much like Catholic confession, the naming of sins to an authorized audience was thought to heal the sinner.[12] However, since in the case of addiction secrets are thought to hide themselves from the confessant as well as the confessor, the ability to identify and reveal them is deemed all the more difficult. For instance, a Fresh Beginnings program description read, "Denial is a mechanism or process people use to protect themselves from something threatening by blocking their awareness . . . [it] acts as a buffer against unacceptable reality." According to the therapist Susan, denial-infused talk is unlike the conscious linguistic strategies employed by clients seeking to trick their therapists:

(1) (R = Respondent; I = Interviewer)

    1 R: . . . denial is an unconscious defense mechanism.
    2 I: OK.
    3 R: If I am in *denial* about my addiction
    4 I: Mmm
    5 R: I'm not *lying* to you
    6 I: Uhhm
    7 R: I'm telling you the truth as I see it.
    8 I: Right
    9 R: Ya know and so, so I could pass a polygraph test based on (chuckle)
   10   ya know, whatever kind of questions I was asked.

Strategically shifting from a seemingly impersonal statement of clinical fact (line 1) to a client animator who provides supportive evidence (line 3), Susan suggests that as an unwilling prevaricator, the denying addict exercises uncanny linguistic control that could enable her to pass a polygraph test with ease (line 9). However, Susan goes on to explain that the denier passes not because she exercises linguistic agency but precisely because she lacks it entirely, keeping her unnamed secrets from herself (line 7) as well as the truth-seeking therapist (line 10).

It seems that the unflinching body and the unyielding words of the denying addict would pose an insurmountable challenge to therapists charged with reading their clients for signs of addiction. However, in an interview with the therapist Laura, I learned that the concept of denial aided rather hindered therapists in their efforts to line up clients' words with inner truths:

(2)

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 1   R:   And the thing about [denial] is when a person does something that they
 2        know is unacceptable,
 3   I:   umhm
 4   R:   and risk of admitting to that is so great, it is truly possible that they don't
 5        remember doing it.
 6   I:   OK.
 7   R:   And it's not a lie and it's not a pretense, it's "I'm not gonna remember this
 8        until it's safe to remember it" and one of the things that happened a lot in
 9        treatment is people's memory would start coming back and they would
10        remember a lot of stuff. And it's not that they were timin' it (chuckle) and
11        stuff like that. It just wasn't safe at the time for them to remember. And
12        that happened with a number of our clients.
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Laura, like her colleague Susan, takes pains to differentiate *lies* and *pretenses* (line 7) from *denial* (line 1). However, Laura's denier seems to tick to a more agentive clock, awaiting a safe time (line 8) to recognize and release the shameful referents of her memory. It is also notable that Laura conflates remembering (line 5) and admitting (line 4) as if there were no legitimate intervening variables between the two. According to Laura, when in the "safe" surrounds of treatment, the *stuff* (line 10) stored in clients' memories would not just *start coming back* (line 9), but would also, and seemingly automatically, start coming out in words.[13]

Laura is also quick to acknowledge the great risks involved in remembering and admitting (line 4). Yet in casting drug treatment as a kind of temporal shelter for progressive remembering, she fails to address the most formidable risk facing her clients: that the *unacceptable* (line 2) contents of their admissions were regularly passed along in therapists' reports to the parole officers, Child Protective Service (CPS) workers, and HFC case managers to whom all Fresh Beginnings clients were also subject. For example, a client who spoke of a recent relapse could expect her words to travel outside the "safe" bounds of group therapy to the ears of a CPS worker with authority to take her children into state custody.

Of course, many clients were cognizant of these risks and worked to edit their responses accordingly. However, if therapists detected such editorializing, they might well charge their clients with "compliance" – a sign of continued addiction.[14] Thus, the CPS worker could be called either way. Yet to the extent that Laura effectively casts the risks of admission as psychic rather than institutional, this linguistic double bind can be metalinguistically erased. After all, we see here that the fictive client knows (line 2) that her previous acts are unacceptable well before she puts them into words for her audience to judge them as such. Rather than risking admission (line 4), now effectively equated with self-recognition, the unconscious voice of the client consciously decides to deny, or to render unconscious what was once conscious (e.g., lines 7–8).

Yet if Laura's denier temporarily forgets the unacceptable acts she has shoved back in her mind, away from the signs that would betray them, Laura herself never doubts their existence; she waits patiently for the *something* (line 1), the *it* (line 8), the *this* (line 7) to be released into words. Here we have a clear illustration of the familiar Foucauldian assertion that the thrust of modern clinical authority is decidedly hermeneutic. Indeed, Laura's job here is not to judge her client (as we see, the client has already done that work, again in good Foucauldian form). Instead, Laura's job is to keep her analytical eye focused on the hidden, silent referent, ensuring that even though her clients' words may be false, they are never, ever empty.

