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ABSTRACT

ALCOHOLISM: MEDICALIZATION BY THE MASSES IN POST-PROHIBITION AMERICA

by
Stephen Raymond Patnode

The medicalization of America is typically presented as a top-down, doctor-driven phenomenon. I argue that in the case of alcoholism, this model leaves out the community-level social activism of individuals who were identifying themselves as members of Alcoholics Anonymous. Any description of the popularization of the disease concept of alcoholism that does not take into account the efforts of these individuals is missing a key element. My thesis attempts to incorporate these individuals into the historical narrative.

If we are to focus on the efforts of Alcoholics Anonymous in framing alcoholism as a disease, the 1930s represent a crucial turning point. In 1933, Prohibition was brought to an end. In 1935, the cofounders of A.A., William Wilson and Robert Smith, met for the first time and began working with other alcoholics. In 1939, the first edition of *Alcoholics Anonymous* was published. This series of events is critical to understanding the medicalization of alcohol consumption, and what made alcoholism such a path-breaking disease. The period between 1933–1939 represented the turning point when patients finally took the initiative to reintegrate themselves into mainstream society by defining inebriety as a disease. However, this ostensibly medical model continued to rely upon religious underpinnings. This tension is the focus of my study.

ALCOHOLISM:
MEDICALIZATION BY THE MASSES
IN POST-PROHIBITION AMERICA

by
Stephen Raymond Patnode

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APPROVAL PAGE

ALCOHOLISM:
MEDICALIZATION BY THE MASSES
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To my beloved family, here and in the hereafter

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CHAPTER ONE

INTRODUCTION

In May 1935, two men met for the first time in Akron, Ohio. In that moment, William Wilson and Robert Smith forged the movement that would later be known as Alcoholics Anonymous (A.A.). This organization had a profound influence on American culture, literally transforming the identity of the drunkard. Reframed as "alcoholic," the new identity combined moral and medical elements of American culture in a fascinating synthesis. This thesis is a social history of the grass-roots movement that forged a marriage between religion and medicine, which would in turn transform the alcoholic identity.

Over the course of the twentieth century, chronic alcohol consumption was increasingly framed as a disease called alcoholism.[1] Despite the attempts of earlier reformers, alcoholism was not popularly cast as a disease until after the repeal of Prohibition. The unique feature of this medicalization process was the group that pioneered it – a collection of people who were identifying themselves as "patients" rather than moral pariahs. Operating largely outside the world of medicine, these patients soon became a grass-roots movement that came to be known as A.A. The group reflected contemporary American values, and in turn profoundly effected American culture.

A.A. exhibited a fascinating union of religion and medicine in American society. In A.A. parlance, alcoholism was understood as a medically incurable

[1] Charles Rosenberg first coined the use of the term "frame" in reference to disease. His argument is that diseases are, in fact, socially constructed. For example, see Charles Rosenberg, "Disease in History: Frames and Framers," *Milbank Quarterly 67* (1989, Suppl. 1), 1-15.

disease. Modern medicine, therefore, could not help the alcoholic. The alcoholic must help him or herself. According to A.A., the only hope for recovery lay in adopting a new set of spiritual precepts, something akin to a "religious conversion" experience. Here lay the paradox: alcoholism was conceived as a medical disease that could only be cured through religious means. Openly using the concept of disease as a legitimizing metaphor, A.A. adopted the mantle of medicine while simultaneously conveying ambivalence toward the medical discipline. Thus, A.A. actually bridged the gap between the moral and medical models of drunkenness.

Chapter one provides an overview of the larger story of social responses to alcohol in American history. The history of alcohol has much in common with a still larger history of psychiatry. During the colonial era, alcohol consumption was largely viewed as a normal, trouble free part of life. However, over the course of the eighteenth and nineteenth centuries, chronic drunkenness was increasingly reframed as a moral shortcoming on the part of the drunkard. In other words, the individual became the object of increasing social shame. Following the repeal of Prohibition a new, more legitimizing framework was introduced. Under this model, alcoholism came to be defined as a disease. However, I argue this shift was neither neat nor complete. In fact, spearheaded by A.A., the modern alcoholism movement turned the traditional pattern of medicalization on its head. By identifying themselves as patients, alcoholics actually managed to manipulate medical values to their own ends. In so doing,

A.A. joined the new school of psychopathy in its daring assault on Enlightenment values in twentieth century America.

Chapter two turns to the life of William Wilson, one of the cofounders of A.A., and his relationship with William Silkworth. Silkworth was a doctor who introduced Wilson to the disease concept of alcoholism. Wilson was deeply influenced by his ideas, as well as those of the Oxford Group, a religious revival movement of the 1920s and 1930s. Here we see the twin influences of medicine and religion at work. However, it was Silkworth who ultimately suggested Wilson combine the medical and religious frameworks of alcoholism. Silkworth was thus a pivotal figure in the medicalization of alcoholism.

Chapter three briefly examines the life of Robert Smith, the other cofounder of A.A. A medical doctor, Smith was a particularly interesting figure. His story highlights the way in which A.A. actually used medical theory as a conduit back to religion, which medicalization had ostensibly sought to replace. Working in the context of a hospital, Smith actually "healed" patients through the application of religious precepts. Thus, he and Wilson effectively synthesized medicine and religion in order to bridge the perceived gap that existed between them.

Chapter four traces the early growth of A.A. and the continuing development of its ideas. Of particular note were the contrasting styles that Wilson and Smith used in forging this marriage between medicine and religion. Paradoxically, the physician Smith circumvented hospital administrators as much as possible, whereas Wilson actively sought their assistance. This tendency was

most obvious in the relationship that developed between New York A.A. members (i.e., Wilsonites) and the staff of Rockland State Hospital in Orangeburg, NY. Rockland State was a large mental hospital, and the caretakers there were extremely impressed by A.A.'s effectiveness in treating alcoholics, though they virtually ignored the religious content of that treatment. Ultimately, it was A.A.'s "efficacy" that led to widespread tolerance of its point of view by previously skeptical doctors. In fact, A.A. experienced its greatest success after it stopped promoting itself to medical practitioners and simply turned its attention to the general public.

Chapter five focuses on the years following the publication of *Alcoholics Anonymous* in 1939.[2] Specifically, the disease concept was refined and unified during this period into a consistent allergy model. A.A. went from being a "cure" for alcoholism to a "remedy." This unified the disease concept since an allergy is never cured, but merely avoided. A.A.'s allergy theory, borrowed from Silkworth, combined the physical and psychological components of alcoholism into one medical metaphor that the public responded to, despite continued resistance within the medical community.

The theme of "medical metaphors" figures prominently in my study. In addition to the literal value of treating and curing illness, the medicalization of disease often helped to legitimize a previously deviant population. As such, the constitution and understanding of disease became a political statement – a claim

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[2] Affectionately referred to as the "Big Book" by members of A.A., *Alcoholics Anonymous* was the first publication produced by A.A. and is still referred to as the "basic text of our Society." See *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism*, 3d ed. (New York: Alcoholics Anonymous World Services, Inc., 1976), xi.

to legitimacy by a previously stigmatized population. For this reason, various groups of patients began to appropriate the language and concepts of medicine in order to validate themselves. In other words, patients redefined disease as a socially constructed concept over the course of the twentieth century. I simply argue that alcoholism was the first to do so, though many examples exist.[3] Alcoholics used a number of metaphors to help explain and legitimize the disease concept of alcoholism. In the following pages, we will see alcoholism metaphorically compared with a variety of other diseases, ranging from hayfever to cancer to heart disease.

In addition to patients, A.A. had many champions within the field of medicine, notably psychiatrist Harry Tiebout. He worked diligently to promote acceptance of A.A. within the medical field. Chapter six examines his early efforts to analyze the etiology of alcoholism will be examined.

The legacy of A.A. and the disease concept of alcoholism remains ambiguous. A.A. clearly tapped into the deep religious roots of America, while simultaneously embodying the secular tradition of wariness regarding overt religious terms and concepts. For this reason, A.A. represented a uniquely American blend of religion and medical science. A.A. conceptualized alcoholism as a physical malady, but also tacitly accepted the popular perception that alcoholism was primarily a psychological problem – an attempt by the individual to "escape from reality." In this last regard, though A.A. substantially mediated the stigma connected with alcoholism, some certainly remained. The alcoholic

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[3] There is a growing secondary literature on this subject. For one example, see Margaret Marsh and Wanda Ronner, *The Empty Cradle: Infertility in America from Colonial Time to the Present*

was medically and morally redeemed, but still relegated to the anonymous status of "alcoholic" and thus at least partially tainted.

Most striking of all was the fact that most of this occurred outside the domain of medicine, in the context of a popular social movement. The spread of other twelve-step programs modeled after A.A. provided striking testimony to the popularity of its underlying precepts. Indeed, twelve-step programs have become an integral part of the American identity. Synthesizing medicine and religion, A.A. was a grass-roots movement that turned the very concept of medicalization on its head. Patients appropriated the concept of disease for their own purposes, thus usurping medicine's cultural authority. This was a strategic move, one that created a set of tensions that still exist. Likewise, this opposition led to a complicated set of interactions between medicine and religion. Patients freely used medical metaphors to mediate a moral model of alcoholism. Despite resistance from medical authorities, patients continued to diagnose themselves as suffering from a disease that required treatment through an overtly moral program of recovery. This study attempts to capture the complexity of this interplay.

(Baltimore: Johns Hopkins University Press, 1996).

CHAPTER TWO

IN THE BEGINNING

2.1 Overview

The historiography of alcohol studies has much in common with the historiography of psychiatry. In particular, the history of drunkenness in America echoes the narrative model that Michel Foucault presented in *Madness and Civilization.*[1] Drunkenness went from being a normal part of colonial America to a sinful vice in the eighteenth and nineteenth centuries to a medicalized disorder in the twentieth century. However, there are also many differences between the historiographies of alcohol and psychiatry. In the case of alcohol, the final transition from vice to disease was not complete – alcoholism remains a stigmatized condition. Also, the attempt to medicalize drunkenness was atypical in that people who were identifying themselves as patients conducted it. In other words, people were diagnosing themselves as suffering from a disease that many medical authorities still resisted. Informed by psychopathic theory, these individuals were adopting a patient identity and boldly challenging treasured Enlightenment principles like rationalism. For reasons such as these, the story of Americans responses to alcohol consumption deserves an important place in the history of ideas, as well as American social history.

[1] See Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Vintage Books, 1988).

2.2 Colonial America: Drinking as Normal

America was born wet. Indeed, the procurement of alcohol was an elemental concern to the earliest settlers. Alcohol was an integral part of colonial life and drinking itself was considered normal behavior. This is not to say that no anxiety existed over excessive drinking in colonial America. However, the social consumption of alcohol was viewed favorably by popular opinion.

America has a long tradition of drinking. Quite literally, alcohol was an issue before the first colonists even reached the American coast. At a time when alcohol was considered safer to drink than water (which was often polluted in England), the first settlers went to great lengths to ensure an ample supply of alcoholic beverages. It was feared that running out would prove disastrous to the colonists health.

For instance, the Pilgrim colony at Plymouth had nothing less than a full-blown beer crisis in 1621. They had depleted their own beer supply during the voyage across the Atlantic and were completely dry by December 1620. The captain of the *Mayflower* had quite generously shared the crew's supply (which, I suspect, was still separate from the captain's). However, the crew's provisions were getting perilously low by February 1621 and the situation came to a head. William Bradford, future first governor of Plymouth, bewailed the scene. The Pilgrims "were hasted ashore and made to drink water, that the seamen might have the more beer."[2] His pleas for help fell on deaf ears. One sailor inauspiciously informed Bradford that even if he "were their own father, he should

[2] Mark Edward Lender and James Kirby Martin, *Drinking in America: A History*, rev. and exp. ed. (New York: The Free Press, 1987), 3.

have none."[3] The captain of the Mayflower did eventually break down and share his reserves with the colonists, even though he risked drinking water on the return trip to England.

This episode highlights the importance of beer to the colonists. Clearly, alcohol was not a stigmatized substance during this period. Mark Edward Lender and James Kirby Martin wryly observe, "Most versions of the Pilgrim story pass over the beer crisis in favor of the traditional tales of Plymouth Rock and the first Thanksgiving. The modern brewing industry has overlooked an advertising bonanza."[4]

Lender and Martin contend that even though colonial Americans drank more than twice our current levels, there was no anxiety over excessive consumption as a threat to social stability. To illustrate, they note that there were no prerevolutionary temperance organizations.

But the story was not so straightforward. While alcohol was considered vital, it was also understood that it could be abused. For example, as Lender and Martin also highlight, colonists developed laws to deal with drunkenness during the seventeenth century. Indeed, "each colony developed an extensive legal code to combat all aspects of liquor violations."[5] These laws were not merely confined to public behavior either. In 1636, Massachusetts outlawed drunkenness in homes. The measure evidently did not achieve the desired effect, for the state continued to attempt to regulate private drunkenness throughout the seventeenth century. This would seem to indicate at least some

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[3] Ibid.
[4] Ibid.

anxiety over the effects of drunkenness on the community. To be sure, there was no prerevolutionary temperance movement (and certainly nothing like the modern alcoholism movement). However, I believe Lender and Martin's suggestion that there was no social concern over drunkenness to be overstated.

Given that per capita consumption was twice our current levels, one might wonder exactly why, according to Lender and Martin, there was no public anxiety or social policy regarding colonial drinking. They suggest "most colonials willingly conformed to community values."[6] Pointing out that most alcohol was consumed as beer or cider rather than liquor, they assert that copious drinking was allowed during this period, it was simply not allowed to get out of hand. In other words, people consumed larger amounts of beverages that contained lower amounts of alcohol, which presumably would not have led to intoxication on the part of the drinker. However, even if an individual did display signs of intemperance (contrary to community values), other safeguards were in place. Again we see the Foucauldian theme of social control: "if individual willpower wavered in observing these standards, however, families, friends, ministers, and civil magistrates were always there to guard against deviant behavior."[7] In other words, they conclude that drinking was a normal part of the colonial community. People rarely became problem drinkers, and even when they did, social mores would bring them back into the fold.

W. J. Rorabaugh suggests the lack of alarm over colonial drinking also had to do with community standards. In *The Alcoholic Republic: An American*

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[5] Ibid., 17.
[6] Ibid., 15.

Tradition, Rorabaugh frames his argument in much more economic terms than Lender and Martin. Thus, he suggests that prior to 1750 "nearly all Americans of all social classes drank alcoholic beverages in quantity, sometimes to the point of intoxication."[8] Clearly, alcohol itself was not stigmatized under such circumstances; however, excessive consumption still raised concern. Drunkenness was not yet associated with violence or crime, though bellicose public drunkenness was discouraged. Why was there no greater public alarm over all this hearty drinking? Rorabaugh, like Lender and Martin, suggests that, in fact, rowdy public drinking was uncommon during this era. He suggests two reasons why; "Such excesses were discouraged in part by the high price of distilled spirits and in larger part by the fact that the upper classes monitored public drinking."[9] Colonial society was hierarchical in nature, and the upper classes were able to restrain drinking by controlling the taverns where people gathered to drink. Licenses for such establishments were only granted to men and women of good moral character. In addition to licenses, ministers, judges, and other authorities would exert less formal control by way of personal admonitions to tavern regulars. In this manner, social norms were enforced by the upper classes.[10]

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[7] Ibid., 16.
[8] W. J. Rorabaugh, *The Alcoholic Republic: An American Tradition* (New York: Oxford University Press, 1979), 25.
[9] Ibid., 26-27.
[10] I must confess I find some aspect of the "social norm" theory unsatisfying. Colonial life may very well have been more hierarchical than the America of the 1990s. However, to imply that an individual, whose per capita consumption was higher than contemporary figures, did not get intoxicated out of respect for "social norms" seems questionable. Indeed, the contemporary alcoholic often finds himself confronted by families, friends, ministers, and civil magistrates who are trying to encourage a respect for "social norms." Despite this, alcoholics still frequently disregard said standards.

If drinking was considered a normal part of the colonial experience, it stands to reason that the drinker was as well. In this regard, I believe an interesting parallel exists between colonial and post-Prohibition America. In both cases, drinking is by and large a normal behavior for a majority of the population. Efforts at control are directed at a few intemperate individuals, rather than alcohol itself. This begs the question of whether the disease concept of alcoholism was present in colonial thinking on drunkenness. In his 1966 dissertation "A History of the Concept of Alcoholism as a Disease," Albert Ernest Wilkerson, Jr. briefly explores this question. As early as 1747, French philosopher Condillac labeled inebriety a disease and compared it to insanity. He believed inebriety was centered in the brain and therefore would not respond to legal or religious suasion. Commenting on this, T. D. Crothers mused, "It is a curious fact that inebriety was recognized as a disease long before insanity was thought to be other than spiritual madness and a possession of the devil."[11] While we could debate the merits of Crothers's statement, the point remains that some believed inebriety a disease during (and even prior to) the eighteenth century. However, as Wilkerson notes, "these isolated definitions did not influence any significant public opinion or formal theory."[12] Thus, the condition of drunkenness was not defined in either medical or moral terms during the colonial period.

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[11] T. D. Crothers, *The Disease of Inebriety from Alcohol, Opium and Other Narcotic Drugs* (New York: E. B. Treat, 1893), 19; quoted in Albert Ernest Wilkerson, Jr., "A History of the Concept of Alcoholism as a Disease" (Ph.D. diss., University of Pennsylvania, 1966), 38.
[12] Ibid.

2.3 The Early Republic and "The Binge:" Defining "Badness"

America went through an unprecedented period of drinking during the years 1790-1840. A variety of factors contributed to this episode, including an abundance of surplus grain and a cultural proclivity for home distillation of spirits. This prompted many reformers to begin calling attention to drunkenness as a social issue. Prominent among these early reformers was Dr. Benjamin Rush. Paradoxically, although Rush argued that inebriety was a disease, he also expressly set out to discredit the chronic drinker, thereby stigmatizing the act of drinking itself. This was the beginning of public efforts to transform perceptions of drunkenness from "normal" to "bad." By the middle of the nineteenth century, these efforts had created uncertainty regarding the status of the intemperate drinker. Though ostensibly not at fault for his or her condition, the drunkard was now also considered socially unacceptable and thus was stigmatized to a great extent. This section shall examine these developments and the unsettled understanding of "inebriety" which evolved during this period.

Between 1790-1840, the young American republic went through a spectacular drinking binge. Per capita consumption of alcoholic beverages was at the highest levels seen before or since. Rorabaugh estimates that between 1800-1830 annual per capita consumption of distilled spirits swelled to over five gallons, a rate nearly triple our current levels.[13]

Why did this happen? Rorabaugh suggests the underlying causes of this national binge were primarily economic in nature. "In a sense," he writes, "the period of plentiful spirits can be viewed as an episode in the maturation and

development of the American economy."[14] The years 1790-1830 saw America go through a painful transition from a rural, agricultural economy to an urban, industrial one. Rorabaugh argues this economic upheaval resulted in psychological stress on every segment of the population. Many people turned to drink for comfort. Writing in 1875, Edward Bourne speculated that American drinking habits during this period "grew out of the anxieties of their condition."[15]

One side effect of the waning agricultural economy was surplus grain. Farmers were often faced with a dilemma, for the extra cereal would rot in storage and was too expensive to ship elsewhere. The solution many came up with was a traditional one – convert the grain to whiskey. Whiskey was very profitable, which in turn made transportation over land to eastern markets financially feasible. Thus, a combination of economic factors had a significant impact on social behavior, dramatically increasing per capita consumption of alcohol. The mixture of psychological stress and plentiful spirits led to an unprecedented American spree.

Of course, this national binge did not go unnoticed. Noted Philadelphia physician Benjamin Rush argued that drinking too much produced disease. Filled with the spirit of the Enlightenment, Rush believed his arguments were a clear example of rationality conquering tradition. In addition, he felt this information would logically lead other people to the same conclusion as him (i.e., temperance), thereby further promoting rationality within society. Rush's classic

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[13] Rorabaugh, 8.
[14] Ibid., 87.
[15] Edward E. Bourne, *The History of Wells and Kennebunk . . .* (Portland, Me., 1875), 413; quoted in Rorabaugh, 123.

1784 essay *An Inquiry into the Effects of Spirituous Liquors* summed up his views on spirits. He attacked many popular perceptions regarding liquor, suggesting that it did not, in fact, protect against hot or cold weather (worse still, it actually aggravated these conditions). He went on to associate liquor with a host of illnesses, everything from stomach sickness and vomiting to madness and epilepsy. Finally, he argued that spirituous liquor should be replaced with less alcoholic beverages such as beer and light wine. The pamphlet was wildly successful, generating more than 170,000 copies by 1850.[16]

The success the *Inquiry* received encouraged Rush to launch a large campaign to promote his ideas. In time, he came into contact with a number of people who shared his views. With the help of people like Boston minister Jeremy Belknap and Charleston doctor David Ramsay, Rush hoped to initiate a national movement to promote abstinence. The stated goal of this movement was to insure that by "1915 a drunkard . . . will be as infamous in society as a liar or a thief, and the use of spirits as uncommon in families as a drink made of a solution of arsenic or a decoction of hemlock."[17]

Rush's work represents the beginning of efforts to reframe drinking as "bad," as a morally deviant vice that stigmatized the individual in the eyes of his peers. Of great interest is the fact that Benjamin Rush was a physician, rather than a clergyman. At this point, Rush believed the scientific ideals of medicine would better serve the cause of temperance than religion. Of still greater importance to this story, Rush's hopes were quickly dashed. Rorabaugh notes,

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[16] Ibid., 41.
[17] Ibid., 43.

"In 1789 he reported that while the drinking of spirits had declined in Pennsylvania, complete success appeared impossible, and he reluctantly concluded, contrary to his earlier view, that only religion could secure victory for his cause."[18] Some of Rush's future efforts were aimed specifically at ministers, encouraging them to preach against the use of liquor.

