

# A Sociohistorical View of Addiction and Alcoholism

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*This essay is framed by the work of Edward Sampson (1993), and is a sociohistorical analysis of the institutional vicissitudes in American history that have formed the ground of our current version of the “truth” about drugs, alcohol, the drug addict and the alcoholic. The drug and alcohol discourse has been used throughout American history to institute and maintain normative ideals. These ideals are contoured by Western individualistic understandings of human being. They revolve around a theme of freedom seen as access to unlimited possibilities, which arises as a right for those individuals who are self-reliant. Alcoholics and addicts have been used as political identities, silently portraying the opposite and living out the underside of these normative ideals. As political identities they are used discursively to maintain mainstream illusions of self-reliance and to hide the falsehood of the capitalist promise of unfettered access to unlimited possibilities. Capitalist interests flourish through the maintenance of these illusions, and are able to disown responsibility via the silencing, through embodiment, of those who have been marginalized. This self-celebratory discourse is, hence, a monologue that undermines the possibility of hierarchical revolutions. Encapsulated in the embodiment of the alcoholic and addict are the covering over of political conflicts, the leveling down of difference, and the marginalizing of those who represent dialogical possibility. Twelve-step mutual help organizations participate in self-celebratory monologues that maintain the version of truth supportive of the agendas of the wealthy; however, they also offer an other-centered strategy by which dialogue again becomes possible.*

Throughout American history, drugs, alcohol, addicts and alcoholics have been used discursively to support cultural ideals, which, in turn, serve capitalist interests. Contoured by Western thinking and the agendas of the powerful, national and individual identity revolve around themes of freedom, self-reliance and independence. The alcoholic and addict live out the isolation inherent in such claims and also the underside, the dependence into which these empty ideals collapse.

My work is framed by the thinking of, among others, Thomas Szasz, Judith Butler, Kenneth Gergen, Michael Foucault and, most importantly, Edward Sampson. Sampson (1993) talks about the creation of political identities as the means by which those in power retain and re-tell their self-serving and self-celebratory narratives. “Truth” is constructed via these narratives, with those in power determining the terms that are used. Political identities

are “serviceable others” that are used discursively to form the backdrop and negative comparison points against which normative ideals are configured. Silence is fostered by the assumption of dialogue when, in fact, the voice of the other has been appropriated into a monologue that reproduces itself and thereby maintains the version of truth by which it was created. Not only is the serviceable other silenced, but this silence itself becomes invisible.

The alcoholic and, more recently, the addict have been serviceable others who are used to promote self-celebratory capitalist ideology. Freedom is our national founding metaphor and is seen as being based on individual self-reliance. The corporate promise is that freedom means access to unlimited possibilities. This freedom is held forth as a human right and is contingent only on how hard one works. Human being is inherently relational, thus this sense of self-reliance is founded on an illusion that promotes false dichotomies between the “independent” and “dependent,” and furthers already existing power differentials. Moreover, the concepts of “self-reliance” and “individual independence” make corporate responsibility a moot point. Freedom ends up being lived as the right to be unencumbered by personal responsibility to or concern about one’s neighbors, community and world. As a political identity, the alcoholic and addict stand as the “other” whereby the mainstream can retain its illusion of radical independence and by which those who stand to profit from the discourse can continue to dominate its terms. The “disease of alcoholism” arises as the embodiment of political conflict and the container of cultural diversity sacrificed for the formation of national identity.

Although alcoholism is not unique to the United States, American experience and interests have determined the terms of the modern discourse worldwide. In fact, until recently, the World Health Organization had no definition for alcoholism because problems with alcohol appear so differently in each culture. However, it was an American scientist who brought the disease concept of alcoholism to the attention of WHO, and it has been American scientific, medical, social and religious institutions that have determined the discursive terms that inscribe the experience. Moreover, recovery from alcoholism, including treatment sanctioned by medical and insurance interests, is largely contoured by the spiritually based discourse of Alcoholics Anonymous—an institution born and bred in the United States. The following is a sociohistorical portrayal of some of the political vicissitudes in American history to which alcoholism is a response, from which the alcoholic as a political identity arises, and to which spiritually based recovery speaks in its reawakening of dialogue and re-welcoming of difference.