HOW WE RECOVER: HONESTY, OPENNESS, WILLINGNESS

Letting it all hang out

Because therapists were ultimately unable to verify the constative value of the CONTENTS of clients' narratives, believed to lie deep in their denial-prone psyches, they focused their efforts on promoting honest METHODS of speaking, proposing an explicit set of tenets for clean and healthy talk. Most prominently, the acronym HOW (Honesty, Openness, and Willingness) linked honesty as an ideal with a particular form of outward expression. Indeed, therapists relied on HOW as a metalinguistic baton with which to guide their clients' talk.

In the hallways, offices, and therapy rooms at Cliff Street, therapists evoked HOW like a mantra, encouraging clients to use it as a semiotic token of recovery. During group therapy, Laura rewarded successful clients with "Certificates of Achievement" that read, for example, "For [Esther Smith] who is making a stronger commitment to her recovery, by demonstrating greater HOW (Honesty, Openness, and Willingness), and for working to raise her awareness." After the award ceremony, when I asked Esther why she received this particular recognition, she responded accordingly: "I tell it like it IS, baby, I let it ALL hang out." Since, in line with Fresh Beginnings' language ideology, "honest" words were those that neatly corresponded with inner referents, one could simply "tell it like it is" if one was both open and willing to "let it all hang out."

However, the practice of HOW was neither as straightforward nor as easy as Esther suggests, and therefore it merits further analytic attention. First, the question of how the acronym linked honesty and openness must be addressed. As Esther indicated, to be honest at Fresh Beginnings was to be open about what was (thought to be) "inside" – that is, one's feelings, memories, experiences, and desires. If honesty was a goal to be achieved, openness was the means of access. And openness was explicitly linked to articulation, inasmuch as one "opened oneself" to the extent that one opened one's mouth. As one former client, Keandra, offered: "Um, they helped me out a lot with opening up, because I was never one to VERBALIZE a lot of things."

Many clients, like Keandra, ostensibly agreed with their therapists that letting the "things" inside out in words was necessary if one hoped to recover from drug addiction.[15] Openness was not just an outward display of inner signs but a verbal indication of an inner state (honesty) freed from the hold of addicted denial. At Fresh Beginnings, the relationship between honesty and openness was a tight one; both clients and therapists repeatedly spoke of "opening up" as a NEED (lines 1, 2, 3 below), a requirement for recovery as well as a healthy inclination toward speech. For example, Tealie, whose tenure at Fresh Beginnings lasted six weeks, commented:

(3)

> 1   R: I got a *lot* of problems that I need to talk about.
> 2   And I need to share 'em, I need to *share* my problems
> 3   and I really need to *open up*.
> 4   [Laura] was always tellin' me, I *got to* open up.

Equating talking with "opening up," Tealie suggests that while "open" talk has palliative powers, these can only be realized to the extent that words share the problems ALREADY inside her (line 1). She further laments, along with her therapist (line 4), that as long as her problems remain as signifieds without signs, she cannot realize the honesty needed for recovery.

However, despite her seeming adherence to a referential premise in which her *problems* (line 2) preexist their linguistic formulation, Tealie also indicates an awareness that her *need* to *open up* related to an INSTITUTIONAL need to track clients' therapeutic progress (line 4). After all, openness not only helped clients feel better about themselves but also purportedly allowed therapists access to their problems. Notably, some Fresh Beginnings clients objected to this seeming intrusion.

Louise's philosophy

As the acronym HOW implies, in order to be open one had to be willing as well, and some clients, especially as they first began to attend group therapy, were disinclined to offer themselves up to their therapists' and peers' evaluations. One such client, Louise, explained:

(4a)

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1   R:   The thing was . . . is you was supposed to say whatever's on your mind,
2        okay? And I was like, why are they tellin' these people all their business,
3        you know? Which is why it was . . . it was such a long day for me,
4        every day was a very long day because I was not willing to be. . .
5        honest, open and willing.
6   I:   Hm.
7   R:   Honestly, I was not willing to be open, and that was my . . .
8        my philosophy, you know.
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Here Louise explains her initial trouble at Fresh Beginnings in terms of her un-willingness to be open (lines 4–5) about *whatever was on [her] mind* (line 1). However, in Louise's statement that unwillingness was her *philosophy* (line 8), she seems to recognize HOW as an ideological construct against which she PHIL-OSOPHICALLY stakes herself. Furthermore, Louise's commentary challenges the ideology of inner reference by pointing to the interactional and spatiotemporal indices of honest, open, willing talk (e.g., *why are they tellin' these people all their business?*). In this regard, her seemingly convoluted statement that she was not *willing to be . . . honest, open, and willing* (lines 4–5) makes a good deal of sense.