If Rush failed to convince contemporaries, he made an impression on modern proponents of the disease concept of alcoholism in America. For example, Wilkerson explains:

> The "disease of intemperance" was first defined within the framework of eighteenth century scientific knowledge. The habituating nature of the disease, however, was clearly distinguished from common drunkenness. The disease was defined as a sickness of the body, a corruption of morality, and a perversion of the mind. . . . The early interest in temperance was not based upon an effort to control social behavior. But society's responsibility for the diseased person was suggested, in asking for reappraisal of the problem and provision of resources to deal with it.

So for Rush the disease of intemperance consisted of a physical component, a moral component, and a mental component.[19] Rush also clearly distinguishes between the temperate drinker and the drunkard. In other words, he is defining – and thus stigmatizing – a deviant population within the framework of eighteenth century medical knowledge (as opposed to A.A.'s legitimizing focus on addiction).

The dawning stigmatization of the drunkard is clearly visible in the early days of the temperance movement. As Wilkerson notes, "before 1840, the

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[18] Ibid., 45

purpose of the temperance advocates was to prevent the drinker from becoming an intemperate drinker."[20] The intemperate drinker was considered hopeless, a concept which certainly resonates with the idea of the drunkard as a "sinner." Quite simply, there was nothing medicine could do for the inebriate.[21]

Against this context of the drunkard as "sinner," a fascinating social movement was born. In 1840, six self-professed "sots" in Baltimore, Maryland founded the Washingtonian Movement.[22] The group consisted of reformed drinkers who in turn worked on saving other inebriates. This emphasis on the individual alcoholic made the Washingtonian approach atypical in the context of the nineteenth century temperance movement. It was incredibly successful, garnering the membership of perhaps 600,000 drunkards by the late 1840s. The comparisons with A.A. are obvious. However, as Milton A. Maxwell has pointed out, the Washingtonian movement lacked any underpinning ideological framework and was eventually absorbed by the organized temperance movement.[23] Thus, the original goal of rescuing individual drunkards was lost

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[19] Interestingly, this is precisely the understanding of alcoholism that A.A. espouses. In A.A. parlance, alcoholism is a three-fold disease: physical, spiritual, and mental, where the spiritual aspect is actually the central feature. See, for example, *Alcoholics Anonymous*, 64.
[20] Wilkerson, 89.
[21] Again, the idea that the alcoholic is medically incurable is a feature A.A. later incorporated into its rhetoric (ironically, by citing medical authorities). In contrast with nineteenth century temperance reformers, A.A. claimed it could *only* help the intemperate drinker (i.e., alcoholic).
[22] The Washingtonians referred to themselves as everything from "hard drinker often drunken" and "confirmed drinker" to "sot," "tippler," and "tipplers in a fair way to become sots." See Wilkerson, 90.
[23] Milton A. Maxwell, "The Washingtonian Movement," *Quarterly Journal of Studies on Alcohol XI* (September 1950), 410-451. Milton's article is a classic, and contains a thorough comparison of the Washingtonians and A.A. One significant point he raises is the Washingtonians practiced a form of moral suasion in reforming the alcoholic. Consequently, when they were absorbed into the temperance camp, the Washingtonians became little more than a revival phase in the larger temperance movement. A.A., on the other hand, borrowed ideological assumptions from both psychiatry and religion, and based its program of recovery on effecting a personality change in the alcoholic. In addition, public criticism from the clergy hurt the Washingtonians. A.A. managed

from sight as attention turned to collective social reform. Following the end of this episode, the temperance movement continued to increase the moral taint associated with inebriety.

By the 1850s, this stigmatization was firmly planted in the public's consciousness. Lender and Martin suggest that "if the alcoholic – or just the heavy drinker – had been something of a socially accepted individualist in the Jacksonian years, the early temperance movement undercut such popular tolerance during the 1850s. Instead, many Americans adopted a view of the drunkard as a physically and economically broken derelict, a socially disruptive person whose lifestyle was at variance with accepted mores, whose very existence was an impediment to the coming of the sober republic."[24] Following the Civil War, this idea hardened into the stereotype of the skid row bum.

However, the whole point of temperance reformers was to effect social rather than personal change, thus the assessment of blame on drunkards during this period was at least partially mediated. The object of reformer's scorn was liquor traffic, not the end consumer. Lender and Martin conclude, "Aware of both the temptations drinkers faced and the addictive nature of alcohol, many drys conceded that society simply could not hold alcoholics individually responsible for their sad condition."[25] Thus we see at least a degree of ambivalence during this period. The intemperate drinker was ostensibly relieved of guilt for his or her condition. However, the drunkard was also considered socially unacceptable

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to avoid this kind of attention by stressing the anonymity of its members and avoiding public stands on controversial issues.

[24] Lender and Martin, 114-116.

[25] Ibid., 116.

and was no longer tolerated. Clearly, the meaning of intemperate drinking was still uncertain. Soon it would be contested.

2.4 Nineteenth Century Attempts to Reframe "Badness" as "Sickness"

Over the course of the nineteenth century, a growing number of physicians began to think of alcoholism as a disease. This trend finally crystallized into the inebriate asylum movement that emerged following the Civil War. Caretakers at institutions such as the Massachusetts Hospital for Dipsomaniacs and Inebriates continued to expand and improve upon the disease concept. However, the alcoholic continued to be defined in essentially moral language by the general public. The passage of Prohibition brought the end of many of these institutions. More importantly, it also signaled a public rejection of the founding principle of the inebriate asylum movement – that inebriety was a malady that belonged to the domain of professional medicine.

Lender and Martin point to Dr. Joseph E. Turner as the founder of the asylum movement. Although his contributions to the concept of inebriety as a disease were minimal, he did begin a campaign to create inebriate asylums. Following twenty years of activity, Turner finally succeeded in opening the New York State Inebriate Asylum in 1864. Though his tenure as superintendent was brief (apparently he was not a successful administrator), he continued to promote the notion of medical treatment until his death in 1889. Support for his work

continued to gain momentum, and by 1900 over fifty such institutions had opened.[26]

One such institution was the aforementioned Massachusetts Hospital for Dipsomaniacs and Inebriates (MHDI), which was legislatively established in 1889. Through analyzing the MHDI, Sarah Whitney Tracy provides a fascinating case study of the asylum movement.[27] In particular, she furnishes some insightful observations on how the medical staff at the hospital conceptualized inebriety as a disease. Ironically, the MHDI appeared to be most effective when treatment authority was decentralized and the disease itself was defined in broad social, economic, and medical terms.

The medical staff initially understood inebriety as dipsomania, or a form of insanity. This narrow, purely medical definition called for the hospital staff to have absolute authority over treatment. Ultimately, this approach proved ineffective for a number of reasons. Quite understandably, patients rebelled against this framework. Additionally, the hospital was under constant scrutiny by the press and public, was investigated twice over charges of patient abuse, and suffered from a high escape rate. A wholesale change was in order.

Following an administrative shake-up in 1907, hospital caretakers began to utilize a broader model of inebriety that was more complex and recognized the importance of social factors. They no longer defined inebriety as a purely medical problem. Rather, they achieved success by combining medical and non-

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[26] Ibid., 120.
[27] Sarah Whitney Tracy, "The Foxborough Experiment: Medicalizing Inebriety at the Massachusetts Hospital for Dipsomaniacs and Inebriates, 1833-1919" (Ph.D. diss., University of Pennsylvania, 1992).

medical services into one extended support network. Tracy continues, "[The hospital] succeeded, not by imposing medical hegemony over the problem of alcoholism, but by distributing responsibility for the inebriate's reform to families, to social service agencies like the Associated Charities of Boston, employers like the American Felt Company, educational institutions such as Harvard and M.I.T., other state bureaucracies such as the Departments of Fish and Game, and Forestry, and of course, the patients."[28] She argues it was only at this point that the MHDI began to see some fruition as an institution. In other words, this particular inebriate asylum only achieved a measure of success when it stopped defining inebriety in purely medical terms and stopped addressing inebriety exclusively with medical practitioners. I believe this example begins to suggest why the inebriate asylums failed to truly medicalize drunkenness, despite their best efforts. The general public, and more importantly the patient population itself, remained dubious of medicalization.

In addition, Wilkerson demonstrates that other reformers did not accept the "disease of inebriety" as an organizing principle. The asylums became the objects of scorn from temperance organizers and moralists. Wilkerson explains, "The view of inebriety as a disease was called an infidel work, an effort to dignify vice and apologize for crime."[29] Theodore L. Mason, the president of The Association for the Cure of Inebriates at the time of its Seventh Annual Meeting, explained how doctors responded to this criticism:

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[28] Ibid., 259.
[29] Wilkerson, 149.

> We explained and insisted that as *sin* was no less *sin* because it was followed by disease as its direct consequence, so *disease* was no less truly disease because it was caused by a *sin* or a vice or by both; or than it would be were it the effect of causes over which the sufferer had no control whatever.
>
> Thus by the simple statement by which the *sin* of habitual drinking was assigned to the position of *cause*, and the disease to that of the resultant *effect*, and by the familiar illustrations which we employed, the force and bearing of which could not fail to be recognized, we gained the assent of our opponents, and relieved the institutions, and their conductors and friends, from the odium of excusing immorality by making an apology for sin. And when we referred to the prominent place assigned in all our institutions to moral suasion and religious usages, the victory in this direction became complete.[30]

In other words, these doctors continued to define the "disease of inebriety" in highly moralistic terms. Indeed, this would appear to represent the triumph of the moral model, since ostensibly medical authorities were compelled to adopt an understanding of inebriety that still underscored the importance of *sin*.

The moral stigma associated with inebriety continued to grow during this period. In the previous section, we outlined the ambiguity that had formerly characterized reformers attitudes toward the intemperate drinker. Though ostensibly relieved of personal liability for their drinking problem, the drunkard was considered socially unacceptable. Following the Civil War, the individual drinker became even further stigmatized. The former attitude of compassion for the drinker as innocent victim began to wane. Instead, "Among the temperance reformers there was an attitude of unconcern – and even hostility – toward the diseased person."[31] Since the true focus of these reformers remained liquor traffic, momentum toward Prohibition continued to grow. We shall now turn our

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[30] Mason, *The Quarterly Journal of Inebriety*, I, 19; quoted in Wilkerson, 149-150.
[31] Ibid., 139.

attention to the passage of Prohibition and the continuing disdain for the alcoholic that it exhibited.

2.5 Prohibition: Progressive or Oppressive?

By the 1890s, Prohibition had become a desirable goal for a majority of Americans. Prohibition was actually part of a much larger reform movement which swept the nation during the progressive era. However, despite this progressive era drive, the alcoholic continued to be viewed with scorn. In fact, this may help to explain why Prohibition was repealed. As the focus of public attention was redirected from the liquor traffic to the deviant drinker, support for restrictive legislation waned. Popular opinion has it that Prohibition was overturned because it was a dismal failure. However, some historians argue quite the opposite, suggesting the legislation was successful. Instead, they suggest the liquor trade launched a successful public relations campaign to demonize Prohibition.[32] In response to this "wet" propaganda, "dry" protests became increasingly shrill. As a result, most Americans became alienated from the temperance cause – Prohibition now seemed oppressive rather than progressive. In the midst of this culture war, the disease concept of alcoholism waned and the alcoholic was increasingly ostracized.

In the years leading up to 1900, the temperance movement continued to gather momentum. However, Prohibition was not an end in itself. It was a phenomenon that occurred within the larger context of progressive era reform.

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[32] For example, see John C. Burnham, "New Perspectives on the Prohibition 'Experiment' of the 1920s," *Journal of Social History II* (1968): 51-68.

Middle-class Americans of the late nineteenth and early-twentieth centuries were alarmed by the rising tide of social problems that were popularly associated with urbanization, immigration, and industrialization.[33] In response to these perceived social disturbances, Americans set out to reestablish social order. Lender and Martin refer to this as the effort to realize a "neorepublican social model."[34] Millions of Americans agreed with this agenda. Lender and Martin suggest that "while there would never be full national consensus, a majority ultimately agreed that the temperance ideal was desirable as a national policy goal."[35]

The Anti-Saloon League emerged as the spearhead of the Prohibition movement, garnering incredible grass root support by the 1900s. It was an extremely effective lobbying organization as well. The League was not a splinter party, but worked within the two party system, casting votes to whichever candidate supported Prohibition. Politicians quickly took notice.

By 1916, the Anti-Saloon League and other temperance organizations had sent a host of dry candidates to congress. Thus, the Eighteenth Amendment was easily passed at the end of 1917. The states ratified the amendment in short order, and America was officially "dry." The "Great Experiment" had officially begun.

Evaluating the success of Prohibition depends on which historian we listen to. Conventional wisdom has it that Prohibition was an utter failure. However, John C. Burnham maintains that "contrary to myth, Prohibition was substantially

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[33] For example, see Paul Boyer, *Urban Masses and Moral Order in America, 1820-1920* (Cambridge, Mass.: Harvard University Press, 1978).
[34] Lender and Martin, 125.
[35] Ibid.

successful."[36] Hospital admissions for alcoholism and per capita consumption of alcohol declined dramatically. Other scholars have argued that deaths from alcoholism and cirrhosis of the liver fell substantially during the 1920s.[37] So, did Prohibition prohibit? On balance, the answer appears to be yes.

Why, then, did Prohibition appear to be such a dramatic failure by the time of its repeal in 1933? Ultimately, a number of factors seem to have contributed. Enforcement was a problem, highlighted by popular stories of bootleggers and gangsters such as Al Capone. In the face of lax compliance with the Volstead Act (the popular name for the legislation Congress passed to implement the Eighteenth Amendment), drys became increasingly harsh in the promotion of their all-or-nothing policy. Consequently, many Americans began to feel alienated from the Prohibition advocates – they seemed more repressive than progressive. Then, the Great Depression hit. Whereas Lender and Martin suggest this was simply the straw that broke the camel's back, Burnham maintains this was *the* determinant factor in the shift of public opinion. Prohibition opponents were able to use the Great Depression to their advantage in a public relations cam0paign that emphasized the economic benefits of a thriving alcohol industry. To a government strapped for cash, the increased tax revenues alone seemed to justify Prohibition's end. In Burnham's view, economic self-interest carried the day and repeal was shortly secured.

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[36] John C. Burnham, *Bad Habits: Drinking, Smoking, Taking Drugs, Gambling, Sexual Misbehavior, and Swearing in American History* (New York: New York University Press, 1993), 28.

[37] Forrest E. Linder and Robert D. Grove, *Vital Statistics Rates in the United State, 1900-1940* (Washington, D.C., 1943). Lender and Martin provide a wonderful overview of these and other arguments, see especially 138.

Lender and Martin suggest that broader cultural causes were at work. Drys became increasingly frustrated with lax Volstead enforcement and finally passed tougher regulatory measures in 1929. Ironically, the question of drinking virtually disappeared from public perception during this period. The public viewed this as a last gasp effort by drys to enforce their own ideas about social order on the general public. The issue of drinking literally took a back seat to concern over social coercion and control in general. Lender and Martin note, "The question now was whether the nation would tolerate a gigantic police operation to support dry policies that growing numbers of Americans saw as out of step with the times."[38] The answer was clearly "no," and the writing was on the wall for Prohibition.

Given the growing cultural stigma associated with alcoholism throughout this period, and the subsequent attempts to address the problem, a cultural interpretation of Prohibition is the most convincing. This is not to say economics did not play an important part. However, as we shall explore in the next section, there were a series of powerful cultural forces at work that changed the ways Americans thought about themselves and each other.

Not surprisingly, the alcoholic continued to be stigmatized during the progressive era drive toward Prohibition, even though reform initiatives focused on drinking as a social problem. The individual alcoholic was pointed to as an example of the inescapable results of drinking. Wilkerson suggests that "upon both the drinker and the alcoholic was heaped the blame for creating and

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[38] Ibid., 164.

perpetuating a complex of social problems."[39] Given this attitude, the drys increasing hostility toward alcoholics during the 1920s was hardly surprising. As the final showdown over repeal came into focus, drys went even further to ostracize alcoholics. Lender and Martin elaborate, "As criticism of prohibition mounted, drys became increasingly hostile toward the alcoholic. They had always used drunkards, even when sympathetic toward them, as the epitome of human degradation. As the antiliquor consensus faltered, however, alcoholics (and drinkers in general) became convenient scapegoats for temperance frustrations."[40] Obviously, the tolerance of an earlier era had deteriorated considerably. Rehabilitation and treatment were frankly viewed as a waste of time. As one temperance worker summed up, it was better "to turn off the spiggot" than "to mop up the slop."[41] Tired of Prohibition rhetoric, Americans might well have responded, "I'll take the slop, now can I please get a drop?!" In the next section, we shall examine America's rejection of the temperance philosophy and the legacy of grass root efforts to medicalize alcoholism.

2.6 Post-Repeal America: A Return to Ambivalence

The repeal of Prohibition codified America's rejection of the temperance point of view. Zero tolerance had gone the way of the do-do bird. In effect, Americans seemed to say, "Bring alcohol back, we're willing to deal with the alcohol-related problems after all." Or, as scholars McCord and McCord wrote in 1960,

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[39] Wilkerson, 237.
[40] Lender and Martin, 160.
[41] Ibid., 159.

"Alcoholism, like crime, may be one of the unfortunate prices our society has to pay for the virtue of the 'American way of life.'"[42]

Lender and Martin argue this kind of ambivalence is what distinguishes post-repeal America from its predecessor. The rebirth of the alcohol industry reflected American acceptance of drinking as normal social behavior. However, over time, the problems associated with drinking became visible once more. In response, a number of organizations came together to form the "alcoholism movement." Chief among these were A.A., the Yale Center of Alcohol Studies, the organization that would become the National Council on Alcoholism, and a number of religious denominations.[43] Despite the success of the latter-day alcoholism movement, Americans still have no consensus on how to handle alcohol-related issues. They are unwilling to ban alcohol, which means they are willing to deal with some alcohol related problems. As Lender and Martin conclude, "This attitude, no matter how unpalatable to some, may represent the new consensus on drinking in America."[44] In a limited sense, we have actually returned to the community values of the colonial era.

As the focus on alcohol as a social issue decreased, the attention dedicated to the aberrant drinker increased dramatically. Informed by the work of Freud, psychiatrists began to formulate new conceptualizations of the alcoholic

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[42] William McCord and Joan McCord, *Origins of Alcoholism* (Stanford: Stanford University Press, 1960), 164; quoted in Wilkerson, 303.

[43] Lender and Martin argue that these groups have taken on the role of the old temperance organizations. They are not prohibitionists, however, "In the context of their times, they have tried to alleviate drinking problems, to increase public awareness of the alcoholic's plight, and (with the exception of AA, which endorses no political or social programs) to influence the formation of relevant public policy. The old temperance movement did nothing less in its era." Lender and Martin, 189.

[44] Ibid., 204.

during the first third of the twentieth century. Wilkerson suggests the analytically oriented theories of the alcoholic, which emerged between 1908 and 1930, still form the basis of our understanding today.[45]

The significance Wilkerson places on the rise of these analytically oriented theories precipitates the award-winning work of Elizabeth Lunbeck in *The Psychiatric Persuasion*.[46] Lunbeck argues that psychiatry (like alcoholism) moved out of the asylum and into the cultural mainstream during the early part of the twentieth century. Psychiatrists at institutions such as the Boston Psychopathic Hospital began to argue that social "problems" (such as immigration, poverty, crime, delinquency, and drunkenness) were actually amenable to psychiatric intervention. Thus, using a new and much more capacious category of analysis called psychopathy, these doctors began to reframe social conditions like poverty as character defects of the poor.

One of the implications of psychopathy was a critique of the democratic notion of egalitarianism. In effect, psychopathists argued that all men were not created equal, but rather fit on a spectrum that ranged from "normal" to "pathological." I believe that alcoholics were one of the first populations to recognize the value of psychopathy and appropriate its inherent relativism for their own purposes. Including alcoholism as a psychopathic disorder did not make it "normal" behavior. However, in a complicated way, this move reconnected alcoholism to a spectrum that did include "normal" behavior at one end. This inclusion was done despite the mutual ambivalence between

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[45] Wilkerson, 232.

psychiatry and A.A. In doing so, the members of A.A. actually extended psychopathy's world-view further into American culture, questioning democratic notions such as egalitarianism and rationalism. By developing the ideological principles of psychopathy into a grass root, anti-intellectual movement, A.A. actually helped extend the role of psychiatry in evaluating and defining normative behavior. This unlikely marriage truly helped increase psychiatry's cultural authority.

Although the new theoretical framework was in place that would later shift the focus from society to the individual alcoholic, this reformulation would not embed itself in the public's consciousness until after repeal. As Wilkerson writes, "The contribution of the psychiatric and psychoanalytic theories, in stressing the psychological mechanisms in alcoholism, formed a significant background for the dynamic aspects of the 'new approach' that was to make its impact about 1940."[47] This shift represents nothing less than a sea change in cultural values – one that has drawn the attention of numerous scholars.

For example, Ronald Roizen traces the cultural shift from the temperance paradigm to the alcoholism paradigm following Prohibition's repeal.[48] Under the temperance paradigm, a drug itself (in this case, alcohol) is viewed as the essence of the problem and therefore becomes the primary focus for social efforts to control problematic behavior. In this context, any use of a drug is seen as problematic. In popular thought, use of a drug automatically equals misuse,

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[46] Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton: Princeton University Press, 1994).
[47] Wilkerson, 234.

which in turn means addiction.[49] With the alcoholism paradigm, the substance in question is accepted; the focus instead turns to the individual consumer who *misuses* the substance. In this context, the main societal response to alcohol problems becomes the treatment of the alcoholic rather than the prohibition of alcohol.