*The Intertwining of Religion and Capitalist Agendas in Early American History*

People enjoyed alcohol long before its immoderate use was conceptualized as the disease of alcoholism. Seventeenth and eighteenth century Europeans and their American counterparts generally viewed rum, gin and brandy as nutritious and healthful foods that supplemented monotonous diets. “Spirits” were heavily used in the medical treatment of colds, fevers, snakebites, frozen limbs, and broken bones, and functioned as relaxants during times of emotional turmoil (Rorabaugh, 1979). Beer and wine were necessary and typical alternatives to poor water supplies, and most public controls of alcohol focused on protecting the drinker by maintaining a good supply of wine at a fair price (Austin, 1985). Indeed, in 1673, alcohol was referred to by Puritan leader Increase Mather as a “creature of God” that should “be received with thankfulness” (Levine, cited in Rorabaugh, p. 23). That was before the general population could afford distilled spirits and at a time when recreational drinking was a pastime available only to the upper classes (Austin).

By 1708, however, Increase Mather’s son, Cotton, proclaimed that although moderate drinking had its place, drunkenness was a source of social unrest, divine affliction, and a warning of eternal damnation (Rorabaugh, 1979). This depiction followed the increasing availability and popularity of distilled spirits. With growing popularity, the price of rum dropped from 3 shillings 6 pence in 1722 to 2 shillings in 1738, which made it easily affordable to the growing working class. In one instance it was reported that a typical workweek included one day of work because in one day, a worker could earn enough to get drunk each day for the rest of the week (Rorabaugh). Thus, early Americans—men, women and children—drank “every day, throughout the day, and large amounts on special occasions” (Levine, cited in Rorabaugh, p. 116). All classes participated to the degree that it was affordable, and it was assumed that because people drank, they would occasionally get drunk (Rorabaugh).

Because rum drinking began to be associated with sloth and lack of production, it also began to be viewed as a moral, spiritual and social problem (Rorabaugh, 1979). Chaos and disorder had often been seen as antithetical to godliness in other times; however, in early America, this principle emerged as the belief that social order, class structure and godly virtue were integrally entwined. Thus, breakdown in class hierarchy was seen as

indicative of spiritual malady. So it was not just the momentary chaos and disorder caused by drunken individuals against which Cotton Mather spoke when he warned of divine affliction. He was also worried about the loss of class hierarchy that accompanied an inebriated upper class with its inability to turn a profit on the backs of a drunken and unproductive work force (Rorabaugh). Although moderation is linked with Godly virtue throughout much of the Bible, this particular matrix of concerns, which rests upon the association of production and morality, is reflective of American values that began in Cotton Mather's time and continue to the present.

### *Isolation of Drinkers and the Formation of Class Structure*

While there had always been an upper and a lower class, community events largely included everyone, with the wealthy joining in or sponsoring these gatherings. However, along with the old ties to Britain went entitlement by birth to one's place in the economic hierarchy. In the face of insecurity, the wealthy sought to protect their assets by increasing production and by buying privacy, and, hence, hierarchical distancing through exclusion of underlings (Austin, 1985). Control from afar meant the necessity of the internalization of the agendas of the wealthy by workers on whom the upper class was dependent for its wealth. Seeing orderliness as a Christian virtue, religious leaders joined forces with the upper class in attempts to maintain class hierarchies. Subsequently, production was conflated with God's will as a way to inculcate the agendas of the wealthy on mainstream America, with religious guilt and fear the tools used to etch these values deeply into American experience. Already seen as antithetical to production, drunkenness began to be viewed as a sin (Rorabaugh, 1979).