The expenditure of energy that such philosophical opposition required report-edly made it a *very long day* (line 4) for Louise as she sat silently through group therapy. However, it seems that the ideology of inner reference proved a tena-cious institutional pull. Describing how she eventually came to participate in group therapy, Louise added:

(4b)

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 9   R:   . . . eventually, I relaxed and got into it, you know.
10        And I became a major contributor in group [laughs].
11        They couldn't shut me up! [still laughing]
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Interestingly, Louise's acknowledgment of the troubling interactions of group therapy seemingly dissolves as she now describes the group as an open venue for her contributions (line 10). And while Louise explains her newfound willing-ness in terms of her own ability to relax and *get into it* (line 9), we might wonder how it is that the linguistic practices that she once found intrusive eventually "got into" her.

As we see above, HOW was a way of denoting highly interactive linguistic exchanges that characterized group therapy in distinctly intrapsychic terms. In the end, Louise, along with her therapists, cast talk as a transparent medium of self-revelation rather than a strategic kind of social action. And while Louise's final statement implies that her openness welled up from inside, her laughter (lines 10, 11) may indicate recognition that Fresh Beginnings had no interest whatsoever in *shutting her up* (line 11).

The lexicon of Lila's love life

Although HOW delineated the prerequisites of truthful talk at Fresh Beginnings, the tenet of willingness remained a tricky one. As demonstrated above, HOW worked to open the client's will so that she could self-refer. Yet the very activation of the addicted will involved the inherent risk that it would be put to non-referential tasks. For example, particularly seasoned clients practiced the art of what they called "flipping the script,"—that is, spinning a convincingly personalized narrative of willful recovery so as to camouflage a recent relapse or obscure a weekend binge from program staff. While therapists employed HOW in the positive as a metalinguistic guide to truthful talk, they also used the acronym as an admonishment to those whose will had gone astray. The case of Lila, a client who voluntarily left the program after a series of problematic interactions with her therapist,[16] exemplifies HOW's laborious semiotic reach.

I pieced together the story of how Lila left the program from a number of sources, including interviews with and documents written by Lila, Laura, and Lila's case manager.[17] According to this jointly constructed account, Lila returned to Cliff Street after a week-long holiday break, and during the first group therapy meeting, she told of a difficult and lonely Christmas, noting that she found some comfort in romantic time with a "friend." As she spoke, Lila referred repeatedly to her "friend" using the third person plural pronoun, a grammatical detail that was of much significance in the ensuing conflict.

In group, therapists greeted Lila's narrative with the usual array of gentle prompts, but they eventually homed in on the gender identity of the plural-pronouned "friend." In response, Lila persisted that the gender of her companion was irrelevant since she was more concerned with sorting through the causes of her loneliness than with detailing the incidental relief offered by her comforting friend. Days later, during their regularly scheduled individual session, Laura proposed an analytical link between Lila's use of the third person plural pronoun and stalled progress in recovery, grounding both in Lila's "unwillingness to be honest." In a later report to her supervisor, Laura wrote:

(5)

1 This client had been attempting to hide the gender of her romantic partner by
2 using the plural pronoun at times, and using male pronouns at other times
3 I reminded her that secrets keep us sick.

Laura's report readily highlights the analytical challenge posed by Lila's pronominal usage. As an absent referent that refuses the therapeutic present, Lila's *they* also refuses to be a ready-made indexical icon of inwardness – regardless of her intention in using it. Working within an ideological frame that insists on therapeutic reference, Laura must not only work to fill the semantic absence posed by the gender-neutral pronoun, glossing a spoken *they* as a real *she*; she

must also make present what has been left performatively absent in Lila's speech act: a deictic nomination of herself as a lesbian.

Yet if Laura's letter lays out her dilemma, it also gives some sense of the very troubling solution. Here Lila's ambiguous plural pronoun, put in analytical interplay with a patently false male pronoun, is effectively rendered both a willful attempt to hide a real referent (line 1) and a "sick secret" (line 3).[18] Indeed, with the ensuing support of her supervisor, Laura made clear that although Lila had not relapsed, her unwillingness to be "open" and "honest" about her sexuality – which the plural-pronouned friend had now effectively come to represent – rendered her vulnerable to do so. Although Lila had tested negative for drug use for over a year and was moving successfully through phases of treatment, during her individual therapy session with Lila and in a later letter, Laura underscored, "As your chemical dependency counselor, I feel it is very important to remind you that 'secrets keep you sick'."