Roizen argues the Research Council on Problems of Alcohol (RCPA) was central to this transition from temperance paradigm to alcoholism paradigm. Organized in 1937, the RCPA was a prestigious collection of researchers who were determined to bring the insights of science to bear on alcohol-related problems. Unfortunately, their organization was plagued with problems from the moment of its inception.

In the final analysis, Roizen argues the RCPA's problems with funding had a pivotal influence on the topic of its research. Money was a problem from the beginning. One possible source of funding was the alcohol beverage industry, which actually had the money to spend and desperately needed to rejuvenate its tattered public image. However, this left the RCPA in something of a moral quandary. Of course, the researchers could not accept industry money if the results of their studies addressed the social effects of alcohol in any way. If their research exonerated alcohol from responsibility for social ills, the RCPA would be

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[48] Ronald Peter Boris William Roizen, "The American Discovery of Alcoholism, 1933-1939" (Ph.D. diss., University of California, Berkeley, 1991).

[49] Ibid., vii. Informed by the work of Harry Levine and Dan Beauchamp, Roizen draws an interesting parallel with our current thinking on heroin, suggesting that contemporary social attitudes toward heroin roughly correspond with the temperance paradigm's thinking about alcohol-related problems. For further elaboration, see Harry Gene Levine, "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America," *Journal of Studies on Alcohol* 39: 143-174 and Dan E. Beauchamp, *Beyond Alcoholism: Alcohol and Public Health Policy* (Philadelphia: Temple University Press, 1980).

dismissed out-of-hand as biased. If, however, the research condemned alcohol, the scientists would obviously be in search of another sponsor very soon.

Roizen has dubbed the solution to this dilemma "Bowman's Compromise," after Karl M. Bowman, the chair of the organization in 1939. Evidently, Bowman resolved this quandary by suggesting the RCPA drop all of its proposed studies that would relate to alcohol and social issues such as crime or poverty. What remained were studies that only focused on alcoholism – in other words, on the study of the individual deviant. Roizen credits this move as a "significant genesis moment in the story of the modern alcoholism movement."[50] Although the RCPA clearly played an important role in the late 1930s, I believe Roizen assigns too much importance to it as the founding institution/organization of the modern alcoholism movement.

The historiography on this point is contested. Roizen credits the RCPA with facilitating the transition from temperance to alcoholism. Others credit Marty Mann and the National Committee for Education on Alcoholism (more on this in a moment). Chapter six will explore this point more fully. Many of the RCPA's ideas on alcoholism had actually been covered by previous generations of scientists. And like their predecessors, the RCPA scientists had a difficult time finding an audience for their work. In fact, I argue that A.A., informed by notions of psychopathy, was the key figure in the transition from temperance to alcoholism following Prohibition.

Bruce Holley Johnson is one of the scholars who credits Marty Mann and the National Committee for Education on Alcoholism (NCEA, which was later

renamed the National Council on Alcoholism) with reframing public opinion of the alcoholic as a sick person.[51] A sociologist writing in 1973, Johnson points out there were psychiatrists in the 1930s who were trying to formulate a distinction between "normal" and "pathological" drinking.[52] However, these efforts do not seem to have really effected psychiatric practice prior to World War II.

In addition, the RCPA does not seem to have made a large impact. To be sure, the organization's stated aim was to reframe the alcoholic as a sick individual rather than a criminal. However, after its 1940 Philadelphia symposium, the RCPA began to drift toward its demise, apparently having had little impact on the field.

On the other hand, the rise and fall of the RCPA illustrates the renewed interest that the disease concept of alcoholism received following Prohibition. This new attention focused on identifying the etiology of alcoholism. Wilkerson identifies three schools of thought that developed: physiological, psychological, and cultural. Most explanations centered on the first two.[53]

Physiological explanations begin with the assumption that there is a biochemical need in the individual which creates a craving for alcohol. In the next chapter, we shall examine the work of William Silkworth, a major contributor to A.A. ideology and someone who Wilkerson considers to be an excellent

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[50] Ibid., xi.

[51] Bruce Holley Johnson, "The Alcoholism Movement in America: A Study in Cultural Innovation" (Ph.D. diss., University of Illinois at Urbana-Champaign, 1973), 268. Mann was the first female member of A.A. and decided to form the NCEA in order to alter the way people thought about alcoholism. Ironically, when approached by Mann, William Wilson was rather cool about the idea, telling her he doubted the public would respond to an individual with no scientific credentials. In fact, "He felt that A.A. would continue to thrive even though the general public did not accept its position on alcoholism as a disease."

[52] For example, see ibid., 232.

example of this category. Briefly, Silkworth conceived of alcoholism as an allergy. The allergy theory was criticized and had fallen out of use in research literature by the 1950s. However, interestingly enough, the allergy metaphor is still in use within A.A. literature and thinking.

The second school of thought is psychological or psychiatric, which seeks to identify the underlying reasons for an alcoholic's drinking. In Chapter six I shall discuss Harry Tiebout, whom Wilkerson includes in the psychological etiology group.[54] Tiebout was a psychiatrist who came into close contact with A.A. during its formative years. He was an influential figure from the beginning, and I believe his theories helped clarify and expand the psychological component already present in early A.A. beliefs. Indeed, the psychological explanation seems to more accurately reflect the public's understanding, which tends to view the alcoholic's behavior as an attempt to "escape from reality." As Wilkerson notes, "The idea of escape has been popular in the literature since 1920 and substantially constitutes the layman's explanation of the disease."[55] As we shall see in the following chapter, the co-founders of A.A. did not achieve any success in promoting their ideas until they actually began to combine the physical and psychological (i.e., medical and moral) models of alcoholism.

By now, it should be clear that the medicalization of alcoholism was part of a series of broader trends in American history. Economics certainly played a

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[53] Wilkerson, 257.
[54] Ibid., 269. Frankly, I am skeptical of Wilkerson's inclusion of Silkworth in the strictly physiological category. As we shall see in the following chapter, Silkworth's theory combined physical and psychological factors in its explanation of alcoholism's etiology. As such, I think he more properly can be seen as a forebear of Harry Tiebout – his work belongs within the same continuum, rather than a separate category.
[55] Ibid., 275.

role. In addition, I believe psychiatry played a significant part. Psychopathy was reframing social problems as personal ones. Following on the heels of psychopathic theory, along comes A.A., which is predicated on this very notion. A.A. also drew upon American culture in other ways. America has a strong religious tradition that runs alongside a powerful secular pragmatism. A.A. connects with both of these trends. By combining a disease metaphor with a spiritual cure, A.A. fused the twin undercurrents of medicine and religion that are such integral parts of modern America.

Perhaps the most striking aspect of this marriage between medicine and religion was that it was the result of a grass root movement organized by, and intended for, lay people. Once again, the conventional tale of medicalization focuses on a top-down model: doctors are generally given the credit (or blame, depending upon one's perspective). However, in the case of the modern alcoholism movement, as with the Washingtonians during the nineteenth century, A.A. represented a popular, social phenomenon.

The role of recovering alcoholics in this synthesis has not received the attention it deserves. Individuals such as William Wilson literally changed the cultural landscape of our world. By and large, these individuals were not medical professionals. William L. White, an historian of addiction treatment in America, has observed, "It is noteworthy that a movement that purported to push the new science of alcoholism drew so much of its sustenance from those whose personal passion far exceeded their scientific interest or credentials."[56] Ironically,

[56] William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington, Illinois: Chestnut Health Systems, 1998), 194.

the disease concept of alcoholism did not become a part of America's cultural mainstream until after these non-professional individuals embraced various elements of professional thinking from the past thirty years. The following chapter turns its attention to these individuals, and William Wilson in particular.

CHAPTER THREE

PATIENT 0: WILLIAM WILSON

3.1 Overview

This chapter explores the life of William Wilson, one of the cofounders (and arguably the "idea man") of Alcoholics Anonymous. Several traumatic experiences from his formative years laid the groundwork for a pattern of self-destructive drinking that emerged during Wilson's adult life. He eventually met William Silkworth, M.D., who introduced Wilson to the disease concept of alcoholism. Shortly thereafter, while under Silkworth's care, Wilson underwent a religious conversion experience. Convinced that he had found a spiritual cure for the physical disease of alcoholism, Wilson became involved with the Oxford Group, a religious revival movement of the era, and began attempting to convert other alcoholics to this cause. He failed completely. It was not until Dr. Silkworth suggested that Wilson combine the medical and moral models of alcoholism that he achieved success and the fellowship of A.A. was born.

3.2 William Wilson Prior to Alcoholics Anonymous

William Griffith Wilson was born 26 November 1895 in East Dorset, Vermont to Gilman ("Gilly") and Emily Griffith Wilson. The man who would grow up to be "BillW., co-founder of A.A.," described his birthplace as "a little Yankee town of

about fifty houses."[1] Appropriately enough, he was born in a small room adjoining the bar of the Wilson House, the local inn which was run by his father and extended family.

However quaint the town of East Dorset might have been, Wilson's childhood was far from idyllic. He suffered a series of traumatic experiences, beginning in 1905 when his father "Gilly" deserted the family. This event instilled young Wilson with a deep sense of inadequacy. Viewing the world with the eyes of a ten-year old boy, he blamed himself for his father's desertion. As Wilson's biographer Robert Thomsen elaborated, "He searched for explanations. It was something in him, he was sure, that had caused this to happen. . . . If only his parents had loved him more they wouldn't have separated. And this meant if he had been more lovable, it never would have happened. It always came around to that. It was, it *had* to be, his fault. He was the guilty one."[2]

Wilson's next traumatic experience followed closely on the heels of the first. His mother, an extremely intelligent individual, quickly got a quiet Vermont-style divorce and moved to Boston to begin a new career as an osteopathic physician. She left young William and his sister Dorothy in the care of her own parents, Fayette and Ella Griffith.[3] Wilson loved his grandparents (and they him), though the experience still proved a scarring one. Wilson later reminisced "[My grandparents] were wonderful old-fashioned Yankees, a breed nearly extinct

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[1] *Alcoholics Anonymous Comes of Age: A Brief History of A.A.* (New York: Alcoholics Anonymous World Services, Inc., 1957), 52.
[2] Robert Thomsen, *Bill W.* (New York: Harper and Row Publishers, 1975), 28.
[3] Ernest Kurtz, *Not God: A History of Alcoholics Anonymous* (Center City, MN: Hazelden Pittman Archives Press, 1979), 10.

today."[4] However, he still had a difficult time adjusting to his new surroundings. He continued, "I was tall and gawky, and I felt pretty bad about it because the smaller kids could push me around in quarrels. I remember being very depressed for a year or more." Clearly, his mother's move to Boston had a profound impact on the boy, despite his deep affection for his grandparents.[5]

The final trauma of Wilson's formative years occurred as a student at Burr and Burton Academy. Burr and Burton was a private boarding school that he attended as a teenager. While there, he briefly befriended a classmate named Ebby Thatcher, who would later play a pivotal role in Wilson's life. More importantly, he also met and fell deeply in love with Bertha Banford, who was "the prettiest, brightest, and surely the most charming girl in the school."[6] Wilson felt a new sense of hope and fulfillment as his relationship with Banford deepened. The insecurities of his childhood began to melt away and he felt connected not just to Banford, but finally to the human race itself. Tragically, she died shortly thereafter. Upon hearing the news, Wilson was crushed. His sense of helplessness and wanting led to a solid three-year depression. In fact, he did not complete school as a result. Wilson would later write, "I was unable to finish because I could not accept the loss of any part of what I thought belonged to me.

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[4] *Alcoholics Anonymous Comes of Age*, 53.
[5] The relationship between Wilson and his mother always remained restrained. Evidently, his mother later labored to convey approval to her son. For example, Emily Wilson Strobell (San Diego, CA) to Wilson, 24 November 1940: "Now many children are not wanted, as perhaps you may know, and so it may be of some pleasure to you to know that you were not in the unwanted class." See Kurtz, *Not God*, 309, note 13.
[6] Thomsen, 56.

The healthy kid would have felt badly, but he would never have sunk so deep or stayed submerged for so long."[7]

Paradoxically, despite his inability to finish at Burr and Burton, Wilson would later claim these early life experiences drove him to become an overachiever. He described his emotional state at the age of ten (shortly after he had moved in with his grandparents) thus: "I remember being very depressed for a year or more, and then I began to develop a fierce resolve to win. I resolved to be a Number One man."[8] This drive to be a "Number One man" became a recurring theme in Wilson's life. Driven by deep-seated feelings of inferiority, he actually became an overachiever during his time at Burr and Burton Academy. He became the captain of the baseball team and the leader of the high school orchestra. "I was the leader and lead I must – or else. So it went. All or nothing. I must be Number One."[9]

Given the future trajectory of Wilson's life, his drive to be a "Number One man" would prove ironic indeed. Following the Stock Market crash of 1929, his life would become one long procession of failures and missed opportunities. His greatest accomplishment would indeed prove to be the formation of A.A. Herein lies the irony – Wilson's greatest achievement was the formation of an enormous, anonymous organization in which he was denied public recognition as a "Number One man."

This drive for success was one of the key features that distinguished Wilson from Robert Smith, the other co-founder of A.A. After their meeting in

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[7] *Alcoholics Anonymous Comes of Age*, 54.
[8] Ibid., 53.

1935, Wilson would go on to be the idea man of the organization. This contrasted with Smith, who we shall examine more fully in chapter four. Smith was "the steady hand that held the cord of Bill Wilson's high-flying, erratic kite. While Bill was impulsive, Dr. Bob was deliberate and cautious."[10] Although Smith's influence was substantial, it was also very personal and thus remained strongest in Akron and Cleveland, Ohio as well as areas influenced by "Akron-style" A.A.[11]

At some point in 1917, Wilson found a new method of overcoming (or, later, simply coping with) his sense of helplessness and frustration. In a word, he discovered alcohol. Caught up in the wave of WW I patriotism which swept many American doughboys off to Europe, Wilson enlisted in the armed forces and earned a commission as a Second Lieutenant in 1917. Likewise enthralled with wartime patriotism, some of the first families of New Bedford, Massachusetts (where Wilson was stationed) opened their homes to the enlisted men and threw several house parties. Wilson found the experience overwhelming. He was unable to speak "more than two or three words in a row."[12] At one of these affairs, someone handed him a cocktail. The effect was electric. "Soon he had the feeling that he wasn't the one being introduced but that people were being introduced to him; he wasn't joining groups, groups were forming around him. It

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[9] Ibid.
[10] Nan Robertson, *Getting Better: Inside Alcoholics Anonymous* (New York: William Morrow and Company, Inc., 1988), 37. "Dr. Bob" was an affectionate nickname which friends used to refer to Smith.
[11] On Smith's influence, see ibid., 38. On "Akron-style," see Kurtz, *Not God*, especially 302. "Akron-style" A.A. is a regional inflection of A.A. that seems to be more rigorous in its application of *suggestions* to the alcoholic. It is also identified by its use of "unofficial" A.A. literature (official A.A. literature must be approved at a national convention), an explicitly Christian interpretation of spirituality, and the preference for Dr. Bob over Bill Wilson.

was unbelievable. And at the sudden realization of how quickly the world could change, he had to laugh and he couldn't stop laughing. . . . Still smiling, he looked at the people around him. These were not superior beings. They were friends. They liked him and he liked them."[13] Wilson would spend the better part of twenty years trying to recapture the sense of freedom he experienced that evening.

Several months prior to leaving for France, Wilson married Lois Burnham. In fact, he would later credit meeting Lois as the event that lifted him out of the three-year depression which followed Bertha Banford's death. Over the coming years, Lois would frequently express misgivings over her husband's escalating drinking. He noted, "We had long talks when I would still her forebodings by telling her that men of genius conceived their best projects when drunk; that the most majestic constructions of philosophic thought were so derived."[14]

Following his return from France, Bill and Lois moved to Brooklyn, New York. He initially found work as a clerk and the old drive for success and recognition was on. "Although I was only a clerk for the New York Central Railroad, I set my sights to become president of a steel corporation. When the railroad fired me because I was such a bad clerk, I vowed I would show that railroad and everybody else, too."[15] Wilson's cognizance of himself as a daydreamer during this period is striking.

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[12] *Alcoholics Anonymous Comes of Age*, 54.
[13] Thomsen, 106-107.
[14] *Alcoholics Anonymous*, 2.
[15] *Alcoholics Anonymous Comes of Age*, 54.

He soon became involved on Wall Street as a margin trader and things began looking up. He initially experienced some success in the midst of the great boom of the late 1920s. Significantly, the role of drinking in his life continued to grow. He would later write, "In this period I was drinking to dream great dreams of greater power."[16] For once, Wilson's ambitions of being a "Number One man" seemed to be within his grasp.

However, his life soon took a turn for the worse. Wilson was caught in the shock of the stock market crash in 1929 and the ensuing years of the Great Depression. Like so many others, he lost everything. He recalled, "I was finished and so were many friends. The papers reported men jumping to death from the towers of High Finance. That disgusted me. I would not jump. I went back to the bar."[17] This passage is significant for several reasons. First, it indicates the importance alcohol had come to play in his life. It was his primary means of coping with adversity. Second, it foreshadows what the next five years of his life held in store. By the time he was 39, Wilson was unemployed (and, indeed, unemployable), panhandling in the streets, stealing money from his wife, blacking out and injuring himself, soiling himself and passing out in his own vomit. For good measure, he was also accosting people on the subway to reassure them (lest they had any doubt) that religion was nothing more than "pious shit."[18]

Matters finally came to a head – Wilson had reached a crossroads. After a period of mixing gin and sedatives, people feared for his sanity. His brother-in-

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[16] Ibid., 55.
[17] *Alcoholics Anonymous*, 4.

law, osteopath Dr. Leonard Strong, arranged for him to be admitted to the Charles B. Towns Hospital in New York City and paid for his treatment. Towns Hospital was a famous and expensive drying-out facility for alcoholics and drug addicts during the 1920s and 1930s. Wilson would be treated there four times between 1933-1934. He apparently came into contact with William Silkworth, M.D. during the course of his second visit.[19] Silkworth would become a pivotal figure in the history of A.A., as well as the disease concept of alcoholism, and is the focus of the next section.

3.3 William Silkworth: "Bill, You're Sick"

William Silkworth, M.D., was the medical director at Towns Hospital while William Wilson was a patient there. He introduced Wilson to the disease concept of alcoholism. In Silkworth's formulation, alcoholism was an allergy that operated in conjunction with a patient's psychological obsession to drink. In other words, Silkworth combined the physical and psychological theories of alcoholism. In addition, Silkworth's prognosis for alcoholics was dire – they must never touch another drop of alcohol, because there was really nothing that medical science could do to treat the allergy. Wilson was greatly impressed with the doctor's ideas. In fact, Silkworth's allergy theory, with its metaphoric value for destigmatizing the alcoholic, would go on to be a central part of A.A. thinking.

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[18] Robertson, 30.

[19] Thomsen, 191. See also Kurtz, *Not God*, 310, note 26. He observes there is some confusion as to exactly how many times Wilson was admitted to Towns. Some accounts provide for three stays, others four. Since the original hospital records have been lost, this quandary appears intractable. Following Thomsen's lead, I have made use of the number four.

Dr. William Duncan Silkworth was born in 1873. He graduated from Princeton in 1896 and completed his medical degree at New York University in 1900. He began an internship at Bellevue Hospital the same year and began to specialize in neuropsychiatry. He soon discovered he had a gift for working with alcoholics. Silkworth seemed to have a calming, persuasive effect on drunks when no one else did. This aptitude would later earn him the affectionate title, "the little doctor who loved drunks." Unfortunately, his talent with alcoholics was not envied, nor does it appear to have been particularly lucrative. To make matters worse, Silkworth lost everything in the stock market crash of 1929. So it was that he came to be the medical director at Towns Hospital in 1930, earning a salary of $40 a week.[20]

Charles B. Towns, the owner and chief promoter of the hospital that bore his name, was a colorful and influential character. He was born in 1862 on a farm in Georgia. He made a living by successively farming, railroading, selling life insurance, selling stocks in New York, and finally as a healer of drug addicts. Towns initially specialized in the treatment of opium addicts – however, as these patients also began reporting a cessation of desire for liquor, Towns began soliciting alcoholics as well. He began operating out of fairly humble quarters in 1901 before moving to his exclusive facility at 293 Central Park West in New York City. The Charles B. Towns Hospital for Drug and Alcoholic Addictions

[20] Silkworth's biography is based on "The Little Doctor Who Loved Drunks," *The A.A. Grapevine* 7, no. 12 (May 1951): 2-8; White, 129; and Kurtz, *Not God*, 21-22.

quickly earned a reputation as a drying-out place for the well-to-do – in other words, it was little more than a detoxification facility for the rich and famous.[21]

3.4 Individuals and Interpretive Models

The underlying philosophy that informed Towns' view was quite revealing. He frankly did not believe alcoholism was a disease. Keeping in mind that Towns had no formal medical background, the following quote provides an illuminating glimpse into his views:

> Medical men have been largely responsible for making the alcoholic believe that alcoholism is a disease. The only extent to which a man can be alcoholically diseased is the extent to which he has been taking alcohol, in such quantities and with such regularity over a certain period of time that he has established a definite tolerance; and if he has been taking it in sufficient quantities, this tolerance would mean, in the end, that if he were suddenly deprived of his stimulant, delirium tremens and all of the unfavorable consequences that come out of that condition would result.[22]

However, Towns also believed that the individual alcoholic was not to blame for his condition – rather, society bore the onus of responsibility. In this respect, Towns sounded like a typical turn-of-the-century temperance reformer.