### *Oppression as the Genesis of Religious Fundamentalism*

With the reduction of workers to their utilitarian value, average alcohol intake increased even as the number of abstinent did also. Both abstinence and drunkenness were responses to this production based de-humanizing reduction. Oppression was a significant basis for the growth of religious fundamentalism in the United States and the discourse on alcohol was a ground upon which it gained its footing. Abstinence as a practice arose in light of a cosmology of "good" and "evil" that was replacing an ideology of "vice" and "virtue" among a growing middle class (Krout, 1925). The radical

split between good and evil reflected and solidified the place of mainstream America in economic and political life. Good works were not sufficient to guarantee one's place in God's Kingdom; rather a "born again" experience began to be the sole evidence of middle class ontological superiority to wealthy oppressors. This made the oppression tolerable while supporting an illusion of personal freedom through subservience to a higher authority.

"Evil" was reflective of the poverty and powerlessness from which this mainstream was in the process of escaping. The concept of "evil" in Christian fundamentalism made room for the scapegoating of unholy others who showed themselves to be the antithesis of cultural ideals. Further, it allowed the demonizing of difference. The alcohol debate provided the forum by which the middle class carved a moral niche for itself prior to its economic distinction.

*Temperance Turns to Abstinence in the Lexicon of "Good" and "Evil"*

It is hard to overstate the magnitude of this discussion during the formation of U.S. identity. Abolition was the only discursive event that trumped Temperance from the late 1700's until the 20th century (Gusfield, 1963). Early temperance groups arose in the 1700's to promote moderate drinking and lifestyles conducive to austere upper class values (White, 1998). However, within the lexicon of "good" and "evil" there was no room for moderation. The early temperance groups were quickly appropriated, and, by 1811, their goal had changed from moderate drinking to abstinence, with abstinence indicative of commitment to middle class values. Drinking rather than drunkenness had become symbolic of the refusal of nationalist tendencies that defined American values (Gusfield). As individual identity became increasingly configured by one's relation to production, so also did drinking become indicative of one's place in the social order. Those who used alcohol did so as unproductive other on whom the mainstream could disown its discontent and in comparison with whom its members could feel superior.

*False Dichotomies Produce the Illusion of a Dialogue*

As a political identity, the alcoholic embodied dependency within a social and political milieu that values its opposite. Not only did a dependent other reflect the antithesis of American ideals, but, also, that very depen-

dency became the basis for the strategy whereby the alcoholic was silenced. As dependent other, the chronic drinker was seen as needy, in need of help. “Help” came in the form of public humiliation at the hands of “moral benevolent societies,” and those who refused help were further ostracized. Thusly the voice of the drunkard was reduced to a request or refusal of help, and this silencing was hidden behind a façade of good intentions and the illusion of a dialogue between the helper and the helped. As a result, the drunkard was further isolated and de-humanized by his reduction to the object of a cause, the silencing hidden in the grandiosity of benevolent helpers. This dynamic—the use of religious ideology to justify a claim of power over another, and subsequently, to maintain the other’s dependency via self-celebratory benevolence—continues to characterize much of American domestic and foreign policy.

*The Use of Alcohol in the Service of Leveling Down Differences*

As the dependent object of a benevolent cause, the drunkard served as a symbol to unify Americans and to consolidate national identity. Temperance societies flourished against a backdrop of anxiety over the loss of the old order and a resulting fear of chaos and ambiguity (Gusfield, 1963). Fear of difference fueled both Abolition and Temperance discourses. Despite instances of bravery and altruism, most Americans were against slavery because they did not want cultural and racial diversity. Nativists actively tried to discourage or eliminate immigration, and, failing that, tried to get newcomers “Americanized.” Abolition was primarily about eliminating the influx of difference, and Temperance Reform was largely about leveling it down. Most of the members of temperance societies in the early 1800’s were not themselves drinkers, and many were not particularly religious. Rather, they were natives of the United States who favored the use of Temperance discourse as a way to maintain the social order and to impose their values on the influx of foreigners.

Temperance societies gained momentum in the face of the biggest binge the United States has ever seen. Between 1800 and 1830, annual per capita consumption of distilled spirits increased from about 3 ½ to 5 gallons, almost three times what it is today, and this did not include wine, beer or hard cider (Rorabaugh, 1979). This occurred with the rise of the industrial revolution, which created tremendous social changes as people moved from rural areas to urban dwellings and emigrated from Europe to

America. Foreigners, particularly the Irish, Germans, and Italians brought with them customs that seemed to encourage the use of alcohol (Gusfield, 1963). As groups of workers were concentrated in larger enterprises, the relation of intemperance to efficiency became more than a passing problem (Krout, 1925). Industry management, almost exclusively native citizens of the United States, promoted abstinence, while labor, made up mostly of immigrant populations, was puzzled by and unreceptive to this strange demand. This splitting of the social order later led to labor/management disputes and exacerbated conflict between newcomers and the old guard, Catholics and Protestants (Stout, 1921; Gusfield).