In response to her therapist's tenacious assertions, Lila maintained that her love life was her "private business"[19] and irrelevant to her progress in recovery. According to both Lila and Laura, the individual therapy session that was normally characterized by "open" sharing had become a formidable standoff. Indeed, later in their individual session, still working to elicit a *she* from Lila's lips, Laura resorted to what she later described as a "trick." She suggested to Lila that both her case manager and another therapist "suspected the truth" about Lila's sexuality because of her use of the third person plural pronoun. On the recorded voicemail of Lila's case manager, whom she called immediately after the meeting, Laura recounted:

(6)

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1   I told her, I said "it's important for you to know that in all of your efforts
2   to conceal who you are involved with, you've created a great deal of attention
3   about this relationship. And I said, "and by using the plural pronoun,
4   you've led us all to assume that you were with a woman."
5   And that really freaked her out.
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After expressing her initial shock (characterized in line 5 as a "freak-out") at such collective speculation in relation to pronominal usage, Lila eventually "slipped"[20] and used the feminine pronoun, confirming Laura's suspicion.

Soon after this harrowing therapy session, Lila learned that Laura divulged to her case manager the contents of their therapy session, a move that she interpreted as both a violation of her privacy and explicitly counter to the program's confidentiality policies. Lila also began to suspect, rightly, that Laura had tricked her into identifying the gender identity of her friend. One week later, Lila made an appointment to tell Laura of her anger and disillusionment, which had culminated in a decision to leave the Fresh Beginnings program. At the meeting, Laura unsuccessfully attempted to dissuade Lila from transferring to a new program, but purportedly secured an agreement that Lila come to group one last time to

tell members of her impending departure. When Lila did not show at the next
group session, Laura sent a letter that included the following statements:

(7)

  1 I'm very concerned that you chose not to come to group today as planned and
  2 say goodbye to your group members. I hope that you will find the courage to
  3 be more *honest* with your new therapist about what you need,
  4 more *open* about how you are really feeling, and be genuine about what you
  5 are *willing* to do. The only way we recover is through "Honesty, Openness and
  6 Willingness" (HOW). It is now clear that this is very difficult for you.

Notably, at this point Lila can neither be accused of dishonesty regarding her
drug use nor reprimanded for her failure to disclose the gender of her friend.
Instead, Lila is admonished for her infelicitous promise to bid formal farewell to
her fellow group members (line 1–2). Even after Lila's case manager filed a
grievance, which detailed Laura's own less than honest tactics, Laura's assertion
that her client was guilty of failed honesty, openness, and willingness continued,
not without irony. In her letter to Lila, Laura went so far as to write, "For you to
decide to transfer to another program at this time suggests to me that you have
relapsed and do not want others to know."

    Such a statement, of course, both circumvents Lila's expressed rationales for
leaving the program and obscures Laura's culpability in precipitating her depar-
ture. Laura further insulates her analysis by suggesting that Lila be more *open
about how she is really feeling* (line 4). Although Lila had been both loquacious
and eloquent in expressing anger in relation to her therapist's actions, by quali-
fying Lila's feelings with the word *really* Laura implies that there is something
spurious in her client's angry explanations.[21] Laura's letter also mobilizes a dis-
course of *need* (line 3), suggesting to Lila that if she is only *more honest* (line 3)
with her (new) therapist about her needs, the path to recovery will be far less
difficult (line 6). Thus, in positing a needful "reality" – one that is INSIDE Lila
and must be brought out in honest, open, and willing words if she hopes to re-
cover – Laura is clearly laboring in line with the ideology of inner reference.

    Laura's work in keying (Goffman 1974) her client's troubling words and ac-
tions in line with the "healthy" premises of inner reference is clearly aided by
the metalinguistic tool HOW. In Laura's letter, Lila is not just encouraged to be
more *open* with her feelings, but is explicitly urged to *honestly* and *willingly*
verbalize those feelings to her new therapist. Significantly, the metalanguage of
HOW effectively streamlines the identification of *feelings* (line 4) and the artic-
ulation of *needs* directly to a therapist (line 3), as if there were no intervening
variables between the two. Laura is thereby able to signify Lila's expressed lack
of trust as a trait that belongs to a still unhealthy client, rather than as an emana-
tion of their disturbing interaction. Thus, when Laura writes *The only way we
recover is through 'Honesty, Openness and Willingness (HOW).' It is now clear
that this is very difficult for you*" (lines 5–6), she effectively funnels a host of
interactional dynamics into a failed, unrecovered *you* (lines 1, 2, 3, 4, 6).