On the other hand, William Silkworth believed that alcoholism was truly a disease. Given Towns' somewhat dim view of the disease concept, the contrasting beliefs of his medical director might seem surprising at first glance. Silkworth flatly declared that alcoholism was a disease. However, he also shared

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[21] Bill Pittman, *AA: The Way It Began* (Seattle, WA: Glen Abbey Books, 1988), 84; see also White, 84-85.

much in common with Towns. As we shall soon see, Silkworth believed that alcoholism only developed in people with a genetic predisposition who also began drinking on a regular basis. The absence of either of these conditions precluded the development of alcoholism. Silkworth likened this constitutional sensitivity to an allergy. The allergy concept would become William Wilson's, and, in turn, A.A.'s, primary metaphor for understanding alcoholism. As William White pointed out, "Silkworth's suggestion of a constitutional vulnerability which prompted alcoholics to drink – out of necessity rather than choice – became the cornerstone of the modern disease concept of alcoholism."[23]

In March 1937, Silkworth published the first of a series of articles which expressed his somewhat unorthodox views on alcoholism. Boldly titled "Alcoholism as a Manifestation of Allergy," the article stressed the presence of a physical component to alcoholism, thereby making it a bona-fide disease entity. Silkworth asserts, "It is our purpose to show that there is a type of alcoholism characterized by a definite symptomatology and a fixed diagnosis indicative of a constant and specific pathology; in short, that true alcoholism is a manifestation of allergy."[24]

However, Silkworth also combines corporal and mental factors in explaining the causes of alcoholism. He notes, "Proper attention is not given to

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[22] Charles B. Towns, "The Sociological Aspect of the Treatment of Alcoholism," *The Modern Hospital* 8, no.2 (1917), 103; quoted in Pittman, 163.
[23] White, 141.
[24] W. D. Silkworth, M.D., "Alcoholism as a Manifestation of Allergy," *Medical Record* 145 (17 March 1937), special reprint, 2.

the psychological problem as well as the physical condition of these people."[25] Based upon his work at Towns, Silkworth proposes that "clinical constants have been derived and data have been accumulated which indicate that the subject must be considered from the constitutional and serological point of view."[26]

Next, Silkworth categorizes the various classes of drinkers and, in particular, the alcoholic. Specifically, he contrasts the general drinking public with alcoholics. General drinkers are people who "drink from choice and not from necessity. They find in alcohol a pleasant stimulation, a relief from anxieties, an increased warmth of conviviality. It is not a dominant factor in their lives."[27] True alcoholics are drawn from this group of drinkers; however, they must also possess the physical allergy. At some point, as the result of increasing sensitivity to alcohol triggered by the allergy, the individuals drinking changes from normal to abnormal. "Whereas he formerly drank for pleasure, he now has to drink from necessity in order to keep going. He cannot take his liquor or leave it, as he used to do."[28] In recounting his own story, William Wilson wrote that at one point "liquor ceased to be a luxury; it became a necessity."[29] At this point, the alcoholic quickly deteriorates into a spree which is characterized by several concrete physical symptoms. The physical craving for alcohol is outstanding. In addition, the individual will experience loss of appetite, insomnia, dry skin, and hypermotor

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[25] Ibid., 1. This combination of mental and physical characteristics was a theme that would become central to A.A.'s understanding of alcoholism, as we shall see later in the work of Harry Tiebout (another influential medical figure in A.A.'s history).
[26] Ibid., 2.
[27] Ibid., 3.
[28] Ibid., 4.
[29] *Alcoholics Anonymous*, 5.

activity. Also, "he has a feeling of anxiety which amounts to a nameless terror."[30] Once again, Wilson would note that during one of his sprees "my brain raced uncontrollably and there was a terrible sense of impending calamity."[31]

Indeed, Silkworth again makes it quite clear that a complex combination of psychological and physical factors must combine to produce an alcoholic. Even if an alcoholic has been separated from alcohol and experiences no physical withdrawal symptoms, he will encounter a psychological craving for the drug. Paradoxically, these individuals dread taking it for fear of the consequences. Silkworth continues, "but he believes he must have it."[32] Once the first drink has been consumed, the allergy has been triggered, and the familiar phenomenon of physical craving sets in. Silkworth opines, "the inevitable conclusion is that true alcoholism is an allergic state, the result of gradually increasing sensitization by alcohol over a more or less extended period of time."[33] Silkworth's theory is indeed fascinating. As pointed out in the previous chapter, it was subsequently discredited within scientific circles. Still, it continues to inform the thinking of A.A.

In fact, Silkworth's main contribution to A.A.'s understanding of alcoholism was clearly metaphoric. He goes on to compare alcoholism with hay fever. An individual may not initially suffer from an allergic reaction to pollens. Silkworth reassures us that "year after year, however, there gradually develops a sensitivity to it in certain individuals, culminating at last in paroxysms of hay fever that

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[30] Silkworth, 4.
[31] *Alcoholics Anonymous*, 6. In fact, Silkworth's influence on Wilson is evident throughout Wilson's account of his own story that appears in *Alcoholics Anonymous*. We shall explore this theme further later in this chapter; see also chapter four.
[32] Silkworth, 6.
[33] Ibid.

persist indefinitely when the condition is fully established."[34] Significantly, the allergy is never cured, but simply arrested by avoiding the allergen. Silkworth drives the point home: "the patient can not use alcohol at all for physiological reasons. He must understand and accept the situation as a law of nature operating inexorably."[35] In the final analysis, Silkworth believed the patient must sink or swim on his own – a curious conclusion coming from the medical director of Towns Hospital. Psychologically, much assistance could be rendered (including a fleeting reference to "moral psychology"), but ultimately the patient must stand "on his own platform, come what will."[36]

When William Wilson presented himself at Towns for the second time, he was doing everything but "standing on his own platform." It was apparently during this second visit that Silkworth acquainted Wilson with his own views on alcoholism. Wilson succinctly described the encounter; "I met a kind doctor who explained that though certainly selfish and foolish, I had been seriously ill, bodily and mentally. It relieved me somewhat. . . . My incredible behavior in the face of a desperate desire to stop was explained. Understanding myself now, I fared forth in high hope."[37] Based upon Silkworth's application of the psychotherapeutic approach, Wilson now had a new frame of reference, a new

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[34] Ibid., 7.
[35] Ibid., 8.
[36] Ibid. Indeed, in subsequent articles, Silkworth stopped focusing expressly on the allergy theory and turned his full attention to the treatment of alcoholics. See, for example, W. D. Silkworth, M.D., "Reclamation of the Alcoholic," *Medical Review* 145 (21 April 1937): 321-324. Here, he stressed the need for crisis management, physical normalization and cell revitalization, the psychotherapeutic approach (which was exactly what he did later with Wilson – describe the allergy theory and drive home the necessity to avoid all alcohol), and finally moral psychology (which essentially constitutes a reference to the spiritual awakening that lies at the heart of the A.A. program).
[37] *Alcoholics Anonymous*, 7.

understanding of himself which he believed was the key to staying sober. Armed with this new self-knowledge, he remained sober for a brief interval. Of course, he did indeed drink again.

Upon returning to Towns, Wilson was pronounced "hopeless" by Silkworth. He informed Lois that she would have to commit her husband to an asylum or simply watch him drink himself to death. The doctor had provided all the help he had to offer. Informed of his prognosis, Wilson left the hospital in a state of despair – a broken man. Fear kept him sober briefly. Of course, he did indeed drink again.

However, this time something different happened. One day, drinking in his kitchen while Lois was at work, Wilson received a call from his old schoolmate, Ebby Thatcher. He was in town, and asked if he might come over. Amazingly, "*he was sober.*"[38] Wilson could not remember the last time Thatcher had been to New York in that state. Wilson mused, "Rumor had it that he had been committed for alcoholic insanity. I wondered how he had escaped."[39] Unconcerned with the answer to that question (odd, given the fact that Wilson was faced with the very real possibility of commitment himself), he gladly invited his old drinking chum over. He was certain they would be able to recapture the feelings of yesteryear.

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[38] Ibid., 9. Emphasis Wilson's.
[39] Ibid.

However, Wilson was soon in for a shock:

> The door opened and he stood there, fresh-skinned and glowing. There was something about his eyes. He was inexplicably different. What had happened?
>
> I pushed a drink across the table. He refused it. Disappointed but curious, I wondered what had got into the fellow. He wasn't himself.
>
> "Come, what's all this about?" I queried.
>
> He looked straight at me. Simply, but smilingly, he said, "I've got religion."
>
> I was aghast. So that was it – last summer an alcoholic crackpot; now, I suspected, a little cracked about religion. He had that starry-eyed look. Yes, the old boy was on fire all right. But bless his heart, let him rant! Besides, my gin would last longer than his preaching.

Wilson would later write that it was actually the combination of William Silkworth and Ebby Thatcher that sold him on the disease concept of alcoholism. The irony was, Thatcher did no theorizing about the disease of alcoholism. As Wilson would later do himself time and again, Thatcher did not tell his listener about alcoholism, so much as *show* him by relating his own experiences. The entire process was almost intuitive, utilizing a kind of anti-intellectualism to persuade the listener of an intellectual precept. This was a formula Wilson would pick up on and later refine. Though Thatcher did not discuss the medical aspect of alcoholism with Wilson, he can still be considered a pivotal figure in the development of the disease concept. In fact, Thatcher had actually sobered up through the intervention and continuing efforts of the Oxford Group. The next section will explore this movement and its impact on A.A. more fully.

3.5 Ebby and the Oxford Group

Wilson was unable to stay sober through his own efforts. For that matter, even the newfound self-knowledge that Silkworth gave him did not keep Wilson from getting drunk. At this point, he was contacted by one of his old school chums, Ebby Thatcher. Thatcher had quit drinking through his involvement with the Oxford Group, a widespread spiritual revival movement of the time. Having nowhere else to turn, Wilson reluctantly examined Thatcher's ideas. Shortly thereafter, Wilson underwent his own conversion experience. Flush with enthusiasm, he began trying to carry his message of conversion to other alcoholics. However, he met with nothing but failure as the final piece of the A.A. puzzle continued to elude him. Despite this adversity, he continued to associate with and learn from members of the Oxford Group.

The Oxford Group was a popular spiritual revival movement that experienced its heyday during the 1920s and 1930s. Founded by Lutheran minister Dr. Frank N.D. Buchman, the movement was originally known as the First Century Christian Fellowship. Classifying the Oxford Group is problematic – as their earliest name implies, they claimed to have no ecclesiastical history or denominational ties, and simply modeled themselves after the Christian fellowship of the first century. However, their resemblance to the early Christians was actually quite modest. Bill Pittman has argued the Oxford Group most closely resembled the Methodist movement of the eighteenth century. In both cases, the leaders decided not to establish new churches, but rather organized

societies consisting of "converted persons."[40] As mentioned previously, Ebby Thatcher was one of these "converted persons" who had sobered up through the spiritual ministrations of the Oxford Group.

Thatcher was introduced to the Oxford Group by Rowland Hazard. Hazard had been one of the first sons of Rhode Island, a former state senator who had "drunk his way through a fortune."[41] The earliest A.A. narratives indicate that Hazard went to Europe in search of a cure for his alcoholism. He underwent psychotherapy with none other than Carl Jung. Hazard spent more than a year working with Jung and eventually believed himself cured. He returned to America, but was drunk once again within weeks. He returned to Zurich, where the doctor was quite frank. He passed on Hazard the same sentence Silkworth had given Wilson – incurable. Crushed and desperate, Hazard asked if there was any hope. Jung responded that in comparatively rare cases, some alcoholics had recovered by means of religious conversion experiences.[42] Although Jung had no specific suggestions for his patient on how to go about finding a conversion experience, Hazard soon joined the Oxford Group and found just what the doctor ordered.[43] The evangelical quality of the Group had the desired effect and Rowland Hazard quit drinking.

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[40] Pittman, 122-123. Information for this paragraph also comes from White, 128 and Robertson, 58. Regarding the question of classifying the Oxford Group, some further insight into the style of their meetings comes from Robertson, 45. After Wilson got out of Towns Hospital for the last time, "Lois and Bill began attending Oxford Group meetings and were attracted by the warmth they found there. The atmosphere reminded Lois of a Quaker meeting, where the members sat quietly together and listened for the 'guidance of God' for each one."

[41] Thomsen, 231. See also Pittman, 154-155.

[42] Ibid. See also Kurtz, *Not God*, 8-9.

[43] Pittman, 155. A fascinating qualification to all of this: apparently the exchange between Hazard and Jung may never have actually occurred. See White, 128, note 2. White observes that the Hazard papers housed with the Rhode Island Historical Society reveal no evidence that Jung treated Hazard. If, in fact, Hazard did work with Jung at any point between 1930–1934, the

Hazard's next project was the reclamation of Ebby Thatcher. In the late summer of 1934, a few members of the Oxford Group were vacationing at the Hazard summer home in Vermont. One of them learned that his father, a judge in nearby Manchester, Vermont, was about to commit Ebby Thatcher to an asylum for alcoholic insanity. Following the lead of two other Group members, Hazard decided to make Thatcher a "project."[44] They were able to intervene and arranged for Thatcher's parole. Upon his release, Thatcher was exposed to the Oxford Group. Fully convinced that his only hope depended upon a conversion experience, Thatcher embraced the movement and its principles. Like Hazard, this event had the desired effect and Thatcher embarked upon his first period of sobriety.

Flush with a sense of success, Thatcher then reached out to the single most hopeless alcoholic he could think of – William Wilson. Ironically, Wilson felt the same way about his former drinking partner. "Long ago I had marked him for a hopeless case."[45] Needless to say, Thatcher's newfound sobriety made a dramatic impression on Wilson. Indeed, despite the overtly religious nature of his old friend's solution, Wilson could not get the idea that Thatcher was sober out of

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treatment likely only lasted a matter of weeks, rather than a year or more. Further complicating matters is the correspondence that Jung sent to Wilson stating that his retelling of the conversation between Jung and Hazard had been "adequately reported." Jung to Wilson, 30 January 1961; quoted in Kurtz, *Not God*, 308, note 6. Whether the exchange between them occurred or not, the symbolic weight of Jung's name is obvious. Wilson only cites two intellectual influences in all of *Alcoholics Anonymous* – the first is Carl Jung, the second is philosopher William James and his book *The Variety of Religious Experiences*. Once again, we see the twin influence of psychiatry and religion.

[44] Wilson, transcript, 115; quoted in Kurtz, *Not God*, 309, note 8.

[45] *Alcoholics Anonymous Comes of Age*, 58.

his head, even as he continued to drink over the next few days. Hopeless Ebby was sober – "it began to look as though religious people were right after all."[46]

Significantly, Wilson did not mention the disease concept during his accounts of this exchange with Thatcher. Regarding Thatcher's own alcoholism, he simply noted "doctors had pronounced him incurable."[47] Curiously, it appears there was still some doubt in Wilson's mind on the disease concept. Later he would recount, "Dr. Carl Jung had told an Oxford group friend of Ebby's how hopeless his alcoholism was and Dr. Silkworth had passed the same sentence upon me. Then Ebby, also an alcoholic, had handed me the identical dose." The following line is particularly noteworthy: "On Dr. Silkworth's say-so alone maybe I would never have completely accepted the verdict, but when Ebby came along and one alcoholic began to talk to another, that clinched it."[48] Wilson's encounter with Thatcher represented a turning point. Silkworth's allergy theory had left Wilson deflated and hopeless. In fact, it was another alcoholic who convinced Wilson through his *deeds*, not his words, that recovery was possible after all. As Wilson put it, "In the kinship of common suffering, one alcoholic had been talking to another."[49] In fact, this became one of the hallmarks of A.A. – it was a lay organization, utilizing medical rhetoric to spread a grass-roots message of spiritual rehabilitation. The emphasis on one alcoholic (i.e., one layperson) talking to another was certainly consistent with the anti-professional and anti-intellectual undertones of A.A. alluded to earlier.

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[46] *Alcoholics Anonymous*, 11.
[47] Ibid.
[48] *Alcoholics Anonymous Comes of Age*, 64.
[49] Ibid., 59.

After several more days of drinking and another visit from Thatcher and one of his Oxford Group associates, Wilson decided to investigate the organization for himself. Barhopping his way along Manhattan's Twenty-third Street (for fortification), Wilson headed for the Calvary Episcopal Church. In fact, as testament to Wilson's powers of persuasion, he even managed to drag along a Finnish sailor he had met in one of these bars. Together, they stumbled their way into the Calvary Church. The church was the Oxford Group's American headquarters, and at this point Thatcher was living in the mission next door. Sodden with alcohol, Wilson was nearly bounced out before getting in. However, Thatcher showed up and managed to intervene. Wilson was ushered inside, where, quite surprisingly, he presently found himself volunteering a testimonial. Motivated by equal parts penitence and showmanship (Wilson could not resist addressing an audience), his experience at the mission still had an effect on Wilson. As he made the long walk back down Twenty-third Street to the subway, the thought of stopping in a bar never crossed his mind. However, the following day saw Wilson resuming right where he left off.

He spent three more days drinking before his next burst of insight finally set Wilson on the path to sobriety. One day, while contemplating the hopeless nature of his condition and gagging on the idea of a spiritual solution, Wilson began to compare himself to a cancer patient. Someone with cancer would do *anything* to be cured of the disease, would they not? Presumably, this was the beginning of willingness on Wilson's part to pursue a spiritual solution. Curiously, he continues, "What would I do? I would head for the best physician in the

business and beg him to destroy or cut away those consuming cells. I would have to depend on him, my God of medicine, to save me."[50] Presumably the value of the cancer analogy was two-fold: first, to drive home the hopelessness of alcoholism, second, to solicit open-mindedness on the question of embracing religion.

Thus, despite his exposure to Silkworth's medical theory, Wilson primarily understood alcoholism as a moral disorder. However, by comparing it to a physical illness, he began to bridge the gap between the medical and moral models of alcoholism, concluding by literally linking "God" and "medicine" in the same phrase. He continued to drive the comparison home, noting that "if getting well required me to pray at high noon in the public square with the other sufferers, would I swallow my pride and do that? Maybe I would."[51] However, Wilson also knew (rationally?) that by this point in the evening he was too far gone to think clearly. He decided to dry out so he could think things through. With a sense of purpose he concluded, "I would go back to Towns Hospital where Dr. Silkworth would sober me up again. Then I could look clear-eyed at Ebby's formula for sobriety."[52] On 11 December 1934, Wilson checked himself into Towns Hospital for the last time.

During this final detoxification, Wilson had what he would later call his "hot flash" experience. Deeply depressed and still struggling with the idea of living life on a spiritual basis, Wilson finally threw his hands up and cried out, "If there is a

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[50] Ibid., 61.
[51] Ibid.
[52] Ibid., 62.

God, let Him show Himself! I am ready to do anything, anything!"[53] He continued:

> Suddenly the room lit up with a great white light. I was caught up into an ecstasy which there are no words to describe. It seemed to me, in the mind's eye, that I was on a mountain and that a wind not of air but of spirit was blowing. And then it burst upon me that I was a free man. Slowly the ecstasy subsided. I lay on the bed, but now for a time I was in another world, a new world of consciousness. All about me and through me there was a wonderful feeling of Presence, and I thought to myself, "So this is the God of the preachers!" A great peace stole over me and I thought, "No matter how wrong things seem to be, they are still all right. Things are all right with God and His world.[54]

What are we to make of this extraordinary experience? Part of the standard treatment for alcoholism at Towns during this period included the use of hypnotic drugs. Given this, it seems very likely that Wilson's conversion experience was, in fact, a hallucination triggered by the treatment he was receiving.[55] Indeed, Wilson had doubts himself. After all, Silkworth had already warned him that he showed early signs of brain damage. Anxiously, Wilson called the doctor to his room and described the experience. He wanted to know whether he was hallucinating. Silkworth asked him some questions first, "probing questions." Finally, Wilson could not stand the suspense any longer. "Tell me, was it real? Am I still . . . sane?" Silkworth reassured him that he was. He went on to suggest that Wilson had gone through a "conversion experience," though the doctor quickly qualified he was just a "simple man of science." Whatever the case, Silkworth urged Wilson to embrace it, suggesting "it is so much better then

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[53] Ibid., 63.
[54] Ibid.

what you had only a couple of hours ago."[56] Whether the "hot flash" was a hallucination or not, Wilson accepted it as real and began to explore its implications. Following his discharge from Towns Hospital, he joined the Oxford Group and began to work with other alcoholics.

3.6 The Final Step – Working With Others

Wilson quickly rejoined the Oxford Group and announced his plans to save all the alcoholics of the world by spreading the word of his conversion experience. In effect, Wilson was "choosing" religion over medicine during this period. In other words, he was emphasizing alcoholism as a moral shortcoming rather than a medical disorder. However, he failed to keep anyone but himself sober over the next few months. Finally, he returned to William Silkworth, who suggested he combine the moral and medical models of alcoholism. This was the key insight, which would ultimately lead to the birth and dramatic growth of Alcoholics Anonymous.

However, on some level, Wilson initially retreated from the world of medicine. A few days after his "hot flash," William Wilson left the hospital and rejoined the Oxford Group at its headquarters at the Calvary Church. Calvary Church was actually under the direction of Reverend Dr. Samuel Shoemaker, who would prove to be a major influence on Wilson. Significantly, once he had sobered, Wilson would, in some sense, "choose" Shoemaker over Silkworth. This is not to say that Wilson was disparaging of Silkworth – nothing could be

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[55] Pittman, 169.
[56] Thomsen, 224.

farther from the truth. He learned valuable skills and insightful information from the doctor. At the same time, he soon sensed that "his own inner revolution was now the province of Sam Shoemaker and the new friends he was making in Ebby's Oxford Group."[57]

However, the importance of Silkworth's contribution to Wilson's development should not be underestimated. As we shall see, the doctor was the person who eventually provided Wilson with the final insight he needed to launch A.A. In fact, Wilson kept in touch with Silkworth throughout this period. The doctor would prove an invaluable ally for years to come. For starters, Silkworth began referring Wilson to other alcoholics in the hospital. At a time when he had little to gain but humanitarian satisfaction, Silkworth put his professional reputation on the line by letting a just-sobered alcoholic speak with his high-profile clients.