*Prohibition as the Demonization and Legal Eradication of Difference*

As a self-celebratory discourse, Temperance Reform demonized and hence silenced difference. In so doing, the movement eased conflict and maintained power hierarchies. Prescriptive and thereby predictive of social structure, Temperance Reform moved toward expunging evil/difference by eradicating alcohol, and the focus changed from individual to political reform. This change arose as the next wave of foreigners threatened to overwhelm nationalist sentiments. In 1851, following the great influx of immigrants in the 1840's, Maine became the first state in the Union to enact statewide prohibition of alcohol. By the time that national prohibition was effected almost 70 years later, 33 states had followed suit.

*The Monologue Embeds Silence in Embodiment*

Accompanying the isolation and silencing of the drunkard was the emergence of the disease hypothesis. In 1784, Dr. Benjamin Rush described an "illness of the will" and proclaimed "a nation corrupted by alcohol can never be free" (cited in White, 1998, p. 3). "Dipsomania" was seen as the result of contagion or heredity (Shore & Luce, 1976). Contagion was the explanation for higher-class drunkards or for soldiers who had fought the Revolutionary War. Those of the lower class, however, were seen as having inherited this disease of the will from parents of low birth (White). The resulting implication was that national freedom was contingent on personal will power and, further, that lower classes were, by virtue of embodied inheritance, entrenched in a disease of the will. This two-tiered explanation supported a viewpoint of class structure as an inevitable and intergenerational

function of physiology, and of the impoverished other as responsible for problems with national freedom. Freedom and will power were entwined in this concept, as were heredity, disease and poverty.

*The Capitalist Transformation of Difference into the Dependency of Addiction*

Because of social, religious and legal suppression of alcohol throughout the 19th century, a large patent medicine industry grew in response to the increasing need for privacy. These patent medicines were derived from the home-based remedies of indigenous and community healers. Largely based in alcohol and other drugs such as opium and cocaine, these home remedies were patented and mass marketed via mail order as a means to circumvent local and state prohibition laws. By the late 1800's, the patent medicine industry spent more publication advertising dollars than any other industry (White, 1998) and, consequently, controlled a major medium of the dissemination of ideas.

Often sold as prophylactics, daily use of patent medicines was encouraged, with further use recommended for typical symptoms of withdrawal (White, 1998). Thus, the marketplace responded to demands for secrecy that emerged from the shaming and criminalizing of those who used alcohol and drugs. The response was to encourage addiction through pseudo-medical indoctrination and to control the means by which the indoctrination became possible. To summarize, capitalizing on the shaming of difference had turned a medicine and occasional social lubricant into a burdensome physical necessity, sickness into addiction, and the sick into addicts. Cultural difference was transmuted into the dependency of sickness, which was further contoured into the sin of addiction in a self-sustaining cycle that promoted shame, physical need and personal suffering.

*Alcohol, Drugs and the Formation of the American Medical Association*

Along with the capitalist appropriation of medicine, healing moved from its traditional feminine roots to a more masculine enterprise, escorted in by accompanying patriarchal characteristics. When early to mid-century medical practitioners observed the growing use of patent medicines by mainstream Americans, the American Medical Association (AMA) was organized in 1847 for the purpose of suppressing the patent medicine industry (<http://www.ama-assn.org/ama/pub/category/1926.html>). By the late 1800's, seeing that



the future of medicine resided in chemical intervention, the AMA began to seek control over rather than suppression of patent medicines (Stout, 1921).