Laura's analysis not only erases critical interactional dynamics[22] but also obscures the institutional surrounds in which Lila's plural pronoun is uttered. For example, conspicuously missing from Laura's various analyses is acknowledgment of Lila's expressed concern that disclosing the gender of her partner would invite the disapproval of her peers, therapists, and case managers, threaten her employment as a client-intern,[23] and damage her hard-won reputation as a senior client. And while Lila evidently shifts pronouns – perhaps strategically – in accordance with her spatiotemporal surrounds, Laura engages in a semiotic process that extracts Lila's *they* from these shifting surrounds and refixes them on the "inside" of Lila, so they appear purely denotational (see Silverstein 2004). In this way, Laura labors to prevent what she determines to be a REAL SHE from becoming a felicitous THEY.[24]

More specifically, while Lila finally suggests that her *they* is an index of an institution that may not welcome the gender of her partner, Laura fixes Lila's gender-neutral pronoun as an icon of her presumed "gay shame."[25] Indeed, what is perhaps most striking about Laura's communicative labors is how they analytically collapse the institution's need to "bring out" information regarding clients' sexuality into Lila's apparent clinical need to "come out" as a lesbian. In the assiduous work of lining up Lila's plural pronoun with an assumed inner "truth," Laura cannot hear Lila's multiple insinuations that the program is homophobic, leaving herself and the institution insulated from her client's developing critique. As events unfolded and Lila became more eloquent and loquacious, Laura ensured that her words would be taken up as institutional critique, bolstering her metalinguistic labor with a damning clinical diagnosis. In her response to the grievance filed against her, Laura wrote: "The client in question has a paranoid personality which has challenged all of her treatment team."

Lila did transfer to another program, and she continued to express regret, hurt, and surprise at the circumstances of her departure while maintaining friendships with several clients still attending the program. Several years after this incident, while working as a travel agent, Lila died of a heart attack. Fresh Beginnings and HFC staff suspected a drug overdose. Talk of shame quietly persisted.

CONCLUSIONS: HEALING AND SEALING

The talking cure is based on the assumption that words can do much more than refer to sick selves; they can also produce healthier ones. In fact, social workers and social scientists alike have lauded the instrumental potential of referential language, suggesting that talk can help people build and experiment with new and possible selves (e.g., Benveniste 1971, Labov & Fanshel 1977, Bruner 1990, White & Epston 1990, Anderson & Jack 1991, Borden 1992, Nye 1994, Capps & Ochs 1995, Crapanzano 1996, Ochs & Capps 1996, Passerini 1996, Sands 1996). Furthermore, the clinical successes of Alcoholics Anonymous, an approach heavily reliant on personal narrative (e.g., Bateson 1971, Denzin 1987,

Wilcox 1998, Brandes 2002) indicate the potential therapeutic benefits of auto-biographical talk specifically for those coping with addictions.

With this in mind, I wish neither to indict talk therapies per se, nor even to challenge the idea that one must refer if one hopes to produce. Instead, I am concerned with the political effects of a language ideology that allows people's words only two referential possibilities in relation to a single property: revealing or denying inner truth. By following the fate of Lila's plural pronoun, we can see that such an ideology, when mobilized as a clinical regimen, severely circum-scribes the truths that she can felicitously produce. And, although it would be quite easy to focus on Laura as an unusually power-hungry and manipulative therapist, we would be wise to note that her troubling analysis of Lila's *they* survived long intertextual travels through a large network of people dedicated to helping others.

If the linguistic analyst were to follow in Fresh Beginnings' footsteps, she might take therapists' and clients' metalinguistic reports, gleaned during her re-search, as transparent and conclude that honest talk will indeed heal the addicted speaker. After all, Louise enthusiastically reports that "talking it out" is healthier than "acting it out," trading in her resistant "philosophy" for honest, open, and willing talk. If clients feel better after using the language of inner reference, we might well laud it for accomplishing its therapeutic aims. However, as the case of Lila poignantly illustrates, our analysis of clinical language should not stop here, complacent with such seeming psychic triumphs. Indeed, if, our linguistic analyses are to be useful in the clinic, they must draw attention to the situated-ness of clients' talk and investigate the linguistic relationship between cure and context.

As both an anthropologist and a social worker, I am dedicated to thinking through the political effects of very common ideas about language. Here, work-ing against the ideology of inner reference, I attempt to do what Lila, as a client at Fresh Beginnings, could not: to connect her words felicitously with her insti-tutional and social surrounds. For if we are to include in our definition of "health" an ability to act and speak as a political agent, we should recognize the ways in which clients' words "refer" to the conventional, spatiotemporal, and interactive contexts of their articulation. We should also recognize the grave danger in leav-ing such critical indices unheard.