Wilson was also spending time at the Calvary mission, aggressively searching for alcoholics to talk to. He would later record that he started out after drunks "on jet propulsion."[58] Admitting in retrospect that he was at least partly motivated by his old drive to be a "Number One man," Wilson announced his plans for curing all the alcoholics in the world to his fellow Oxford Group members. Not surprisingly, they had already tried working with alcoholics and

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[57] Ibid., 228. In fact, Pittman concludes that Shoemaker and the Oxford Group were the most influential ingredients in the formation of A.A. See Pittman, 186. While the significance of the Oxford Group should not be underestimated, Wilson also learned a great deal from Silkworth. Indeed, it was Silkworth who urged him to reincorporate the medical information into his approach, and Wilson had no success in converting any alcoholics to his cause before he did so. As should be clear by now, without Silkworth's input, Wilson very likely would not have started A.A., or at least experienced the success he did. In addition, I believe that Wilson also learned several lessons from the Oxford Group as a negative example – a demonstration of how *not* to do things.

had met with nearly unmitigated failure.[59] Undeterred, Wilson set out to save every alcoholic he could lay his hands on. As his biographer noted, "there was no besotted derelict who staggered into the [Calvary Church] mission he didn't button-hole, no fine executive wanting a quick drying out at Towns he didn't try to reach."[60] Needless to say, Wilson's preachy style during this period won him no converts.

However, the man who would go on to cofound A.A. did manage to keep himself sober during this period. Indeed, this was the key insight that he gained – conveying his message to other alcoholics kept *him* sober. Later he would recount, "Many times I have gone to my old hospital in despair. On talking to a man there, I would be amazingly lifted up and set on my feet."[61] This concept would later be embodied in the twelfth step, which reads, "Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs."[62] The fact that this represents the final step to recovery provides powerful testimony to how critical Wilson believed it was, and how much he valued the insight that he gained from this interval.

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[58] *Alcoholics Anonymous Comes of Age*, 64.
[59] Ibid., 64-65. Presumably Thatcher and Hazard were notable exceptions to this rule. In fact, Samuel Shoemaker had recently tried housing a "batch of drunks" in a nearby apartment. One of these, "still resisting salvation," had broken a stained-glass window at the church. Furthermore, given the fact that the Oxford Group openly sought to promote itself by associating with the rich and famous – two qualities not typically associated with alcoholics – their cool reception of Wilson's idea seems natural. In fact, this points to one of the central differences that would ultimately lead to the break between A.A. and the Oxford Group. As William White points out, clear differences existed between the alcoholic and non-alcoholic members of the Oxford Group from the start. Notably, the alcoholics were developing the custom of anonymity, which contrasted sharply with the Group's courtship of publicity and prominence. See White, 131.
[60] Thomsen, 232.
[61] *Alcoholics Anonymous*, 15.
[62] Ibid., 60.

In the face of all these disappointments, Wilson hardly suspected he was on the verge of a breakthrough. In fact, as his failures continued to mount, Wilson became increasingly despondent of ever realizing his dream of saving all the world's drunks. Touched by her husband's increasing disappointment, Lois Wilson suggested he talk to Dr. Silkworth about the matter. In April 1935, Wilson did just that.

The subsequent exchange that took place proved to be a defining moment in the history of A.A. and the disease concept of alcoholism. I explore this dialogue more fully in the following chapter. However, in short, Silkworth told Wilson, "For God's sake, stop preaching. You're scaring the poor drunks half crazy."[63] After insisting that Wilson tone down his style, Silkworth suggested he reinsert the medical angle into his new approach. "Hit them with the physical first and hit them hard. Tell about the obsession and the physical sensitivity they are developing that will condemn them to go mad or die. Pour it on. Say it's lethal as cancer."[64] An interesting choice of words, given Wilson's earlier analogy to cancer. Whether this was intentional or not, Wilson listened to what the doctor had to say. It was nothing less than revolutionary, a synthesis of the medical theory of alcoholism with the moral model that had dominated America's understanding of inebriety for over two hundred years. In that moment, with those simple words, Silkworth proposed a breathtaking marriage of medicine and religion that continues to inform our understanding of alcoholism today. The fact that alcoholism was an incurable medical disorder necessitated the need for a

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[63] Thomsen, 234.
[64] Ibid.

psychological remedy grounded in moral principles. Based solely upon his lofty attempts to convince alcoholics of the need for a conversion experience, Wilson had failed completely. However, as soon as he followed Silkworth's advice and began to incorporate the medical theory into his rhetoric, the fellowship of Alcoholics Anonymous was born. Shortly after leaving the doctor, Wilson went to Ohio on business. The next alcoholic that he spoke with was Robert Smith – otherwise known as "Dr. Bob, co-founder of A.A."

CHAPTER FOUR

PATIENT 1: ROBERT SMITH, M.D.

4.1 Overview

In 1935, William Wilson found himself transported on business to Akron, Ohio. While there, he met Robert Smith, an alcoholic and struggling medical practitioner. Wilson introduced Smith to the concept of alcoholism as a disease. Curiously, however, Smith initially responded more strongly to Wilson's spiritual rhetoric. Thus, as these two men forged A.A., each seemed to have different interpretations of the roles which medicine and religion played in the life of A.A. Informed by the thinking of William Silkworth, they eventually used medicine as a conduit back to religion, paradoxically bridging the gap that existed between these seemingly contradictory models of understanding.

4.2 Alcoholic in Akron

By May 1935, Dr. Robert Holbrook Smith was on his last legs. Affectionately known as "Dr. Bob" to his friends, Smith had once been a respected and renowned surgeon in Akron, Ohio. Over the years, however, the physician gradually managed to drink his way through most of his resources, including a surgical practice. Even in the darkest days of the Great Depression, few people were willing to trust a surgeon who could not keep his hands from trembling. As a result, he was compelled to take on general and proctological patients to make ends meet. Combined with the spreading reputation of his drinking habit, Smith's

work as a proctologist and rectal surgeon led some City Hospital coworkers to quip, "When you go to Dr. Smith, you *really* bet your ass!"[1] Smith was aware of the jokes, but hardly appreciated the humor behind them. At the age of 55, his life was a shambles.

Smith's entrance into the world had begun promisingly enough. He was born 8 August 1879, in St. Johnsbury, Vermont, hardly a hundred miles from William Wilson's native East Dorset. His parents figured prominently in the social and civic life of their community. His father was alternately a judge, attorney, member of the state legislature, school superintendent, and Sunday school teacher. Presumably, the young Smith had all the advantages of this social standing at his disposal.

However, in the face of a strict religious upbringing, he showed signs of rebellion from an early age. The future physician had his first drink when he was nine – courtesy of a jug he discovered stashed under some bushes. In a style typical of A.A. members, much of the recorded accounts of Smith's life revolve around the impact drinking had on his life. After graduating from St. Johsbury Academy, he went on to Dartmouth. At a time when Dartmouth was known as "the drinkingest of the Ivy League schools," Smith quickly rose to notoriety as a champion beer drinker.[2] Smith himself said of the experience, "I was graduated 'summa cum laude' in the eyes of the drinking fraternity, but not in the eyes of the Dean."[3] He completed his degree (indeed, without any honors) in 1902.

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[1] Robertson, 32. Evidently, Smith's coworkers were not so congenial as his friends, choosing not to refer to him as "Dr. Bob."
[2] Ibid., 47.
[3] *Alcoholics Anonymous*, 172.

Following graduation from Dartmouth, Smith spent three years working in sales before deciding to become a doctor. Thus, in 1905, he enrolled at the University of Michigan's premedical program. Smith's drinking increased during this period. "On account of my enormous capacity for beer, I was elected to membership in one of the drinking societies, and soon became one of the leading spirits."[4] As one of the "leading spirits," he also had his first experiences with "the jitters" – or uncontrollable trembling, the result of morning-after withdrawal symptoms.

While at Michigan, Smith found the course of his life truly altered for the first time by the impact of drinking. In a state of despondency following a prolonged binge, Smith concluded he would not be able to complete the program. Acting upon this decision, he spent a month out of town with a friend. Smith continued, "When I got the fog out of my brain, I decided that quitting school was very foolish and that I had better return and continue my work. When I reached school, I discovered the faculty had other ideas on the subject."[5]

Consequently, Smith transferred to Rush Medical College in Chicago, where the binges continued. Faced with expulsion once more, Smith managed to stay dry for two probationary quarters and thus earned his M.D. degree.[6]

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[4] Ibid., 173.
[5] Ibid.
[6] It is worth noting that Smith was pursuing his medical studies at a time when the field of medical education was in transition. During the latter half of the nineteenth century, most medical colleges required little more than two years of coursework, where an academic year consisted of merely four months. By the turn of the century, spearheaded by the American Medical Association, doctors were making a concerted effort to improve their social status as a respected profession. Requirements at leading schools such as Johns Hopkins and Harvard were generally raised to three years and the academic calendar was expanded to nine months. However, many schools lagged behind these standards. As Paul Starr noted, at the turn of the century "the ports

Indeed, he conducted himself so creditably that he was able to secure a "much coveted" internship at City Hospital in Akron, Ohio.[7] After completing two years as intern, the physician opened his own office downtown, and the drinking began again. For almost twenty years, his existence took on a nightmarish cycle. He developed a fear of insomnia which required that he drink to fall asleep. However, since he was not a "man of means," Smith had to remain sober enough to earn a living. He summarized this painful period thus, "My phobia for sleeplessness demanded that I get drunk every night, but in order to get more liquor for the next night, I had to stay sober during the day, at least up to four o'clock. This routine went on with few interruptions for seventeen years. It was really a horrible nightmare, this earning money, getting liquor, smuggling it home, getting drunk, morning jitters, taking large doses of sedatives to make it possible for me to earn more money, and so on ad nauseam."[8]

The doctor knew he had a drinking problem. Moreover, as a medical practitioner, he was keenly aware of the professional literature of the time. However, he had yet to encounter any medical writing that provided useful information on inebriety. In his own words, "I, a physician, knew nothing about [alcoholism] to speak of. There wasn't anything worth reading in any of the textbooks. Usually the information consisted of some queer treatment for the [delirium tremens], if the patient had gone that far. If he hadn't, you prescribed a

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of entry into medicine were still wide open." See Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 116.

[7] *Alcoholics Anonymous*, 174. See also Kurtz, *Not God*, 30.

[8] Ibid., 177.

few bromides and gave the fellow a good lecture."[9] In other words, he had not yet encountered the disease concept of alcoholism in the course of his reading. In his continuing search for answers, the physician coincidentally found himself swept up into the same Oxford Group movement that had proved so pivotal in William Wilson's development.

Robert Smith and his wife Anne became involved with the Oxford Group largely as a result of the efforts of one woman: Henrietta Seiberling. She was the estranged daughter-in-law of Frank A. Seiberling, the founder of the Goodyear Tire and Rubber Company. Her marriage to Seiberling's son, J. Frederick Seiberling, had ended when he abandoned her. Left with three adolescent children, she was permitted to stay on in the gatehouse of the Seiberling family estate, named Stan Hywet.[10] At about the same time, Henrietta became involved with the Oxford Group as a way of coping with the emotional and financial pressures of her life.

In 1932, a mutual acquaintance contacted Seiberling to see what could be done to help Dr. Smith with his drinking.[11] Seiberling reached out to Robert and Anne. In fact, Henrietta and Anne would go on to become great friends. However, despite her best efforts, Seiberling was unable to aid Smith with his drinking woes.

Henrietta tried to help the doctor sober up for more than two years. For his own part, Smith found the Oxford Groupers an attractive lot – poised and self-confident, they embodied the very characteristics he wished for himself. He and

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[9] Robertson, 56-57.
[10] Ibid., 32.

Anne attended meetings regularly for two and a half years. For two and a half years, Robert Smith also continued to drink regularly. Then, in 1935, William Wilson came to Akron.

4.3 Wilson Comes to Town

By April 1935, Wilson had decided that returning to work might not be a bad idea By this point, he had been sober for several months and his continued financial dependence on his wife Lois had become the butt for a new set of jokes among their few remaining friends. With nothing left of his once-bright career, Wilson had little to go on in the way of prospects. But then an opportunity presented itself. He learned of a proxy fight in Akron, Ohio, over control of a small manufacturing company. The Wall Street interest needed some aggressive negotiators on the scene, and Wilson leapt at the opportunity. Convinced this would be the chance he needed to jump-start his career, Wilson fared forth in high hopes.

Needless to say, the proxy fight proved a total disaster. Wilson and his associates were unable to convince the owners to side with his backers in New York. Dejected, Wilson's cohorts returned east. However, Wilson had no brighter prospects to return to, and so stayed on in the slim hope that a victory could be won in the courts.

The story of what happened next has become a staple in the lexicon of Alcoholics Anonymous. The events that occurred over the following few days

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[11] Kurtz, *Not God*, 31.

signaled the inception of A.A. It was Friday, May 10. Wilson returned to the Mayflower Hotel in Akron – alone and depressed. The next day, filled with self-pity, he found his attention drawn to the bar at the end of the lobby. He thought of joining the late-afternoon crowd that was gathering, just to have a ginger ale and enjoy the company.

In that moment, Wilson realized, "God, I am going to get drunk."[12] He was terror-stricken at the thought and immediately turned to the hotel church directory at the other end of the lobby. Knowing how much working with other alcoholics had helped him previously, Wilson wanted to find one to talk with in Akron. He hoped that someone from the Oxford Group could direct him to someone. From the directory, Wilson picked out and called the Rev. Dr. Walter Tunks. He explained his situation and asked if there were any Oxford Group members in the area. Tunks gave him a list of ten names and numbers. Wilson called all ten without finding anyone who knew an alcoholic that needed his help. Finally, the last person, Norman Sheppard, said he did not know any alcoholics, but he thought he knew someone who might: Henrietta Seiberling.

Wilson called Seiberling and gushed, "I'm from the Oxford Group, and I'm a rum hound from New York."[13] He went on to explain that he was looking for another alcoholic to talk to – to help. Following an introduction like that, most people would have done what the first ten had: made an excuse and quickly

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[12] Ibid., 27.
[13] Robertson, 31.

gotten off the phone. Instead, Seiberling's first thought was, "This is like manna from heaven."[14] She invited Wilson over to the gatehouse immediately.

Wilson described their initial encounter thus, "When I got there I found a person of charm and understanding."[15] Henrietta's recollections were not so flattering. In fact, she was thoroughly appalled. "Bill stood hunched over, and was dressed in ill-fitting and unmatched clothes. He laughed too loudly, and showed too many teeth even when talking. He had this mannerism of rubbing his hands together and a simpering smile – a regular Uriah Heep."[16]

How could this train wreck from New York help anyone? However, Seiberling was a woman of faith. Where others saw an alcoholic evangelist or simpering namedropper, she saw the cure for her friend's ills. After hearing Bill's story, she told him "I know just the man for you. He is a doctor. We all call him 'Dr. Bob.' His wife, Anne, is a grand person. Bob has tried so hard; I know he wants to stop. He has tried medical cures, he has tried various religious approaches, including the Oxford Groups. He has tried with all his will, but somehow he cannot seem to do it. So how would you like to talk with Dr. Bob and Anne?"[17] Of course, Wilson was enthusiastic about the idea.

Henrietta quickly placed a call to her dear friend Anne and invited the Smith's for dinner that very night. Unfortunately, they were unavailable – the good doctor was indisposed. In fact, he had returned home that day well potted

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[14] Ibid., 32.
[15] *Alcoholics Anonymous Comes of Age*, 66.
[16] Kurtz, *Not God*, 315, note 64. As Kurtz points out, Seiberling's comparison of William Wilson with the character Uriah Heep from Charles Dickens novel *David Copperfield* helps to illustrate the class tensions which existed between the Oxford Groupers and the band of alcoholics that Wilson eventually led. Seiberling believed that her efforts were solely responsible for bringing "class" to Wilson, and, by extension, A.A.

himself, placed a plant upon the kitchen table in honor of Anne, and promptly passed out beneath it. Seiberling insisted the Smiths join them for dinner the following day – Mother's Day, as it so happened. So on Sunday, May 12, Robert and Anne Smith arrived at Henrietta Seiberling's home promptly at five o'clock. Suffering mightily from a hangover, Robert had only agreed to go after extracting a promise from Anne that they would merely stay 15 minutes.

Although some disagreement exists as to exactly what happened when they arrived, one thing is for sure. Smith and Wilson hit it off dramatically. Wilson himself had been very nervous about the meeting and deeply uncertain of what to say. He wished to emphasize the medical theory he had acquired from William Silkworth. However, Robert Smith was already an M.D. What could Wilson, a layman, tell a doctor about the disease concept of alcoholism? Upon meeting the trembling proctologist, Wilson knew exactly what to say. He later recalled, "Though embarrassed, [Smith] brightened a little when I said I thought he needed a drink."[18] At some point, Wilson and Smith were discreetly placed in Seiberling's library, where they would remain for the next five hours.

Though the precise contents of this first meeting were not recorded, the disease concept of alcoholism figured prominently in their initial discussion. Significantly, Smith was not familiar with Silkworth's allergy theory. Given that Silkworth's first article did not appear before 1937, this was not surprising. Indeed, Smith seemed to respond to Wilson's spiritual rhetoric as much as the allergy theory. This is most curious because, if anything, the physician from

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[17] *Alcoholics Anonymous Comes of Age*, 67.
[18] Ibid.

Akron was more steeped in the traditions of the Oxford Group than Wilson. He had been attending meetings longer than the "rum hound from New York." In effect, the doctor had already tried the spiritual "cure," without any understanding of alcoholism as a physical "disease." Over the course of their first meeting, Wilson and Smith effected the synthesis of medicine and religion that were so pivotal to A.A., though each would have differing interpretations of which element was more important. This point shall be explored more fully in the following section.

4.4 Synthesizing Science and Spirituality

As mentioned in the preceding chapter, William Wilson had previously worked with many alcoholics in New York and succeeded only in keeping himself sober. Frustrated by this development, he went to speak with William Silkworth shortly before his trip to Akron. At this point, Silkworth easily could have discouraged Wilson from his missionary efforts. He chose not to. Instead, he suggested, "Look, Bill, you're having nothing but failure because you are preaching at these alcoholics."[19] To this point, Wilson had freely emphasized the conversion theme of his "hot flash" experience when dealing with others. He likewise drove home the importance of living a rigorous moral lifestyle modeled after the Oxford Group's precepts. Silkworth pointed out this was a deterrent to most of the alcoholics that Wilson dealt with. Sagely, he went on to suggest that Wilson try a different approach:

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[19] Ibid.

> Aren't you the very fellow who once showed me that book by the psychologist James which says that deflation at great depth is the foundation of most spiritual experiences? . . . No, Bill, you've got the cart before the horse. You've got to deflate these people first. So give them the medical business, and give it to them hard. Pour it right into them about the obsession that condemns them to drink and the physical sensitivity or allergy of the body that condemns them to go mad or die if they keep on drinking. Coming from another alcoholic, one alcoholic talking to another, maybe that will crack those tough egos deep down. Only then can you begin to try out your other medicine, the ethical principles you have picked up from the Oxford Groups.[20]

After this conversation with Dr. Silkworth, the next alcoholic that Wilson came into contact with was Robert Smith. Following the advice of Silkworth, Wilson laid in with the "medical business." Fortuitously for the sake of our story, this was precisely what Dr. Robert Smith responded to. *Alcoholics Anonymous* summarized Smith's experience thus, "This physician had repeatedly tried spiritual means to resolve his alcoholic dilemma but had failed. But when the broker gave him Dr. Silkworth's description of alcoholism and its hopelessness, the physician began to pursue the spiritual remedy for his malady with a willingness he had never before been able to muster."[21] Clearly, the interaction between medicine and religion was complicated. Why did Smith become enthusiastic about a spiritual remedy after hearing this medical description? What was different about Wilson's account of alcoholism? In his own autobiographical section of *Alcoholics Anonymous*, Smith spoke to these issues

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[20] Ibid.
[21] *Alcoholics Anonymous*, xvi.

> The question which might naturally come into your mind would be: "What did [Wilson] do or say that was different from what others had done or said?" It must be remembered that I had read a great deal and talked to everyone who knew, or thought they knew anything about the subject of alcoholism. But this was a man who had experienced many years of frightful drinking, who had had most all the drunkard's experiences known to man, but who had been cured by the very means I had been trying to employ, that is to say the spiritual approach. He gave me information about the subject of alcoholism which was undoubtedly helpful. *Of far more importance was the fact that he was the first living human with whom I had ever talked, who knew what he was talking about in regard to alcoholism from actual experience. In other words, he talked my language.* He knew all the answers, and certainly not because he had picked them up in his reading.[22]

Here we see an interesting contrast between Wilson's account of this first meeting and Smith's. Whereas Wilson emphasized the importance of the allergy theory, Smith focused on the personal nature of the experience – the fact that Wilson represented physical proof that spirituality could provide a remedy for alcoholism. Just as Wilson had found in his encounter with Ebby Thatcher, the personal testament of sobriety meant much more than whatever ideas Thatcher attributed it to.

Indeed, I suggest Smith's response to the medical model related to the way in which Wilson conveyed the allergy theory to him. Wilson did not preach, nor did he engage in a didactic lecture on the subject. He simply related his own experiences and told the doctor what he knew of alcoholism as an allergy. In other words, Wilson was outlining a behavioral model of disease that the doctor identified with completely. Again, we see the importance of the personal nature of this experience. Smith was not being lectured to, and he certainly was not being prescribed bromides. Rather, he was physically being shown another

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[22] Ibid., 180.

alcoholic who had recovered by pursuing a spiritual lifestyle. Initially, the medical rhetoric was not as important for Smith as the visual proof of Wilson soberly relating his drinking experiences in Henrietta Seiberling's library.