From the mid-19th century to the initiation of National Prohibition in 1919, the AMA vied for dominance with other more holistically based practitioners. By the beginning of the 20th century, medicine had formed two main camps. Subscribers to AMA philosophy saw health as contingent on control over the body. They practiced an invasive kind of medicine in the interests of intervening in bodily processes. In contrast, the holistically oriented practitioners sought the route to good health through the body's natural processes (Stout, 1921). Holistic practitioners, along with religious institutions, formed the backbone of the medical treatment of addiction in the second half of the 19th century (White, 1998). The AMA was not involved in addiction treatment. Its primary interest was to become the sole provider of drugs and alcohol.

In 1914, the AMA convinced Congress to make all drugs except nicotine and alcohol accessible only via AMA practitioners. The enactment of the Harrison Anti-Narcotic Act spelled the death of the patent medicine industry overnight. Prohibiting access to medicine paved the way for national prohibition of alcohol five years later when the AMA successfully redefined alcohol, changing its status from food to medicine (Stout, 1921). Through national prohibition, the AMA created a self-sustaining system whereby their professionals became the only legal source of care for addicts and alcoholics as well as for the sick, who had previously found recovery through community and ease of suffering through alcohol, patent medicines and home remedies. Difference was further embedded in an embodiment that was increasingly helpless and susceptible to an invasive and disinterested form of medical suppression or removal.

*AMA Dominance Means Criminalizing of Addiction/Difference Via Embodiment*

Enacted in 1919, Prohibition sealed the dominance of the AMA and made illegal most other sources of healing. Some doctors were happy to write prescriptions for alcohol. In the city of Chicago alone, 500,000 prescriptions for whiskey were issued during the first four-and-a-half months of Prohibition (Stout, 1921). However, most AMA practitioners refused to treat "criminals," or, at best, grudgingly doled out portions of alcohol,

often via enema (Auerbach, 1930). Assumed for the previous 150 years to be a disease, addiction was reduced to criminal behavior and abandoned by the dominating medical community. Decades of research and experience treating all forms of addiction, including nicotine addiction, were wiped out as funding sources dried up and medical support withered (Tietsort, 1929). Punishment for criminals rather than treatment of the sick became the answer to the “wet/dry” conflict, and addicts and inebriates were left in an institutional amnesic void. Overnight, difference, embodied by the sickness and dependency of addiction, was turned into crime, and addicts into criminals.

*AMA Monological Objectifying Gaze “Others” Embodiment*

The institutional abandonment of alcoholics and addicts and the prohibition of alcohol removed the possibility of dual medical tracks in the United States and thereby set the monological tone of medical scientific discourse that continues to the present day. Through the authoritarian stance and de-humanizing medical gaze of the AMA, embodiment became one version of “other.” The sick were isolated and subject to professional medical authority, abstracted from traditional, communal forms of caring. “Health” and “hygiene” became new terms in the marketplace, replacing “godliness” and “virtue” as normative ideals. Isolated and without help, alcoholics and addicts were viewed as hopeless, their treatment reduced to sterilization and end-stage warehousing, with frontal lobotomies becoming a popular option in the 1940’s. Difference had been silently repressed into criminal embodiment, with conformity to the agendas of the powerful contained in the construct “health.”

*Government Dependence on Alcohol Leads to Ambivalence about Prohibition*

In 1864, one of the first “sin” taxes was a federal tax imposed on sales of alcohol. Although most of the states were alcohol free by the time of national Prohibition, a quarter of the nation’s revenue came from sales of alcohol. Prior to the passage of the 18th Amendment, it was necessary, in 1913, to institute an income tax in order to wean the national treasury from its alcohol dependence (Kane, 1959). Not surprisingly, given the ambivalent approach taken by the government, which was at once claiming moral opposition to alcohol while remaining financially dependent upon it,

Prohibition was carried out poorly. Due in part to the devastating financial picture following the stock market crash of 1929, Prohibition was repealed fourteen years after it was enacted.