NOTES

[1] There are four levels of drug treatment set by the ASAM-PPC-2, a standardized tool for placing people in treatment according to the intensity of services. Intensive Outpatient Programs (IOPs) are considered, along with partial hospitalization, a Level II service and require clients to attend treatment at least three days a week. Changes in the U.S. healthcare system in the 1980s and 1990s, particularly in regard to managed care, have severely restricted the length of stay in inpatient services.

[2] The twelve steps, guiding statements meant to lead to sobriety, were created by the founders of Alcoholics Anonymous and adopted by an ever-expanding array of "step" programs (Narcotics Anonymous, Cocaine Anonymous, Overeaters Anonymous, Gamblers Anonymous, etc.). The National Treatment Center Summary Report, which surveyed over 450 treatment programs in 1997, estimates that more than 93% of drug treatment programs are 12-step programs (Roman & Blum 2002; see also Nelson Woods 1995, Lemanski 2001). However, as argued by Wallace 1996 and demonstrated by Durkin 2002, formal programs "relax" some of AA's "self-help" ideals and adapt the steps in line with their own existing practices and protocols (see also Hasenfeld & Gidron 1993).

[3] Owing to a number of factors, including the large number of quasi-formal treatment systems, the line between "formal" and "self-help" is hard to draw. The estimates of the size and population of the formal treatment system provided here are taken from the National Institute of Drug Abuse's 1993 Treatment Unit survey.

[4] I collected the data that serve as the basis of this essay through the following means: formal interviews with Fresh Beginnings clients, staff, administrators, and other program affiliates (all of which were tape recorded and transcribed); group interviews with clients and staff; countless hours over a three-year period of participant observation, including the observation of "natural occurring discourse" (the majority of which was not recorded); and systematic review of treatment guides, manuals, and other program documents. Additionally, some program staff and clients granted me access to written and electronic correspondence such as those utilized in the last section of the discussion.

[5] Seeking the kind of transparency that comes with a "perfect match" between spoken signifier and stored signified, the ideology of inner reference is consistent with the norm of sincerity of speech, as Keane describes it: "The concept of sincerity ... seems to assume a clear distinction between words and thought, as parallel discourses (interior and exterior) such that they either could or could not match up. Should they indeed match up, language would thereby become transparent, nothing significant would remain of the material forms or social origins of words, allowing the unmediated thought to reveal itself. Moreover, as a linguistic ideology, the concept of sincerity also seeks the authority of words in that relationship of matching" (2002:72).

[6] Rather than taking reference and performance as polar extremes and assigning pragmatic efficacy only to the latter, Silverstein 2004 demonstrates the utility of seeing reference as central to a speech act's ability to perform or produce (see also Reddy 2001:97–98). Although this essay will not explore this semiotic relationship in depth, suffice it to say that at Fresh Beginnings, the instrumentality of a speech act (in healing) was ideologically dependent on its referentiality.

[7] At Fresh Beginnings, metalinguistic labor – speakers' explicit claims about what good or healthy language is and the activation of those claims in clinical practice – played a central role in language socialization. Here, I take language socialization to be a lifelong process in and by which individual speakers are introduced to new cultural settings, such as institutions, that require them to use and understand language in new ways (Duranti 1997). While the term "socialization" can connote a benign developmental process, a number of analysts have shown that language socialization is highly ideological and power-laden. For example, Bourdieu 1991 argues that by routinizing participation in linguistic events, language socialization aligns unconscious dispositions with ideological premises.

[8] In lining up therapists' actions with an ideology of language, I risk portraying them as dupes of political processes that I myself am somehow beyond, having analyzed (and thereby resisted) them (see Bauman & Briggs 2003). However, linguistic analysis demands that we always situate speech acts – including metalinguistic claims – within their spatiotemporal context, considering the shifting positions of speakers and the stake-filled histories of their speech. It is therefore important to keep in mind that Fresh Beginnings therapists are simply working to be "good therapists" within a disciplinary, institutional, and cultural context that has already defined what that means. (I, on the other hand,

am trying to be a "good anthropologist" and a "good client organizer," worrying about the political effects of clinical practices.) Thus, our best question might not be "Why did the therapist do/say that?" but instead, "What else can she, in that time and place, (felicitously) say or do?" My thanks to Janet Hart, Webb Keane, and James Wilce for their encouragement explicitly to address this issue, which I have pursued at greater length elsewhere.