Ironically, this was actually still consistent with the results that Silkworth suggested Wilson would achieve if he emphasized the medical aspect of alcoholism. The depiction of alcoholism as a medically incurable disease was intended to instill a sense of hopelessness in Smith. This sense of desperation would presumably "crack his ego," thus infusing willingness to utilize spiritual principles as a remedy for this otherwise irrevocable condition. As noted, Smith did not exactly follow this formula, though the results were similar.

However, if Smith underplayed the importance of the medical theory in his first encounter with Wilson, he was quick to see its significance. Here was something that finally removed the stigma of inebriety by classifying it as a judgment-free illness. Not surprisingly, then, Smith would emphasize the disease concept during the course of his own work with other alcoholics. Indeed, it appears he even relied upon his authority as a medical doctor to give the message extra weight. Bob E. – a future member of AA – would later describe his first exposure to this message. He had initially been in contact with one of his old drinking mates – Paul S., then a member of the still nameless group. Though Paul tended to stress spirituality freely, he took his new ward to meet with Dr. Smith. Bob E. would later recall that he and the doctor spent most of the afternoon talking in the physician's home. By Bob's account, the M.D. stressed "that I was chemically constituted differently from the average individual" and

emphasized the importance of hospitalization. "He stayed away from the spiritual angle."[23] Once Bob E. had been in the hospital for a few days, receiving visits from other alcoholics who simply shared their own experiences, Paul S. paid him another visit. This was to prove the crucial encounter – the point of spiritual indoctrination. Bob E. related, "I was susceptible . . . and so he really laid it on thick. He got it over to me that drinking was simply a secondary proposition and was a form of release from whatever self-pity, resentment, imaginary weakness, so forth, and of course, he brought out the chemical reaction – the explanation that Dr. Smith gave from the medical standpoint – that all tied in."[24] Clearly, the disease concept was being fused with a moral program.

Why would these early members of A.A. want to medicalize alcoholism? The disease concept of alcoholism was useful for a number of reasons. To begin with, it helped to socially legitimize a segment of the population that had previously been stigmatized in moral terms. Secondly, as illustrated by Bob E.'s experience, it was used to drive home a sense of hopelessness for the alcoholic by "diagnosing" him as medically incurable. Ironically, this approach was used to make the patient more receptive to non-medical treatment. In this respect, the allergy theory paradoxically served as a conduit back to the morally based social framework of religion which medicalization had originally been intended to temper. On some level, these early members of AA used both medicine and religion to bridge the perceived gap that existed between them.

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[23] Kurtz, *Not God*, 53.
[24] Ibid., 54.

William Wilson and Robert Smith had pieced together a new category for understanding alcoholism – one that synthesized medicine and religion. In short order, the group that would be called Alcoholics Anonymous was ready to undergo a period of explosive growth. According to the foreword to the second edition of *Alcoholics Anonymous*, "The two men set to work almost frantically upon alcoholics arriving in the ward of the Akron City Hospital."[25]

[25] *Alcoholics Anonymous*, xvii.

CHAPTER FIVE

COMMUNICABILITY

5.1 Overview

Alcoholics Anonymous grew quite modestly between 1935-1939. William Wilson returned to New York and worked with alcoholics there while Robert Smith continued in Ohio. Each developed a different approach to locating and recruiting new members. While Smith attempted to fly beneath the radar of medical authorities as much as possible, Wilson actively sought to work with them. Throughout this period, A.A. continued to focus its marketing efforts on doctors. Physicians at some mental hospitals did in fact embrace this budding movement. This acceptance had more to do with A.A.'s effectiveness in rehabilitating an otherwise undesirable patient population than its relationship to psychopathic theory. Finally, beginning around 1939, A.A. switched its attention to the general public. This was the turning point – A.A. became a grass-roots movement with a membership that exploded despite the continued resistance of some medical authorities.

5.2 Wilson and Smith Together

Just how "frantically" William Wilson and Robert Smith set to work on other alcoholics in 1935 remains uncertain. After their initial meeting, Smith invited Wilson to stay at his home. Three weeks later, the doctor attended a medical convention in Atlantic City, New Jersey. It would become the pretext for one last

bender. Smith eventually returned to Akron and had his last drink on 10 June 1935. The fellowship of A.A. marked its founding from this date.

Apparently Wilson and Smith spent the next couple of weeks nursing their own sobriety and nourishing their spiritual beliefs. Wilson was still pursuing the proxy suit and Smith continued to perform surgery. Anne would take them through daily bible readings and Henrietta helped them meditate for "guidance." Soon, however, Smith realized they needed to begin working with other alcoholics in order to improve their own spiritual lives. This precept eventually became the foundation of the twelfth step – "Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs."[1] The message alluded to was the one Wilson had brought Smith – that the alcoholic suffered from a "physical sensitivity" that doomed him to an alcoholic death unless he recovered through a spiritual experience.

Following this logic, Smith and Wilson began seeking new recruits at the end of June. The doctor began by calling down to Akron City Hospital. After getting hold of a nurse in the receiving ward, he explained that "a man from New York had just found a new cure for alcoholism. (We called it a cure in those days.)"[2] The nurse was less than impressed, responding, "Is that so, Dr. Bob? You don't mean to tell me you've tried it on yourself!" Smith was beginning to realize just how "secret" his drinking had been. He simply replied, "Yes, I sure

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[1] *Alcoholics Anonymous*, 60.
[2] *Alcoholics Anonymous Comes of Age*, 71.

have."[3] Relenting, the nurse told him that, as it turned out, the hospital did have a real "corker" in its ward. In fact, Bill D. – the "corker" in question – eventually became the third member of A.A.

Based on their initial success with Bill D., it appeared that Wilson and Smith had found the key to recruiting new members. Flush with this accomplishment, they continued working with other alcoholics through the summer. However, they achieved little success. Finally, Wilson's proxy battle suffered another setback in September 1935. His backers were unwilling to pursue the matter further and he returned to New York.

5.3 Wilson and Smith Apart: Differing Models of Communicability

Wilson's parting proved interesting for a variety of reasons. Though they still had no name for the movement and were essentially flying by the seat of their pants, A.A. suddenly had two centers of activity – Akron and New York. Each developed along slightly different trajectories in terms of philosophy and practice. While Wilson and the New Yorkers actively sought the cooperation of hospital administrators, Smith and the Akronites tried to stay beneath medical radar as much as possible. It almost seemed as if Smith was still "respecting" the stigma of alcoholism, while Wilson was actively working to overcome it.[4]

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[3] Ibid.

[4] An interesting aside – medical professionals who worked with alcoholics often found themselves losing status in the eyes of their peers. As Bruce Johnson pointed out, "The negative connotations that were associated with chronic inebriety tended to carry over to those who became professionally identified with the problem." See Johnson, 224. This might help to explain Smith's reticence to include other professionals in his efforts. Wilson, on the other hand, had little choice in the matter and so decided to confront the stigma head-on.

Over the next few years, Smith continued to perform his surgical rounds and help other alcoholics. During this period, Sister Mary Ignatia Gavin, C.S.A., referred to simply as Sister Ignatia in A.A. lore, often assisted him. She was the admitting officer at St. Thomas Hospital in Akron. Smith operated there occasionally and was appointed to the staff in 1934. They eventually struck up a friendship and Sister Ignatia proved to be a powerful ally during this period. Admissions officers during the 1930s wielded a great deal of power within hospitals. She had full control of the beds and could give them to whatever doctor she pleased.[5]

This was fortuitous for Smith, because by 1939 he had thoroughly worn out his welcome at Akron City Hospital. He had been smuggling patients in since 1935, most commonly under the diagnosis "gastritis." Akron City did not like providing care for alcoholics during this period because they were a bad credit risk. By 1939, administrators noted that Smith's patients owed more than five thousand dollars (not a small sum in the context of the Great Depression). With administrators carefully monitoring his admissions, the doctor had to find a new base of operations.

Smith had known Ignatia prior to his appointment to the St. Thomas staff. He confided in her with his own alcoholic background and asked for her help with hospitalizing other alcoholics. Ignatia agreed, thereby earning the affectionate title "Angel of Alcoholics Anonymous." Coincidentally, national A.A. membership

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[5] For further elaboration, see Mary C. Darrah, *Sister Ignatia: Angel of Alcoholics Anonymous* (Chicago: Loyola University Press, 1992), 13.

soared to over two thousand by 1941 (less than two years later). Mary Darrah attributed this to the joint efforts of Ignatia and Smith:

> This rapid increase in numbers was generally attributed to A.A.'s first successful publicity campaign and the zealous evangelization of A.A.'s Cleveland membership. Not considered, however, is the impact that the hospital treatment pioneered in Akron had on the membership at that time. Of great significance to A.A.'s history, the bulk of the sixteen hundred new members lived in and around Ohio, where part of the offering to newcomers that was not available in other areas of the country included hospital care.[6]

Darrah's point is a good one, but perhaps oversimplified. In fact, Wilson and the other A.A. members in New York were working with a great number of patients they came into contact with through hospitals. Facilities such as Towns Hospital, Overbrook Hospital, Greystone Park, and Rockland State Hospital (the latter three being psychiatric hospitals that were located in New Jersey and New York) provided Wilson and the New Yorkers with access to patients that had been admitted for conditions such as alcoholic psychosis. Since the early New York A.A. members were not medical professionals, they still had to rely on doctors as the gatekeepers to patients. Because Robert Smith was a M.D., this was not a problem that the Akronites encountered. Thus, to imply that hospitalization was strictly a characteristic of Akron A.A. would be a bit oversimplified. In the New York orbit, hospitalization was often a pre-condition for entrance to A.A. In Akron, it was an integral feature.

Upon returning to New York, Wilson devoted his energies full-time to the rehabilitation of alcoholics. But where Smith attempted to circumvent hospital

administrators, Wilson actively sought to work with them. Since he was not a practicing doctor, Wilson had no other choice. Consequently, he continued to roam the halls of Towns Hospital, looking for likely prospects. Of course, William Silkworth gave his blessings to this unorthodox therapy. His willingness to risk his professional reputation was remarkable. The notion of letting a layperson attempt to provide spiritual indoctrination to patients in his care could have easily proved ruinous to Silkworth. Wilson was well aware of this and unfailingly expressed his gratitude for Silkworth's trust.

Significantly, Wilson's approach did not change during this period – he would begin by driving home the disease concept and then presenting the spiritual "cure." As discussed previously, Silkworth was well aware of Wilson's approach; indeed, he had helped perfect it. Whether he realized it or not, Silkworth had actually set Wilson in dialogue with the new psychiatric movement called "psychopathy." The next section explores this interaction more fully.

5.4 Coopting Psychopathy

As outlined in chapter two, A.A.'s success in medicalizing alcoholism clearly occurred within the context of broader trends in American history. Scholars such as John Burnham and Ronald Roizen emphasize the role of economics. However, informed by the work of scholars such as Elizabeth Lunbeck and Ernest Wilkerson, I believe psychiatry played the most significant part.[7]

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[6] Ibid., 35.

[7] I realize that pairing Lunbeck and Wilkerson as sources might seem eclectic at first glance. Whereas Lunbeck represents a loosely anti-psychiatric interpretation of history, Wilkerson's dissertation is far more Whiggish in nature. Obviously, each author assigns a different meaning

Throughout the early twentieth century, psychopathy was reframing social problems as personal ones and fitting them within a range of conditions that extended from "normal" to "pathological." This fit perfectly with A.A.'s evangelical emphasis on the individual and the need for the individual to save him or herself.

In *The Psychiatric Persuasion*, Lunbeck argues that psychiatry "escaped" from the asylum into the cultural mainstream during the early part of the twentieth century. The same shift occurred with the treatment of alcoholism, though I argue that A.A., rather than psychiatry, was the harbinger. In doing so, the members of A.A. actually extended psychopathy's world-view further into American culture.

This development was all the more ironic in that many psychiatrists resisted the notion of alcoholism as a medical disorder. The medical directors at psychiatric hospitals were in a difficult position. Alcoholics were notoriously unresponsive to treatment, infamous for not paying their bills, and were therefore extremely undesirable as patients. In short, these hospitals really did not want alcoholics, since they were not believed to be amenable to psychiatric intervention. Prior to A.A.'s success, many psychiatric authorities actually wished to distinguish alcoholism from psychopathy. For example, the Board of Visitors for Rockland State Hospital, a large mental hospital located in Orangeburg, wrote in their annual report for 1938:

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to the popularization of psychiatry in the twentieth century. However, I believe it is the emphasis each places on the significance of psychiatry in shaping cultural categories that ties them together. On this level, each of these texts actually connects quite powerfully with the other.

> The board has also become interested in the problem of the care and treatment of persons with psychopathic personality who, by reason of asocial behavior, chronic alcoholism, or drug addiction, or for other reasons, are sent to State hospitals. It seems to the visitors that the State hospitals are not the proper institutions for the prolonged detention of those persons since most of them clear up quickly from their psychotic states and should have the best possible opportunity to be rehabilitated with greater likelihood of longer or permanent adjustment in the community after discharge.[8]

In that same year, the board requested that the hospital staff collect data on the cases of alcoholics who were being admitted. "It is hoped that a study of such data will reveal what appropriate action should be taken to provide the right kind of care and treatment of this group and at the same time avoid their segregation with strictly mental cases."[9] As illustrated by this example, many hospital administrators of the 1930s were still distinguishing between alcoholism and psychopathy. In fact, a very interesting distinction existed during this period. When accompanied by psychosis, the condition was labeled "alcoholic." Without psychosis, a diagnosis of "alcoholism" was assigned. This is indicative of a deeper ambiguity in psychiatry during the 1930s. Psychiatric hospitals were only willing to treat alcoholics if, in fact, they suffered from some other form of insanity. Indeed, alcoholism was not widely identified as an illness during this period.[10]

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[8] *Eighth Annual Report of the Rockland State Hospital to the Department of Mental Hygiene For the Fiscal Year Ending June 30, 1938* (Utica, NY: State Hospitals Press, 1939), 7.

[9] Ibid.

[10] The interested reader can examine any one of a number of texts for elaboration on this point. For example, see Richard W. Howland and Joe W. Howland, "200 Years of Drinking in the United States: Evolution of the Disease Concept," in *Drinking Alcohol in American Society Issues and Current Research*, ed. John A. Ewing and Beatrice A. Rouse (Chicago: Nelson-Hall, 1978), 39-62. See also Norman Dain, *Concepts of Insanity in the United States, 1789-1865* (New Brunswick, New Jersey: Rutgers University Press, 1964).

The man who was asked to lead this investigation was Superintendent Dr. Russell E. Blaisdell. He evidently appointed Dr. Samuel Yochelson to conduct a study of three hundred patients who had been admitted with alcoholic psychosis. The annual report for 1939 related, "An analysis of these data by Dr. Yochelson appeared to indicate that the results being obtained with alcoholic patients in State hospitals are not good with respect to their alcoholism to which the vast majority of them return soon after freedom from institutional restraints. He attributed these negligible results to inability under the present limited facilities to give each patient adequate psychotherapy for a sufficient length of time."[11]

Yochelson's recommendation was that alcoholics should be segregated in a mental hospital established for the purpose. Hopefully, if treated by psychiatrists specifically interested in alcoholism, "Many of them might be rehabilitated and again become stable, useful citizens in the community."[12] This section of the report concluded, "The Board plans to give further study to this complex and socially important problem and hopes to be able to continue its investigation in the hope that it can make suitable recommendations for the administrative care of these cases."[13] Coincidentally, the Board would not have to search far. In the late summer of 1939, a new "treatment" found them.

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[11] *Ninth Annual Report of the Rockland State Hospital to the Department of Mental Hygiene For the Fiscal Year Ending June 30, 1939* (Utica, NY: State Hospitals Press, 1940), 8.
[12] Ibid.
[13] Ibid.

5.5 Rockland State Hospital: Efficacy Over Theory

By the summer of 1939, William and Lois Wilson had been evicted from their home on Clinton Street in Brooklyn, New York. Another couple, Bob and Mag V., invited them to spend the winter at their home in Monsey, New York – a short distance from Rockland State Hospital.[14] In August 1939, Bob V. went to visit a friend who had been committed for alcoholic psychosis. While there, he brought the program of A.A. to the attention of the staff at the hospital. According to *Alcoholics Anonymous Comes of Age*, "Dr. Blaisdell had accepted the AA idea on sight for his alcoholic inmates."[15] Dr. Percy L. Smith, a member of Blaisdell's staff, was slightly more circumspect. "After reading *Alcoholics Anonymous* and attending a district group meeting, where the beneficial results of the program were observed, it was decided to give this new approach a trial."[16]

The hospital staff was understandably cautious in proceeding with this new relationship. At the same time, however, one gets a very clear sense that the caretakers of Rockland State Hospital were impressed with A.A. and cautiously optimistic about the future. The annual report for 1940 noted:

> We have been working very closely with the group known as the Alcoholics Anonymous. Dr. Percy L. Smith, who is in charge of the male reception service, has acted as the liaison officer and although it is too early to come to any reasonable conclusion, we feel that this organization has a distinct value in the after care of the alcoholic patient. Our figures indicate that a larger number of alcoholics have stayed out of the hospital for a longer time than in any other previous period.[17]

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[14] *Alcoholics Anonymous Comes of Age*, 11.
[15] Ibid., 12.
[16] Percy L. Smith, M.D., "Alcoholics Anonymous," *The Psychiatric Quarterly* 15, no. 3 (July 1941): 558.
[17] *Tenth Annual Report of the Rockland State Hospital to the Department of Mental Hygiene For the Fiscal Year Ending June 30, 1940* (Utica, NY: State Hospitals Press, 1941), 30.

The account of Percy Smith's interaction with A.A. raises an interesting question: why did medical personnel embrace this budding movement? In the course of a nine page discussion of A.A. and analysis of its effectiveness, Smith does not even mention the "allergy theory" of alcoholism. Having read *Alcoholics Anonymous*, he presumably would have been familiar with it. Instead, he focuses on the therapeutic efficacy of A.A. After discussing other failed therapies, Smith notes, "During the last two or three years, a movement or approach which is gaining rapidly in favor has been the outgrowth of one man's attempt to help himself through religion. This method has gained momentum, through its success where others have failed."[18] The method under discussion is, of course, Alcoholics Anonymous. In fact, Norman Dain points out that the treatment of mental problems in psychiatric facilities was long handled in this manner. My point is not that alcoholism was unique in this respect. Rather, Smith's emphasis on the results of A.A. rather than its ideological underpinnings was entirely consistent with the way other perceived forms of mental illness were addressed during this period.[19]

Smith went on to relate that A.A. was introduced to 111 alcoholics at Rockland State Hospital between August 1939 and March 1941. Five patients had prior experience with A.A., while the rest were unfamiliar with its teachings. As of 27 March 1941, 56 (or 50.5%) of these alcoholics were said to be

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[18] Smith, 555.
[19] Again, see Dain, *Concepts of Insanity in the United States, 1789-1865.*

"adjusting well."[20] Presumably, they had once again become "stable, useful citizens within the community." Of the remaining cases, 41 (or 36.9%) were said to be "continued alcoholic," either in the community or returned to the hospital. In addition, 14 (or 12.6%) had yet to leave the hospital. Compared with typical hospital recovery rates, these numbers were impressive. Smith elaborated, "The results obtained by this handling of the alcoholic problem show a marked improvement over earlier methods of appeal and treatment."[21] While Smith referred to these results as "striking," he and the other hospital staff clearly thought of A.A. as aftercare.[22] Smith did not even enter into a discussion of the disease concept of alcoholism – evidently it held no interest for him. Rather, he embraced A.A. because, unlike other efforts, it worked in the rehabilitation of alcoholics.[23]

5.6 Targeting Doctors and the Publication of *Alcoholics Anonymous*

The events at Rockland State Hospital were also instructive in another sense. At this point, William Wilson was still attempting to work *with* doctors – medical caretakers constituted his primary target audience for dissemination of the A.A. program. This was further illustrated by the three-fold marketing plan that he had devised earlier. In 1937, Wilson outlined a plan to create a network of alcoholic hospitals, hire a group of paid "missionaries," and write a book relating A.A.'s

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[20] Smith, 560.
[21] Ibid., 562.
[22] See Ibid. for "striking." On aftercare, I am taking my cue from the *Tenth Annual Report* cited in note 14 above.
[23] Gerald Grob also points out that this was typical of mental hospitals of the era. Alcoholism was not the only illness which was treated without necessarily being pathologized or otherwise

experience.[24] The Akronites eventually talked him out of the idea of for-profit hospitals and missionaries. After all, their work was more along the lines of charitable devotion; profits and hospitals might turn the thing into "a racket."[25] The one thing they did agree to (barely) was the publication of a book. This was the birth of the volume *Alcoholics Anonymous*.

The story of the titanic struggles that went into the preparation and printing of *Alcoholics Anonymous* are legendary and quite treasured within A.A. Nearly every word was contested fiercely. Financing was a constant issue. Finally, after several months of struggle, the book was ready for publication. However, despite their best efforts, Wilson and the other alcoholics had no publicity campaign to draw attention to the book. With only $500 in the bank, their prospects seemed slim indeed. But then one of the New York A.A.s landed the opportunity of a lifetime – a three-minute interview on a national radio broadcast. Wilson and his associates could see the book flying out the door in "carloads." Another A.A. member suggested to Wilson, "Look, there should be a follow-up on a big thing like this here interview. It'll be heard all over the country ... national network. I think folks that are the big market for this book are the doctors ... the physicians. I suggest that we pitch the last $500 that we have in the treasury on a postal card shower which will go to every physician east of the Rockie [sic] Mountains. On this postal card we'll say 'Hear all about Alcoholics Anonymous

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theorized about. See Gerald N. Grob, *Mental Illness and American Society, 1875-1940* (Princeton, NJ: Princeton University Press, 1983).