Political ambivalence meant that no one wanted to take responsibility for nor even admit the existence of problems directly related to drinking. In Kansas, a notoriously dry state, there were 15,000 deaths from alcohol poisoning by 1930 and no one to respond to the crisis (Asbury, 1950). Overall, it was estimated that by 1927 well over 50,000 people had died from drinking poorly made alcohol, and this did not include the hundreds of thousands of non-fatal cases that resulted in blindness or paralysis (Behr, 1996). These were huge numbers, especially given that most Americans did not drink. People were afraid to drink, not knowing what led some people to die or to become dependent on alcohol while others were able to drink without problems.

#### *The Liquor Industry Funds Formative Scientific Exploration into Alcoholism*

Following the repeal of Prohibition, the “wet/dry” debate continued. There was nothing built into the amendment to guarantee ongoing non-medical access to alcohol. Manufacturers of alcohol were anxious to gain political stability and to open a market ripe for exploitation, if only the public’s fears could be assuaged. When rumors began to circulate that “alcoholics” (a newly coined term) could not drink due to an allergy to alcohol, the liquor industry seized hold. The first scientific exploration into the rumor was undertaken in the early 1940’s by Dr. E. M. Jellinek at Yale University. These alcohol studies were financed by the liquor industry, which reported that about 10 percent of U.S. citizens were predisposed to alcohol addiction.

#### *Alcoholics Anonymous Arises Out of the Institutional Void*

Interestingly, the allergy rumor began in the 1930’s and was circulated by those forgotten in the wake of AMA abandonment. Left in an institutional void, alcoholics reached to each other for and with help. In 1936, Alcoholics Anonymous, the largest mutual-help organization of the 20th century, arose when its second founding member took his last drink (Makela, et al, 1996). The starting date of AA highlights the relational approach of it’s 12-step philosophy. The birth date of AA was not the sobriety date of the

first member to attain sobriety; it was the date on which two people were able to stay sober together.

Humility is the cornerstone of AA philosophy, and, within that philosophy, humility is the opposite of self-reliance (Anonymous, 1952). Reaching to another in need and response is the life-blood of AA. Recognition of one's need becomes the possibility of spiritual awakening, an awakening to the recognition of that which is greater than oneself. In other words, it is a re-awakening to one's incompleteness, to self as dialogical possibility rather than as self-contained monologue. The emphasis on humility means that the basis of real strength is in the countering of illusions of radical independence. Such beliefs challenge foundational ideals to which Americans remain attached, making AA a truly counter-cultural social phenomenon. AA grew rapidly shortly after its inception, a phenomenon that speaks to the pertinence of its philosophy to the cultural milieu.

Ironically, while rejecting the American social value of autonomy and independence, AA made popular the term "alcoholic," which locates the drinking problem within the diseased individual. While AA takes a holistic approach which addresses mind, body, spirit, morality, work and the social world, AA conceptualizes difference as located in a potentially reified, diseased body, whether developed through overuse of alcohol or as a matter of genetic predisposal. By locating difference in individual embodiment, AA discourse maintains the social structure as delineated by current power hierarchies at the same moment it opens a space for scapegoated individual experience to meaningfully unfold.

Bill Wilson, the organization's founder and the author of its main text, *Alcoholics Anonymous*, referred to "illness," "allergy," "sickness," and "malady," but refrained from using the word "disease," not wanting to offend the medical profession (Anonymous, 1984), which continued, for the most part, to refuse treatment to alcoholics. "Allergy" was the concept used by Wilson's doctor, one of the rare professionals working in the field in the 1930's (Anonymous, 1939). It was AA that gave the allergy rumor its start and it was AA members who were Jellinek's only research subjects during the formative years of modern alcohol research (Shore and Luce, 1976).

*"Allergy" is a Useful Metaphor that Ends the "Wet/Dry" Debate*

Although inheritance had long been thought to be involved in chronic drunkenness, early AA narrators carefully avoided the idea that alcoholism

was inborn or transmitted genetically. Stories from the first edition of *Alcoholics Anonymous* point clearly to the development of the allergy rather than its genetic transmission. This development of an allergy was seen to be caused by drinking too much. AA members were anxious not to give the impression of genetic anomaly because, until the rise of Nazi Germany, the United States led the world in eugenics. AA members did not wish to be the target of forced sterilization or more noxious strategies by which they would be denied the possibility of procreation. Furthermore, having long been the recipients of criminal punishment and medical neglect, they wished to re-involve the medical profession in treatment. If seen as untreatable due to genetic flaw, alcoholics would have a more difficult time engaging the medical profession's interest.