   [9] As Derrida effectively argues, the addict is considered problematic precisely because she cuts ties with the world and escapes into simulacrum: "We do not object to the drug user's pleasure per se, but to a pleasure taken in an experience without truth" (1993:236). In opposition to the Platonic subject who gains his authenticity through his productive interactions in the life of the community, the drug addict "produces nothing, nothing true or real" (1993:236) and instead takes in, injects, and inhales, epitomizing the unproductive citizen. Thus, if drug addiction involves succumbing to an alternate reality and losing touch with one's self, drug treatment must draw the addict back into the realities of modern productive, healthy, and individuated selfhood.

   [10] Reed 1985 posits that women suffer less than men from denial, and many gender-sensitive programs have taken this proposition into account. For example, Women for Sobriety (WFS), a women-centered self-help alternative to AA, suggests that addiction is a matter of "faulty thinking" rather than denial (see Kaskutas 1989, 1992). Feminist scholars such as Berenson 1991, Haaken 1993, Kaskutas 1989, Nelson-Zlupko et al. 1995 also fundamentally, if not always explicitly, challenge the notion of denial by focusing on the sociological correlates of addiction. On the other hand, feminists such as Cook 1995 and Hendrickson 1992 evidence the ways in which the tropes of cultural feminism can sometimes dovetail with current treatment ideas about denial. For example, Cook 1995 employs a cultural feminist analysis to suggest that addicted women cannot rely on themselves to "know." Constructivist contributions to drug treatment also, often implicitly, challenge the premise of denial (e.g., Bateson 1971, Fingarette 1988, Cain 1991, Lemanski 2001).

   [11] A "dry drunk" is one who continues to behave like an addict – for example, denying her problems and shirking responsibility for them – while having discontinued actual alcohol or drug use.

   [12] Indeed, while confession seems simply to refer to the sins of the sinner and, in this sense, is an exemplary ideological instance of inner reference, it is precisely because it refers that it so dramatically transforms (Carr n.d.).

   [13] Silverstein & Urban 1996 propose that ritualization is a transaction between entextualization (the making of relatively stable, presupposable texts) and contextualization, and the accommodation of those texts to a particular spatiotemporal environ. In this passage, we can see that the contextualization of clients' speech (in the therapy room, for example) was dependent on a prior process of iconicization that had already rendered signs to be spoken as properties internal to the speaker. Indeed, thanks to a semiotic process by which the indexical features of a speech act are reduced to a presupposed and re-supposed (or reified) "here and now" (see Silverstein 2004), Laura can assert that the "stuff" of memory "comes back" to the client speaker and simply "comes out" in words. (An alternative metalinguistic claim might be that clients' elicited admissions produced particular kinds of "memories" that indexed cultural and clinical conventions, particular institutional demands, etc. – a claim that would clearly trouble the ideological premises of inner reference.)

   [14] "Compliance," a clinical term popularized by the psychiatrist Harry Tiebout, an early avid supporter of AA, denotes a linguistic proclivity considered to be both specific to and rampant among addicts: the tendency to produce utterances devoid of the referential content that they effectively proclaim.

   [15] While HOW, as a pithy maxim, neatly consolidated a set of complicated and highly disciplined rules about how Fresh Beginnings clients should talk, it could not account for the multitudinous ways in which clients actually used language in practice. As Wittgenstein 1953 proposed, learning how to use a language is a lot like learning how to play a game. At Fresh Beginnings, the rules of the language game were established by the ideology of inner reference, and client players soon learned that the only "moves" they could legally make, or statements they could legitimately utter, were ones that abided by the rules of inner reference. However, as clients were consistently confronted with the limits of the "moves" their words could make at Fresh Beginnings, some began to question the nature of the game. Thus, just like chess players who anticipate their opponents' moves and maneuver accordingly, some clients developed a linguistic strategy to trump their therapist opponents. As client players practiced the game of inner reference, they not only learned to read and anticipate their opponents' moves, telling them what they wanted or expected to hear; some clients also began to

decipher and ultimately learned to circumvent the rules of inner reference. Elsewhere (Carr in preparation) I describe the conditions under which clients learned how to engage in such linguistic ingenuity, and while this essay focuses on linguistic constraints, recognition of such strategic ingenuity is essential to fully understanding the individual voice in language (see Johnstone 2000).

[16] As previously noted, because clients' success in the program was so often linked with their housing, their parole requirements, and/or custody of their children, very few clients who were in good status left Fresh Beginnings voluntarily. As far as I know, there were only three such cases (including Lila) among the more than 50 clients who filtered through the program during the course of this study.