[24] *Alcoholics Anonymous Comes of Age*, 144-145.

[25] Ibid., 145.

on Gabriel Header's Program. – spend $3.50 for the book Alcoholics Anonymous, sure-cure for alcoholism.'"[26]

Once again, the audience Wilson and A.A. were trying to target was the medical community. Following the suggestion of his associate, Wilson spent $500 on a postal card shower of the United States. The response was decidedly underwhelming. They received twelve replies and merely two orders for the book. Obviously, they had misjudged their audience. The review of *Alcoholics Anonymous* that appeared in the Journal of the American Medical Association was illuminating on this point:

> The book under review is a curious combination of organizing propaganda and religious exhortation. It is in no sense a scientific book, although it is introduced by a letter from a physician who claims to know some of the anonymous contributors who have been "cured" of addiction to alcohol and have joined together in an organization which would save other addicts by a kind of religious conversion. The book contains instructions as to how to intrigue the alcoholic addict into the acceptance of divine guidance in place of alcohol in terms strongly reminiscent of Dale Carnegie and the adherents of the Buchman ("Oxford") movement. The one valid thing in the book is the recognition of the seriousness of addiction to alcohol. Other than this, the book has no scientific merit or interest.[27]

Of particular interest were the final two lines, which perhaps helped to explain why the postcard campaign failed. The medical community understood the gravity of the alcoholic's situation and was perhaps even willing to consider it an "addiction." But without the evidence that caretakers at places like Rockland

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[26] William Wilson, "How the Big Book Was Put Together," (transcript of speech delivered in Fort Worth, Texas, 1954), AA Archives, New York, NY.

State witnessed first-hand, doctors were leery of a religious "cure." Not surprisingly, the AMA review seemed to contain an implicit acceptance of the disease concept while simultaneously rejecting A.A.'s synthesis of the moral model of alcoholism. Clearly, Wilson and the other A.A. members had to find another audience for their ideas.

5.7 Abandoning Doctors and Going Grass-Roots

Beginning about 1939, the members of A.A. largely turned their attention away from the medical community. Once *Alcoholics Anonymous* had been published, A.A. eagerly began promoting its ideas to the general public. In fact, this would prove to be the turning point in A.A.'s history. Recharged as a grass-roots movement, A.A. membership exploded over the following years. A.A.'s success in treating alcoholics allowed it to keep medicalizing alcoholism despite continued resistance from within the medical community.

Broke and without prospects, Wilson went to work furiously in an attempt to generate some successful publicity for *Alcoholics Anonymous*. He had plenty of help. A promising lead finally came from none other than Charles Towns.[28] Towns had loaned Works Publishing $2,500, so he certainly had a vested interest in helping promote the book. He was acquainted with writer Morris Markey, who had interested *Liberty* magazine in doing a feature on A.A. With this promising bit of publicity on the horizon, Wilson went out and asked one of

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[27] Review of *Alcoholics Anonymous: The Story of How More Than One Hundred Men Have Recovered from Alcoholism*, *Journal of the American Medical Association* 113, no. 16 (14 October 1939): 1513.

[28] *Alcoholics Anonymous Comes of Age*, 176.

his fellows to loan him $1,000 to tide him over (in anticipation of further "carloads" of book orders). Bert T. hocked his tailoring business, which went bankrupt the following year anyway, to keep Wilson and Works Publishing solvent for a few more months.

The Markey article hit newsstands in late 1939.[29] Unfortunately titled "Alcoholics and God," the piece was not exactly the marketing coup for which Wilson and the other alcoholics had hoped. However, it did actually generate about 800 inquiries and sales of several hundred Big Books at the full $3.50 retail.[30]

Events in the wake of the *Liberty* article were illuminating in a number of ways. The article prominently featured the religious zealousness of A.A. in a light many of them thought unfavorable – they feared it would "scare off plenty of prospects."[31] Despite this, they received 800 responses from interested and, presumably, non-medical readers. Even with a stated emphasis on religion, or perhaps even because of it, popular readers were more receptive to A.A.'s message than doctors.

Regardless of A.A.'s initial miscalculation as to the book's audience, its publication did eventually lead to widespread publicity and significant growth in membership. A series of newspaper articles by Elrick Davis about A.A. appeared in the *Cleveland Plain Dealer* later in the fall of 1939. These articles are a remarkable testament to the kind of enthusiasm which people displayed upon

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[29] Morris Markey, "Alcoholics and God," *Liberty* 16 (30 September 1939): 6-7.
[30] *Pass It On: The Story of Bill Wilson and How the A.A. Message Reached the World* (New York: Alcoholics Anonymous World Services, Inc., 1984), 224.
[31] *Alcoholics Anonymous Comes of Age*, 178.

exposure to this new "cure" for alcoholism. The first article opens with the assertion that A.A. cures drinking when nothing else will. Of particular note is the assertion that "'Incurable' alcoholism is not a moral vice. It is a disease. No dipsomaniac drinks because he wants to. He drinks because he can't help drinking."[32] What follows is a catalogue of inexplicable behaviors. "He will drink when he had rather die than take a drink. . . . He will get drunk on the way home from the hospital or sanitarium that has just discharged him as 'cured.' He will get drunk at the wake of a friend who died of drink. He will swear off for a year, and suddenly find himself half-seas over, well into another 'bust.' He will get drunk at the gates of an insane asylum where he has just visited an old friend, hopeless victim of 'wet brain.'"[33]

In Davis's account, which mirrors A.A.'s, alcoholism is clearly defined as a disease by virtue of its inexplicable (and therefore problematic) nature. But there is no discussion of pathology, simply a list of symptoms. Later, the article adds, "Alcoholics Anonymous has a simple explanation for an alcoholic's physical disease. . . . The alcoholic is allergic to alcohol. One drink sets up a poisonous craving that only more of the poison can assuage. That is why after the first drink the alcoholic cannot stop."[34] Once again, we see the "allergy plus addiction" model that Silkworth provided Wilson.

Consistent with the argument that alcoholism is a disease, the article is full of references to Alcoholics Anonymous as the cure for alcoholism. With a

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[32] Elrick B. Davis, "Alcoholics Anonymous Makes Its Stand Here," *Cleveland Plain Dealer*, 21 October 1939, 8.
[33] Ibid.
[34] Ibid.

rhetorical flourish worthy of Hemingway, Davis writes, "Repeat the astounding fact: These are cured. They have cured each other."[35] Though they were not editorials, these articles clearly had an editorial flavor. In addition, editorials did appear in the *Plain Dealer*, similarly granting approval to the budding organization.

During this period, A.A. was also able to garner some free publicity from an unlikely source – John D. Rockefeller Jr. Wilson had originally approached Rockefeller for financing in 1938 prior to the preparation of *Alcoholics Anonymous*. However, Rockefeller and his associates had a deep concern that outside money would "spoil this thing" – that A.A. should be self-supporting. In light of this, he made a deposit of $5,000 in the treasury of Riverside Church, which led to the creation of the Alcoholic Foundation on 11 August 1938 to oversee the distribution of the funds to members of A.A.[36]

As it turned out, Rockefeller had continued to follow the activities of Wilson and the alcoholics from a distance over the intervening two years. On 8 February 1940, he held a dinner on behalf of A.A. The guest list was quite impressive. Wilson estimated, "Anybody could see that their total financial worth might easily be a billion dollars."[37] Wilson fairly drooled at the prospect of substantial financial support to build hospitals and hire his "missionaries." Nelson Rockefeller actually presided over the evening, apologizing for his father's inability to attend. Several speakers addressed the audience, including Dr. Harry Emerson Fosdick and Dr. Foster Kennedy. As Wilson related, "Dr. Kennedy

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[35] Ibid.
[36] *Pass It On*, 188.

warmly endorsed us and read a letter of protest he had written to the *Journal of the American Medical Association* because in their review of the book *Alcoholics Anonymous* they had somewhat ridiculed us."[38] Finally, Rockefeller took the floor once again. This was the moment the numerous A.A. members in attendance had waited for – the question of money. Rockefeller did not keep them waiting long. "Gentlemen," he stated, "you can all see that this is a work of good will. . . . It is our belief that Alcoholics Anonymous should be self-supporting so far as money is concerned. It needs only our good will."[39] Understandably, Wilson was crushed. The audience, however, was not: "The guests clapped lustily, and after cordial handshakes and good-byes all around, the whole billion dollars' worth of them walked out the door."[40] Dumbfounded, the alcoholics wondered why Rockefeller had gone to the trouble of organizing a fundraiser that did not raise any funds! Belatedly, they realized the point. Although reporters had not been allowed inside, many newspapers ran articles describing the affair. A.A. finally had the kind of publicity it needed. "The total effect was to give Alcoholics Anonymous a public status of dignity and worth."[41]

Following these events, a reporter from *The Saturday Evening Post* named Jack Alexander became interested in the activities of the group. Dr. A. Wiese Hammer, a Philadelphia physician who had some experience working with members of A.A., had raved about them to Curtis Bok, owner of the *Post*. Bok assigned Alexander to write a feature that appeared 1 March 1941. Alexander

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[37] Ibid., 232.
[38] *Alcoholics Anonymous Comes of Age*, 184.
[39] Ibid.
[40] Ibid., 184-185.

was known for his hard-nosed cynicism – he had just completed an investigation of the "Jersey rackets."[42] Surprisingly, then, his article on A.A. was nothing less than glowing. Indeed, A.A. was so pleased with the piece that it continues to publish and circulate reprints of it today in pamphlet form.

Alexander does not devote much attention to the "medical business." However, he does provide some very interesting analogies to illustrate the disease concept. For example, he notes, "There is, they agreed, no such thing as an ex-alcoholic. If one is an alcoholic – that is, a person who is unable to drink normally – one remains an alcoholic until he dies, just as a diabetic remains a diabetic. The best he can hope for is to become an arrested case, with drunk-saving as his insulin. At least, the A.A.'s say so, and medical opinion tends to support them."[43] Again, medicine is invoked as an impartial authority to legitimize the claims of A.A.

Later, while speculating why people become alcoholics, Alexander writes, "Few think that anyone is 'born an alcoholic.' One may be born, they say, with a hereditary predisposition to alcoholism, just as one may be born with a vulnerability to tuberculosis. The rest seems to depend upon environment and experience, although one theory has it that some people are allergic to alcohol, as hayfever sufferers are to pollens. Only one note is found to be common to all alcoholics – emotional immaturity."[44] Alexander's brief treatment of this subject is fascinating and illustrates once more the complexity of the interaction between

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[41] Ibid., 186.
[42] Ibid., 190.
[43] Jack Alexander, "Alcoholics Anonymous: Freed Slaves of Drink, Now They Free Others," *Saturday Evening Post*, special reprint, 1941, 3.

medicine and religion that A.A. represents. Initially, he vaguely suggests that medical opinion supports the notion of alcoholism as incurable. He then briefly alludes to "one theory" (the others are not outlined?), i.e., Silkworth's allergy model. However, Alexander *immediately* goes on to suggest a psychological factor – immaturity. Throughout the article, he is also very careful to ascribe the opinions of A.A. to members of A.A., avoiding presenting them as his own.

The conclusion of Alexander's article seems to replicate the feel of Percy Smith's observations. The emphasis is on results rather than theory, on ends rather than means. William Wilson made the following statement in reference to the Elrick Davis articles. I feel the same could be said of Alexander and Smith. "In effect the *Plain Dealer* was saying, 'Alcoholics Anonymous is good, and it works. Come and get it.'"[45]

People did indeed "come and get it." Alexander's article came as a beacon of hope to thousands of Americans. Wilson and the other A.A. members had to hire additional staff to keep up with the flood of mail pouring into their New York post office box. By the end of 1941, A.A. membership had exploded to 8,000, an increase of 6,000 in one year.[46] Clearly, they had struck a chord.

Other factors obviously contributed to A.A.'s success, aspects that had popular appeal without necessarily attracting doctors. The most obvious was the medicalized view of addiction, which freed the alcoholic from blame. Another factor that can not be overlooked was A.A.'s strong religious appeal. Finally, the movement provided an opportunity for socializing in the context of a non-

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[44] Ibid., 4.
[45] *Alcoholics Anonymous Comes of Age*, 20.

hierarchical organization. All of these considerations added to the popular, grass-roots appeal of A.A. However, as the next chapter argues, the main reason the movement was able to medicalize alcoholism and otherwise promote its ideas related more strongly to its effectiveness in rehabilitating alcoholics. Without this elemental feature, the other factors would not have granted A.A. the cultural legitimacy it quickly attained. Again, I would suggest this was due to the therapeutic efficacy and pragmatic approach of A.A. The general public – including non-alcoholics – embraced it, even as the medical community remained skeptical. It worked.

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[46] Ibid., 192.

CHAPTER SIX

REMISSION

6.1 Overview

In the years following the publication of *Alcoholics Anonymous*, A.A. membership continued to grow dramatically. As discussed in the preceding chapter, the general public was more willing than the medical community to embrace A.A. as a solution for alcoholism. Operating as a bridge between medicine and religion, A.A.'s conceptualization of alcoholism as a physical allergy was quite complicated. Unlike the standard model of medicalization that suggests medicine simply replaced religion as the arbiter of social norms, with alcoholism we find an intricate and often uneasy marriage between the two. This chapter explores that relationship as it moved into the 1940s, as well as the impact the public had on A.A.'s conceptualization of itself. Finally, I will offer some conclusions on the significance of my findings.

6.2 Self-Diagnosis and Medicalization by the Masses

Alcoholics Anonymous provides some fascinating insights into the thinking of the earliest members of A.A. William Wilson is generally given the bulk of the credit for writing this book and it clearly reflects his influence, especially the various considerations that shaped his own development. In particular, Wilson was very careful not to refer to alcoholism as a disease per se. He was well aware of the cauldron of debate such a bald-faced assertion would create, and wanted none of it. At the same time, he clearly desired the socially legitimizing benefits of

medicalization. The most illuminating public statement Wilson made on this matter actually occurred much later, in 1960. He suggested, "We have never called alcoholism a disease because, technically speaking, it is not a disease entity. For example, there is no such thing as heart disease. Instead there are many separate heart ailments, or combination of them. It is something like that with alcoholism. Therefore we did not wish to get in wrong with the medical profession by pronouncing alcoholism a disease entity. Therefore we always called it an illness, or a malady – a far safer term for us to use."[1]

Regardless of Wilson's cautious posturing, A.A. did in fact adopt the logic of medicine in its efforts to destigmatize alcoholism. As discussed, Wilson and the early alcoholics embraced William Silkworth's ideas. In fact, A.A. would go on to play a central role in the popular diffusion of "the disease concept of alcoholism."[2] On some level, Wilson wanted to have his cake and eat it too. *Alcoholics Anonymous* assumed the mantle of medicine while simultaneously avoiding pathologizing alcoholism.

Herein lies the irony of alcoholism. Using the concept of disease as a metaphor, the medicalization of alcoholism actually contains an implicit critique of the very phenomenon of medicalization and, by extension, the medical establishment. As discussed, A.A. essentially appropriated a medical model without pathologizing alcoholism. In doing so, A.A. cast a spotlight on the socially constructed nature of disease and implicitly raised a critique against the

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[1] [William Wilson], "Clergy Conference," talk to the Annual Convention of the National Clergy Conference on Alcoholism, New York, 21 April 1960, pagination from the transcript, 20; quoted in Kurtz, *Not God*, 22-23.
[2] Ibid.

concept of medicalization itself. The logic of medicine grounds itself in the notion of empirical research and scientific credibility. In effect, A.A. rejected medicine's underlying notions of scientific rationality and pragmatism. With alcoholism, the concept of disease is salvaged, but recast by a grass-roots rejection of scientific legitimacy and a critique of the logic of medicine.

Tellingly, the book contains a section that encourages the reader to diagnose himself. Herein lies another unique feature of alcoholism – self-diagnosis. *Alcoholics Anonymous* suggests, "We do not like to pronounce any individual as alcoholic, but you can quickly diagnose yourself. Step over to the nearest barroom and try some controlled drinking. Try to drink and stop abruptly. Try it more than once. It will not take long for you to decide, if you are honest with yourself about it. It may be worth a bad case of jitters if you get a full knowledge of your condition."[3] This passage is worth pausing over for two reasons. The first is simply a reiteration of one of my central themes – the definition of alcoholism given here is based on the behavior of the individual and not any interior psychological underpinning or physical pathology. The second is the use of the phrase "controlled drinking," which logically implies that the reader is already practicing "uncontrolled drinking." This is significant – obviously, this diagnostic model was intended for the "patient" rather than the doctor. In a fascinating turn of events, the onus for diagnosis no longer rested with the physician, but with the patient. This was an elemental feature of A.A.'s therapy – self-determination. In turn, this had broader implications for A.A. as an

[3] *Alcoholics Anonymous*, 31-32.

organization. A.A. explicitly avoided the authoritarian trappings of medicine by eliminating any hierarchical structure.

Later, the book elaborates, "We hope we have made clear the distinction between the alcoholic and the non-alcoholic. If, when you honestly want to, you find you cannot quit entirely, or if when drinking, you have little control over the amount you take, you are probably alcoholic. If that be the case, you may be suffering from an illness which only a spiritual experience will conquer."[4] In some sense, by identifying himself as an alcoholic, the individual is also assuming responsibility for it, but not assuming the stigma. Rather, he/she assumes a high moral road to follow, asking for forgiveness and being redeemed.[5]

As John C. Burnham has pointed out, there was a wholesale shift in American cultural values during the first half of the twentieth century.[6] An entire constellation of vices (including drinking, smoking, taking drugs, gambling, sexual misbehavior, and swearing) were no longer perceived as social problems, but as personal ones – the individual became stigmatized rather than the substance or behavior involved. A.A. seems to have mirrored or perhaps even contributed to this shift. Burnham brings important attention to, but perhaps places too much

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[4] Ibid., 44. An interesting sidebar: in 1973, A.A. World Services, Inc. published a pamphlet entitled "is AA for You? Twelve questions only you can answer," that consisted of, as one might expect, a series of 12 questions geared to helping the reader determine whether he/she was an alcoholic. Again, the questions are primarily behavioral in nature. For example, "Have you ever decided to stop drinking for a week or so, but only lasted for a couple of days?" or "Have you missed days of work or school because of drinking?" Many members of A.A. wryly note that the Big Book contented itself with simply posing two questions.

[5] For an interesting, if brief, comparison of A.A. and other self-help movements, see Elaine Showalter, *Hystories: Hysterical Epidemics and Modern Culture*, (New York: Columbia University Press, 1997), 150. Showalter contrasts the emphasis on personal responsibility, which does play a large role in the rhetoric of A.A., with the latter-day self-help movements and the recovered-memory movement in particular, which recasts the role of the individual as one of "victimization and accusation."

[6] Burnham, *Bad Habits*, 3.

emphasis on, the influence of commercial interests in this process. For instance, he asserts, "The great victory of the alcoholic-beverage business was to turn the idea that there is an illness, alcoholism, into the negative of social action that might diminish the profits on the sale of the beverages."[7] Once again, such assertions overemphasize the influence of market capitalism while downplaying or simply ignoring the grass-roots efforts of non-professionals like the members of A.A.

This is not to say that the efforts of alcohol beverage producers and distributors were not influential. The following quotation is revealing: "As Thomas F. McCarthy, president of Licensed Beverage Industries, Inc., noted in 1947, specialized scientists generally agreed that 'the root of the "problem drinker's disease" lies in the man and not in the bottle. The "problem drinker" is a *medical* problem – and he won't be cured until the scientists and doctors figure out a way.'"[8]

Clearly, and quite ironically, there was an unintended "meeting of the minds" between the members of A.A. and promoters such as McCarthy. The latter certainly became aware of this as time passed. Burnham notes, "Most alcoholic-beverage-industry observers perceived that Alcoholics Anonymous (founded in 1935) was no threat to alcohol and that the scientists would be useful – 'potentially valuable allies,' in the words of one industry report to the distillers in 1947."[9]

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[7] Ibid., 83.
[8] Ibid.
[9] Ibid., 82. The "scientists" in question refer to the RCPA, as well as the research centers at Rutgers and Yale during the 1940s.

A.A. was viewed as a potential ally because of its expressed concern with the alcoholic individual, rather than alcoholism as a social problem. Indeed, since A.A. was not a temperance organization, the only logical focus for reform left was the rehabilitation of the individual. Also, because of its religious leanings, A.A. would naturally center on the individual as the focal point of evangelical enthusiasm. This emphasis on the personal partially explained why the Rockefeller dinner described earlier was such a success. Once the capitalists understood this was not another temperance organization, they heartily welcomed it onto the stage. Another reason was A.A.'s parallel with the Protestant/Christian assumption the individual must save him or herself. This strategically relieved the "fat cats" of responsibility for alcoholism as a social ill. Best of all, this movement was being effected by people from the middle and lower classes.

A.A. perceived this emphasis on the individual as a positive development and no doubt this helps to explain why its philosophy spread so far. In effect, this was a case of "bad news," followed by "good news." The bad news was, "I am an alcoholic." Ironically, the good news was also; "I am an alcoholic." What is the rationale behind this paradox? By assuming responsibility for the "disease" of alcoholism, the patient could presumably begin "treatment" and was ultimately restored to "sanity." Of course, this implied a prior state of "insanity." What was the source of this insanity? Once again, *Alcoholics Anonymous* turned from pathology to psychology, "Selfishness – self-centeredness! That, we think, is the root of our troubles. Driven by a hundred forms of fear, self-delusion, self-

seeking, and self-pity, we step on the toes of our fellows and they retaliate. . . . we invariably find that at some time in the past we have made decisions based on self which later placed us in a position to be hurt."[10] Again, this indicates the complexity of A.A.'s relationship with medicine – the language of physiology is alternately replaced with the language of psychology.