The allergy model was popular for a number of reasons. First, it told those suffering with alcohol problems that they could not drink at all. Second, it gave permission for others to drink unreservedly. Third, it relieved the liquor industry of responsibility for alcohol related problems by locating them in the silent and increasingly estranged embodiment of a few anonymous people. Finally, the idea that the problem was not in alcohol, but, rather, in the embodiment of a small minority, brought a grateful end to the “wet/dry” debate that had more or less dominated public attention for more than 150 years.

### *The Disease Concept of Alcoholism Gets its Modern-Day Foothold*

Jellinek and his colleagues preferred a disease hypothesis to the allergy model. “Disease” seemed more descriptive of the problem, which Jellinek thought was easily observable, for example, in the red eyes, running nose, emaciation, poor grooming and hygiene of the chronic drunkard (Haggard and Jellinek, 1942). Also, the “disease” model left more room for interpretation, which allowed for greater discursive possibilities. Jellinek saw the complexity of alcoholism and viewed the disease hypothesis as a forum for gaining a pluralistic understanding of alcoholism and help for the alcoholic. For much of his life, he used his scientific influence to advocate for the medical treatment of alcoholics.

However, the AMA continued to refuse treatment to those they had used to gain dominance. Furthermore, they saw the clear articulation of a physically based etiology as necessary to the adoption of a disease hypothesis. Jellinek's interests were in funding sources and public policy. He specifically

avoided making unequivocal statements about “the cause of the habit, the why of excessive drinking, which is the central problem of alcohol” (Haggard and Jellinek, 1942, p. 227). His hypothesis was that alcoholism was a complex problem born of a complex society in which individualistic styles of life produced pathological consequences including alcoholism. Jellinek’s belief was that communal systems had previously provided context and ritual whereby life was given meaning and reason, which safeguarded members from the personal disintegration that Jellinek saw to be prevalent in his day. He saw the value of alcohol as having shifted from symbolic to ritualistic use, to the level of folk custom, as a cultural attempt to reduce the tension produced by individualism (Jellinek, 1945).

### *Disease Means Money*

The Great Depression and World War II left little money for research on what were deemed non-essential areas of study. Jellinek’s research, conducted under the auspices of the Yale Studies in Alcohol, was almost the only research on alcoholism worldwide. Jellinek was reluctant to support state or federally operated treatment institutions, believing that treatment would necessarily deteriorate into formulaic and ill-suited strategies that would undermine effective efforts to treat the individual (Fleming, 1945). However, he was interested in garnering financial resources from government sources. He used his status as the head of the largest alcoholism research institute in the world to formulate the existence of, and then to become the leading consultant to, the World Health Organization’s Committee on Alcoholism. He held this position from 1950-1955.

In 1950 the Committee termed alcoholism a disease and a social problem, the extent and seriousness of which public health authorities had been slow in recognizing (Bruun, Pan and Rexed, 1975). However, largely due to the wide divergence in drinking patterns and different conceptions of alcoholism worldwide, WHO could not agree on a definition of “alcoholism.” Finally, in 1954, it devised a very broad definition:

A chronic behavioral disorder manifested by repeated drinking of alcoholic beverages in excess of the dietary and social uses of the community and to an extent that interferes with the drinker’s health or his social or economic functions. (cited in Shore and Luce, 1976, p. 147)

Meanwhile, the American Psychiatric Association included alcoholism in the first *Diagnostic and Statistical Manual (DSM-I)* published in 1952 (Jaffe, 1993) and, in 1968, refined its views in the Second Edition. In short, psychiatry and psychology saw alcoholism as part of a deeply rooted disorder of personality, either causal or resultant (Shore and Luce, 1976). In 1957, WHO pushed a still reluctant AMA to accept a disease model of alcoholism. The statement published by the AMA characterizes alcoholism as

An illness characterized by preoccupation with alcohol and loss of control over its consumption such as to lead usually to intoxication if drinking is begun; by chronicity; by progression; and by a tendency towards relapse. It is typically associated with physical disability and impaired emotional, occupational, and/or social adjustments as a direct consequence of persistent and excessive use of alcohol. (AMA, 1968, pp.5-7)

In 1960, Jellinek wrote *The Disease Concept of Alcoholism* in which he took a broad definition of disease, stating “a disease is what the medical profession recognizes as such” (cited in Shore and Luce, 1976, p. 142). Without convincing scientific evidence, but with direct discursive influence, Jellinek changed both the concept and experience of alcoholism to that of disease.