[17] Revelant data were obtained from both Lila and Laura. In addition to the letters that Laura wrote Lila, I obtained a written exchange from Lila's case manager, who objected to Laura's handling of the case and filed a formal grievance, and Laura's ten-page response to her supervisors. Both documents (which Laura gave to me after she left the program) included verbatim transcriptions of relevant verbal exchanges between the two parties. In fact, the case manager's grievance included a two-page transcription of a message that Laura had left on her voicemail. In her grievance, the case manager's report of Laura's speech was damning, needing little coterminous commentary, and Laura was eventually disciplined by her supervisor for breach of client confidentiality.

[18] A similar linguistic bind is described by Young 1995 in his study of a specialized psychiatric unit for Vietnam veterans. In group therapy, patients' linguistic and paralinguistic behaviors are analytically funneled into categories of flaunted secret and healthy disclosure, though "stress reaction" rather than "denial" acts as the funneling modality.

[19] Lila's use of the term "business" may be of some significance. In contrast to Laura's categorization of sexuality as a state, Lila (who had been romantically involved with both men and women) portrays her sexual life as a matter of practice and desire, both of which are decidedly private. This epistemological difference inflected the ongoing conflict, as Laura accused Lila of "shame" about "who she was" and Lila responded with surprise at what she saw as Laura's voyeurism into her "private business."

[20] Such "slips" pose an analytical challenge, burdened as they are by Freudian presumptions of deep desire finding linguistic escape on the one hand, and the reification of intentional language choice as exemplary of human consciousness in action. Moving beyond this dichotomy, Jane Hill builds on Goffman 1978 to suggest that dysfluencies do not emanate from a Freudian unconscious or an authentic, buried self. To the contrary, "the self which produces these is a responsible self which attends to precise representation" (Hill 1995:135).

[21] Notably, at Fresh Beginnings, anger was considered both endemic to addicts and a false emotion that covered up the "real" feelings that are denied in active addiction. Against the backdrop of denial, this view of anger helps both to cast Lila's rationales for leaving the program as evidence of continued addiction and discursively to erase Laura's actions from the scene.

[22] Irvine & Gal (2000:38) explain that language ideologies must ignore or transform elements that do not fit into their interpretive structures. According to them, this "erasure" is one of three semiotic processes that sustain a given language ideology, the others being iconization and fractal recursivity. My discussion builds from this work by suggesting that the "erasure" of spatiotemporal indexes of clients' talk is achieved by an a priori process of iconization (see also Carr n.d.).

[23] Some HFC programs had consumer intern programs in which former clients were hired into the organization, usually in low-skilled, low-wage, high-turnover positions. Lila's case was a bit of an exception, since she was still attending Fresh Beginnings when she was hired, causing much ado among some staff members regarding the propriety of resultant "boundaries."

[24] Benveniste 1971 distinguishes third person pronouns, which can exist independently of the "I" who utters them, and first and second person pronouns, which depend on and "shift" according to situation in which they are uttered (cf. Silverstein 1976). He writes: "The third person must not [therefore] be imagined as a person suited to depersonalization. There is no apheresis of the person; it is exactly the non-person, which possesses as its sign the absence of that which specifically qualifies the "I" and the "you" (1971:200). Arguably, Lila takes advantage of the absence using *they* as a "shifter." Yet to the extent that Laura's analytical labor is successful, Lila's once "shifting" pronoun falls victim to what Silverstein 2004 calls "indexical iconic semiosis," a process that collapses the spatiotemporal properties of signs so that they appear independent of their context and purely denotational. We might render Laura and Lila's respective labor as follows:

	Speech Act	Reception/Analysis	Lx production
Laura	"they"	she	I (deictic)
			Lesbian (referent)
			Shame (qualifier)

"They"=she= "I am (shameful) lesbian"

Lila	"they"	friend	?

"They"=friend= "you are/this place is homophobic" (?)
"They"=friend= "what are you going to do with my 'they'?" (?)
"They"= request for diplomatic nonidexicality (Silverstein, 1976) (?)
"They'=she=I am a (shameful) lesbian (?)

[25] As clients progressed through treatment, therapists reasoned that it was not just denial but also shame that prevented clients from articulating their histories, especially as those histories related to sexual experiences. Therapists, in line with their colleagues in women's treatment (e.g., Finkelstein 1996, Winick et al. 1992), posited that shame was one of the "three emotions that [are] most likely trigger relapse" in addicted women. (Laura identified the other two emotions as fear and anger.) Arguably, the story of Lila demonstrates how "gay shame" can be semiotically conferred. Along these lines, Tompkins 1995 likens shame to a yawn, passed from one agent to another in mysterious sociality. According to Tompkins, shame becomes an individual attribute only because it is understood as such, just as the yawn is interpreted as a sign that the yawner is tired rather than as a reflexive expression of mutuality.

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