6.3 From "Cure" to "Remedy:" Changing Self-Conceptions of A.A.

Of tremendous interest is the quick alteration of some of this language in the years immediately following the publication of *Alcoholics Anonymous*. Specifically, the view A.A. had of itself changed from a "cure" for alcoholism to a "remedy." What were the reasons for this? I would suggest two – one having to do with A.A.'s relationship to the public, the other to do with its view of itself and relation to the medical community. Many people did, in fact, relapse (or resume drinking) after their exposure to A.A. The experience of relapse painfully demonstrated that many alcoholics were far from cured. Also, I believe that the move from "cure" to "remedy" was done because it actually helped unify the medical model. An allergy is not cured; it is simply avoided. In this manner AA sought to soften the absolute claim of "cure" in its relations with the public as well as the medical community.

This transition from A.A. as "cure" to A.A. as "remedy" was not as neat or smooth as my initial comments might suggest. In 1939, *Alcoholics Anonymous* cautioned the reader to strive for continual spiritual growth, for, "We are not cured of alcoholism. What we really have is a daily reprieve contingent on the

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[10] *Alcoholics Anonymous*, 62.

maintenance of our spiritual condition."[11] This was intended as a warning to the recovering alcoholic against over-confidence. I do not believe it was intended as an evaluation of the efficacy of A.A. The very notion of a "daily reprieve" implied once more that the alcoholic was relieved of some interior (i.e., psychological) instability through divine intervention. Regardless, the notion that A.A. was not a "cure" would appear again later. When considered in conjunction with the postcard campaign that touted A.A. as a "sure-cure" for alcoholism, the intent of this passage becomes clear. Recall as well the early press coverage that A.A. received – Elrick Davis and other writers like him were not reticent in proclaiming A.A. a "cure."

However, as early as 1940, this kind of public posturing had already been replaced with a far humbler position. For example, the Rocky Mountain News noted, "There is not an ex-alky among them who will boast that he is 'cured.' They prefer the term 'arrested' because they admit they never know when, due to their alcoholic allergy, they may slip a cog and take the first drink of an inevitable cycle. They only know that – NOW – they are free and happy and that their freedom and happiness depends on how much help they give others of their own kind – NOW."[12] This quote is noteworthy for several reasons. It clearly seeks to insulate A.A. members from the boasting rhetoric of "cure." What follows is another interesting paradox. Ostensibly, A.A. members never know when they might "slip a cog" (presumably lose their minds) due to the "alcoholic allergy." Of

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[11] Ibid., 85.
[12] Logan Long, "The Strangely Moving Story of a Band of Tolerant People Who Call Themselves 'Alcoholics Anonymous' and Daily Save American Lives – And American Homes," *Rocky Mountain News Sunday Magazine*, 3 March 1940.

course, in the conventional language of A.A., this leads to the "inevitable cycle" of drinking. Once again, we see Silkworth's "allergy plus obsession" formula, a complex marriage of psychology and physiology.

I do not intend to trivialize this analysis. In reading accounts by both professionals and lay writers, the painful toll of this baffling set of behaviors is very evident. Silkworth's theory was an attempt to understand a state of being that defied explanation. A.A.'s heady initial self-promotion as a "cure" was no doubt intentional and played on this very enigma – anything that could make a difference in the alcohol arena was sure to draw attention.

Once again, as A.A.'s membership grew, the claim of panacea was dropped (or strongly qualified, as we shall see). Returning our attention to the *Saturday Evening Post* article by Jack Alexander, we find further evidence of this. Writing in 1941, Alexander informs us, "There is, they agreed, no such thing as an ex-alcoholic. . . . The best he can hope for is to become an arrested case . . ."[13] Once again, we see the shift from "cure" to "arrest." Again, this is more consistent with the allergy model (or the diabetes analogy that Alexander himself uses). One does not "cure" an allergy; but merely "arrests" it by avoiding the allergen.

However, after debunking A.A. as "cure," Alexander goes on to make some intriguing assertions regarding the efficacy of A.A. "One-hundred-per-cent effectiveness with nonpsychotic drinkers who sincerely want to quit is claimed by the workers of Alcoholics Anonymous. The program will not work, they add, with

[13] Alexander, 3.

those who only 'want to want to quit.'"[14] By the beginning of 1941 A.A. already had some 2,000 members and presumably would have had many "failures" along the way. The article continues, "As it is impossible to disqualify all border-line applicants, the working percentage of recovery falls below the 100-per-cent mark. According to A.A. estimation, 50 per cent of the alcoholics taken in hand recover almost immediately; 25 per cent get well after suffering a relapse or two, and the rest remain doubtful. This rate of success is exceptionally high."[15] As noted earlier, Alexander is careful to note the source of this statement. Despite this affected objectivity, Alexander was actually deeply impressed by William Wilson and the two became close friends.[16]

However, Alexander was not initially thrilled with Wilson. In a vein somewhat reminiscent of Henrietta Seiberling's comments, Alexander's first impression of Wilson was that he was "either incredibly naïve or a bit stupid."[17] However, after following Wilson around on a tour that included Akron and Cleveland, Alexander was won over. "His cynicism evaporated; and his endorsement of the Fellowship was so whole-hearted that he was to remain a close friend for years to come."[18] In fact, he was eventually asked to be a trustee in 1951. Yet, despite the favorable rapport between these two, Alexander still remained somewhat cautious in his article. For example, he wrote, "Although it is

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[14] Ibid.
[15] Ibid.
[16] Kurtz, *Not God*, 101.
[17] *Pass It On*, 245.
[18] Ibid., 246.

too early to state that Alcoholics Anonymous is the definitive answer to alcoholism, its brief record is impressive and it is receiving hopeful support."[19]

Thus, despite the fact that A.A. publicly backed away from referring to itself as a "cure," it continued to make optimistic claims of efficacy. This further highlights the significance of the allergy theory. In the years immediately following the publication of *Alcoholics Anonymous*, out of concern for it's relationship with both the public and the medical community, the allergy concept was unified within A.A. and disseminated publicly as the accepted, consistent view.

This accomplished several things. First, it served to unify the disease concept of alcoholism. In addition, the claim of A.A. as a "remedy" rather than a "cure" helped to discourage grandiose claims of efficacy, thus reducing the organization's exposure to public ridicule. Finally, it helped A.A. to account for people who resumed drinking – their relapse was a result of the allergy, and not a reflection on A.A.

However, by 1941, the efforts of A.A. had still not endeared it entirely to the hearts and minds of medical practitioners. Members continued a delicate dance to balance their religious and medical roots. Ernest Kurtz suggests just how precarious this dance was:

> Largely because it carefully eschewed being mistaken for either therapy or theology, Alcoholics Anonymous not only attained the cooperation of medical and religious professionals but avoided being co-opted by either group. It achieved this by (largely implicitly) playing the one off against the other. Echoes of a science vs. religion debate still resonated in the 1940s, and while that led some in each camp – medicine and religion – to write off Alcoholics Anonymous as belonging

[19] Alexander, 3.

> to the opposition, it enabled A.A. itself to fend off too smothering an embrace by either group.[20]

Thus, while the efforts of A.A. had won them many friends among medical practitioners, the bulk continued to look askance at A.A. and it's efforts to medicalize alcoholism. Indeed, there is at least anecdotal evidence to suggest that A.A.'s supporters did not believe the "medical business." In 1949, largely through the efforts of Dr. Harry Tiebout, William Wilson was asked to address the American Psychiatric Association at its annual convention in Montreal. Following his address, a former president of the APA informed him that "outside of the few A.A.'s in the room, and myself, I do not think a single one of my colleagues believed a word of your explanation."[21] Wilson was surprised, for he had received an ovation. " . . . the old man replied, 'Well, Mr. Wilson, you A.A.'s have a hundred thousand recoveries and we in the psychiatric profession have only a few. They were applauding the *results*, much more than the *message*.'"[22] Clearly, going into the 1940s, A.A.'s medicalized view of inebriety had not gained credibility within the medical community. Enter Harry Tiebout.

6.4 Legitimizing A.A. and Redefining the Alcoholic Personality

As evidenced by my earlier chapters, A.A. certainly had many friends in the fields of medicine and psychiatry. Few were as prolific or important as Harry Tiebout.

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[20] Ernest Kurtz, "Twelve-Step Programs," in ed. Peter H. VanNess, *Spirituality and the Secular Quest*, vol. 22 of *World Spirituality: An Encyclopedic History of the Religious Quest*, ed. Ewert Cousins, (New York: Crossroad, 1996).
[21] Wilson to Dr. John G., 9 October 1967; quoted in Kurtz, *Not God*, 122.
[22] Ibid., italics Wilson's. It is worth noting that the state of psychiatry was itself uncertain during this period. Psychiatry and A.A. were both seeking to legitimate their views and therapies – and they both had an uneasy relationship with the authority of orthodox medicine.

He was a psychiatrist and the physician-in-charge at Blythewood Sanitarium in Greenwich, Connecticut. He was initially exposed to A.A. when he was asked to read a pre-publication copy of *Alcoholics Anonymous*. Impressed by the potential of this movement, he passed it along to one of his patients. Marty Mann would go on to become A.A.'s first female member and a dynamic organizing force within the alcoholism movement. Likewise, Tiebout would fill an important role in the budding alcoholism movement. Not only would he go on to provide psychiatric counseling to William Wilson, he became an outspoken advocate for A.A. and its ideas at a time when the fellowship had still not gained legitimacy within the medical community. His support of the organization was not dogmatic, however. When he was confronted with the curative power of A.A., he decided to "discover what made A.A. tick."[23] He would go on to publish several well-known articles on the subject and redefine America's understanding of the alcoholic personality.

Once convinced of the therapeutic efficacy of A.A., Tiebout worked tirelessly through the 1940s (and beyond) to legitimize the group and its worldview within the field. He published numerous articles toward this end. The most interesting for the sake of my topic is an article published in 1944 and boldly titled, "The Syndrome of Alcohol Addiction." This paper is fascinating and warrants a close reading.

In presenting the clinical picture of alcohol addiction, Tiebout actually demonstrates a carefully nuanced understanding of alcoholism. In Tiebout's model, there is no pre-existing physical condition which creates alcohol addiction.

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[23] White, 142.

At the same time, there is no underlying psychological condition that is determinative. Rather, a complex convergence of physical and psychological traits produces the alcohol addict.

Appropriately (or ironically, depending on one's point of view), the paper was originally presented at the Symposium on Prevention and Treatment of Alcoholism, which was sponsored by none other than the RCPA at the annual meeting of the American Association for the Advancement of Science in Cleveland, Ohio, in 1944. Perhaps the most interesting aspect of the article is that Tiebout intends for it to be used as a diagnostic aid by other psychiatrists. The work is clearly informed by theoretical considerations, but at heart is meant to be extremely practical.

Tiebout opens his article with the bold assertion that "The title of this paper is a challenge and is meant to be that."[24] Throwing the gauntlet down at the medical community, he declares that alcohol addiction can be legitimately thought of as a clinical syndrome. He then proposes to delineate the syndrome in both "longitudinal perspective" and in "cross-sectional stages."[25]

Tiebout commences to outline the longitudinal perspective. He utilizes a combination of physical and psychological factors that are actually reminiscent of Silkworth's "allergy plus obsession" theory. Tiebout cites two essential features that become evident in longitudinal perspective: first, tension states within the individual which eventually produce a pattern of intermittent drinking sprees;

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[24] Harry M. Tiebout, M.D., "The Syndrome of Alcohol Addiction," *The Quarterly Journal of Studies on Alcohol* 5, no. 4 (March 1945): 535.
[25] Ibid.

second, a subsequent period of progressive deterioration that leads to somatic involvement.

As Tiebout proceeds to develop the longitudinal picture, he continues to suggest a delicate balance of psychological and physical factors. When the individual's "drinking career" begins, his habits cannot be differentiated from those of other people. However, in time, key differences do emerge. First, the future alcoholic turns to drinking more often than others when confronted with difficulties. Second, the individual drinks to the point of intoxication. As he develops a tolerance for alcohol, the "candidate" needs greater quantities to obtain the desired effect. Soon, he displays his first uncontrolled drinking spree – an interval of continuous drinking. As evidenced here, Tiebout suggests that psychological motivations actually lead to the physical reconditioning of the individual. The sprees become more frequent and at this point the individual may be said to be an alcohol addict (note that he does not refer to this as alcoholism, though he does refer to the patient as an alcoholic). The downhill progression mentioned earlier begins to emerge. The sprees eventually coalesce until life is, in effect, one continuous spree. If left unchecked, somatic changes appear with death as the ultimate outcome.

Tiebout divides the downhill progression into three stages: the prodromal stage, the acute stage, and the chronic compulsive stage with somatic complications. In his model, the prodromal stage essentially lays the foundation for the second stage – this is where the candidate develops an ever-higher physical tolerance for alcohol. In the acute stage, the individual displays a true

compulsion for drinking, but his sprees are still intermittent. In the final stage the alcoholic has no control over his compulsion to drink. "Only an uninterrupted state of intoxication can keep the drinker from the unbearable realization – inevitable in a sober interval – that he is not receiving the gratification which he is seeking."[26]

To this point, Tiebout has more or less followed a moral model of addiction. However, he soon turns this concept on its head by suggesting that the alcoholic personality is, in fact, a product of the alcoholic's drinking, rather than its cause. He does this by outlining the cross-sectional aspects of the three stages profiled above. However, since the first and third stages represent problematic extremes (the first has lingering aspects of normality, the last is obscured by the somatic changes already taking place), a description of neither is particularly useful as a diagnostic aid.

Instead, he proceeds to dissect the second, or acute, stage. He notes, "This stage is characterized, as already brought out, by the element of intermittence. It is also characterized by the development of a superimposed alcoholic personality. These two in combination furnish the most convincing evidence of the existence of the alcoholic syndrome, and merit full discussion."[27] These lines encapsulate the complexity of Tiebout's understanding of alcohol addiction. The element of intermittence refers to a set of behaviors. He implies that the underpinnings might be psychological, but the defining element is a set of behaviors – a specific set of physical acts. As we shall see later, Tiebout

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[26] Ibid., 537.
[27] Ibid., 538.

implies that this is not the only source of release available to people – but something about the alcohol addict (perhaps some underlying physiological factor) causes him to turn to alcohol as a release of tension. This is consistent with the next line and its allusion to "the development of a superimposed alcoholic personality." The patient is not born with this personality disorder – it is a by-product of the set of *behaviors* outlined in the earlier stage of the syndrome. In other words, alcohol changes the budding addict's mind just as much as his body. With this, Tiebout is turning the conventional (i.e., moral) understanding of alcoholism on its head. The alcoholic personality does not produce drinking; rather, drinking produces the alcoholic personality. He elaborates, "Regardless of the original type of personality structure, as the illness progresses there seems to emerge a tendency to react in essentially similar ways, sufficiently similar, in fact, to justify the opinion that the similarities represent another typical feature in the alcoholic syndrome."[28]

What are these similarities? In a vein distinctly reminiscent of the disclosure found in *Alcoholics Anonymous* ("Selfishness – self-centeredness!"), Tiebout lumps these personality traits under the moniker "egocentric."[29] Acknowledging that the word is problematic, Tiebout nonetheless feels the label is an appropriate one. In an interesting development, he informs us that, "It is well understood, of course, not only that other maladjustments display egocentric qualities but also that the alcoholic's egocentric qualities do not differ significantly

[28] Ibid., 540.
[29] Ibid.

from those found in other ailments."[30] However, he draws two distinctions between the alcohol addiction syndrome and other ailments. First, egocentricity exists in the alcoholic without any "distracting surface symptomatology such as phobias, anxiety phenomena, and the like."[31] Second, as outlined above, "A characteristic constellation of egocentric traits is welded together during the course of the illness."[32] This is significant because, although these personality traits become universal in the latter stages of alcohol addiction, no consistent pattern emerges among the pre-alcoholic personality. This is problematic, to say the least, for a psychiatrist who might be trying to diagnose someone in the early stages of the syndrome. Tiebout is aware of this ambiguity and sidesteps it by suggesting a diagnosis based on the patient's drinking pattern rather than personality traits. "The symptoms outlined may be used as criteria for deciding whether or not the patient is suffering from alcohol addiction. There are many who drink large quantities and go off on sprees. Unless, however, the frequency steps up and the downhill course is plain, one can only suspect that the individual is susceptible, and can only warn that the future may contain the germs of trouble."[33]

Two observations are worth noting. First, Tiebout's basis for diagnosis is still highly subjective (despite his insistence that the downhill course must be "plain"). Also, unlike the self-diagnosis element of A.A., Tiebout is inviting the psychiatric community to get in on the act of diagnosis and begin labeling

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[30] Ibid.
[31] Ibid.
[32] Ibid.
[33] Ibid., 544.

patients as "alcohol addicts." I suggest his intention was to invite the psychiatric community to begin actively participating in the ongoing process of medicalization which A.A. had initiated.

The question of the relationship between physical and psychological factors is obviously of great interest to Tiebout. He returns to it several times, using it once as the basis for an expansive hypothesis regarding addiction itself. "If alcohol is seen as activating the egocentric side of the individual, then the ailment of addiction may be viewed as a slow altering of the individual in the direction of egocentricity."[34] He then uses a fascinating analogy, unlike any we have seen to this point. He notes, "It is true that the seeds of the subsequent egocentric development must be found in the individual. It seems true, also, that the seeds may be discovered in a variety of soils. Under the nurturing of alcohol, like weeds in a garden, these seeds sprout vigorously and soon overwhelm the other characteristics, so that at last all the gardens look pretty much alike."[35]

In this regard, Tiebout's explanation of the alcohol addiction syndrome as an illness seems to resonate clearly with Wilson's use of the heart disease metaphor cited earlier. As in Wilson's example, Tiebout suggests there can be multiple causative factors that lead to a common symptomatology. Perhaps the most interesting contrast is their use of literary convention – Wilson uses a medical metaphor when addressing a religious audience, whereas Tiebout uses a domestic one (gardening, with its perhaps unintentional allusion to the Garden of Eden) when addressing a medical audience.

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[34] Ibid., 543.
[35] Ibid.

Harry Tiebout's legacy is considerable. Though his formulation of alcohol addiction would ultimately be superseded, the sophistication of his thought proved influential. During the 1940s, he picked up on the behavioral model and developed it into its mature form. He did this, ironically, by blending the seemingly inconsistent theories of psychology and biology that had dominated earlier debates over inebriety. He would become a visible and very influential proponent of A.A. He was central to promoting A.A. to the APA. He would eventually join A.A.'s Board of Directors, and was thus a central figure in legitimizing A.A. within the medical community.

However, given the kind of lingering bias alluded to by Wilson following his address to the APA in 1949, one wonders about the efforts of figures such as Harry Tiebout to promote the medicalization of alcoholism. It seems to me that Americans embraced the idea of alcoholism as a disease in the same way that William Silkworth did. Using an almost intuitive reasoning, Americans seemed to say, "You can't tell me these people aren't sick." Despite some resistance within the medical community itself, this point of view prevailed and became the paradigm through which Americans would understand inebriety for decades to come. One final quote will provide an illustration of the kind of folk wisdom that embraced and promoted the medicalization of alcoholism. Two scholars were doing research on the disease concept of alcoholism at an A.A. meeting. "A young woman A.A. member, told that some experts are saying alcoholism is not a disease, looked blank for a moment, shrugged slightly, and said, 'Well, it sure isn't the picture of health.' She then turned back to the A.A newcomer she was

trying to help, who had the shakes almost as bad as those of the surgeon, Dr. Bob, nearly 40 years before."[36]

6.5 Conclusions

The key contribution of my study is to the conventional historiography of the development of the disease concept of alcoholism. The standard historical narrative of medicalization in this arena presents the disease concept supplanting the moral (read as: religious) model that had preceded it. Generally, scholars have focused on several organizations that were key to propagating the disease concept of alcoholism, notably the Research Center for Problems of Alcohol, the Yale Center for Alcohol Studies and specifically E.M. Jellinek's work beginning in the 1950's.

In fact, the transition from moral stigma to legitimized disease entity was neither neat nor complete. It was fiercely contested, often by medical personnel themselves. This is one of the key points of my thesis: the new paradigm, which A.A. was largely responsible for disseminating, actually represented a complex mixture of medical metaphors and spiritual remedies. The legitimizing properties of medicalization were used to effectively bring the individual back to a personal religious experience (something which medicine ostensibly replaces to begin with). Herein lies the irony of alcoholism: it represented an unusual instance of patients diagnosing themselves with an illness that many physicians were, in fact, unwilling to accept.

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[36] Barry Leach and John L. Norris, "Factors in the Development of Alcoholics Anonymous (A.A.)," in Benjamin Kissin and Henri Begleiter (eds.), *Treatment and Rehabilitation of the Chronic*

I have attempted to incorporate the social history that served as a backdrop to these developments. While the commentators I have chosen to focus on may have been less prestigious than the researchers of the RCPA or Yale Center for Alcohol Studies, I believe their influence was far more profound and far-reaching. They are appropriate subjects for the history of a grass-roots movement. Beginning with William Silkworth, continuing with William Wilson, Robert Smith, and the other alcoholics they worked with, and finally culminating in the work of Harry Tiebout, these often anonymous individuals helped reframe the very meaning of the term "alcoholic." It should be clear by now that the public's embrace of A.A. and its theoretical underpinnings had much more to do with its therapeutic efficacy than the persuasive power of its rhetoric.

However, the disease concept was central to A.A.'s thinking from day one. We see it clearly with William Silkworth and his contribution to the book *Alcoholics Anonymous* in 1939, and it continues through the work of Harry Tiebout into the mid- and late-1940's. These individuals helped reformulate the relationship between medicine and religion over the course of the twentieth century. The idea of the alcoholic has been emulated and reproduced by countless other 12-step programs. It has become a central part of the American identity.

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