### *The Evolving Meaning of Disease*

The meaning of the term “disease” has continued to evolve over the course of the last 60 years. In the early days, most people thought of disease as something for which the sufferer was at least partially responsible. They wavered between a religious/moral/superstitious conceptualization and the modern scientific and professional approach, which objectified embodiment and isolated sickness from the community. Along with the isolation went meaningful response, both to oneself and from a community. Abstracted from its spiritual, moral, and social context, embodiment has become an objectified other, which bears the blame and removes the burden of choice, hence guilt, for those who would otherwise be marginalized by their differences. Genetics have come to be the discursive container of difference, a scientific monument to our continuing emphasis on monologizing conformity.

Compulsive attachment or dependence—in other words, the disease or

disorder of addiction—appears to be the modern day response to oppressive demands for strength via conformity within a framework that promises access to unlimited possibilities to those who are self-reliant. That the other-centered approach of AA has become a popular corrective to addictions of all kinds speaks to the efficacy of the 12-step approach, and also to the strength of its voice as an institution. The discursive production of disease is mushrooming, with successful treatment via the 12 steps seen by many as a sufficient qualification. Thus, addiction to illegal drugs joins overeating, compulsive sexual behavior, and 270 other “addictive behaviors” for which 12-step groups exist (Makela et al, 1996) in their quest for a designation of disease. The advantages to those who suffer are relief from guilt provided through the medical excuse for behavior not tolerated by a scapegoating mainstream. Benefits to those in power include the medical silencing, largely through genetic re-framing, of the voice of discontent, the voice that has always responded via addiction to the isolating and de-humanizing reduction of people to objects of capitalist appropriation. Genetic re-framing forgives the sufferer for failure to support corporate agendas, while also removing the possibility of choice and voice.

### *Spirituality, Medicine and Politics*

Ensnared in a discourse that increasingly locates social and psychological problems in embodiment, AA does so also. Although the problem, hence difference, is seen as embodied anomaly, the social forum and non-hierarchical meeting format of AA functions to give voice to those who would otherwise remain silent and brings the isolated and wounded together in a discursive embrace. Spirituality rather than medicine is seen as the key to the future, and in that light, difference evolves from fear-based isolation to open-minded and other-celebratory possibility. Seeing their psychological difficulties as stemming from a fear-entrenched need for control, recovery means allowing life to unfold and accepting “life on life’s terms” (Anonymous, 1939/2001). These are the bases upon which members find relief and a new life.

In a discursive environment in which science is typically viewed as the only legitimate epistemological foundation, this is an interesting moment in our history in which spirituality continues to be taken up as the primary corrective to a disease that is largely accepted as physically based. The massive popularity and influence of 12-step philosophy and practice offers an alternative that, because of its shunning of monetary gain, personal



notoriety and organizational hierarchy, defies complete appropriation by a monologizing and self-celebratory discursive regime. While AA, as an institution, participates in the power dynamics of the larger culture, its other-centered approach offers a response to the self-celebratory stance embedded in American identity. Humility grounds the welcoming of difference in a social field in which individuals recognize themselves as limited, and, hence, in need of others and of God. The spiritual awakening of the 12<sup>th</sup> step offers a message to the larger culture about the inherent relatedness of human experience, with addiction a consequence of an ideology centered by self-reliant, self-contained individualism. Within its inherently open and non-hierarchical structure, 12-step programs offer a culture counter to the self-celebratory one that produced addiction as one of its greatest shadows. As such, 12-step groups offer a strategy by which true dialogue becomes possible.

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