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Pre-A.A. Alcoholic Mutual Aid Societies

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Abstract

It would be hard to imagine picking up a late 20th century text on alcoholism that did not detail or debate the value of Alcoholics Anonymous (A.A.) as a framework for long term recovery from alcoholism. Based on its size, geographical dispersion and endurance, A.A. has rightfully earned its place as the standard by which all other sobriety-based support structures are judged. Given the more than 3,000 books and articles that have been written about A.A. (Bishop and Pittman, 1994), it is surprising that only scant attention has been paid to the American alcoholic mutual aid societies that preceded A.A. Modern understanding and even acknowledgment of these groups is quite rare. This paper seeks to stir interest in these lost chapters in the history of alcoholism recovery in America by:

- cataloguing and comparing pre-A.A. alcoholic mutual aid societies with A.A. and post-A.A. mutual aid groups,
- describing those characteristics that pre-A.A. alcoholic mutual aid societies shared in common,
- identifying the factors that led to the demise of pre-A.A. alcoholic mutual aid societies, and
- discussing what the collective histories of these groups reveal about the sources of A.A.'s resilience and the potential fate of post-A.A. alcoholic mutual aid societies.

The Boundaries of Mutual Aid

Alcoholics have a long history of reaching out to others for help, and they have for more than 200 years been involved in organizing support structures to help themselves and each other. To explore the latter, we must determine which efforts deserve inclusion in the present study. First, our discussion will focus on group-supported recovery rather than the many varieties

of “solo” recovery from alcoholism. Linda Kurtz has described such groups and classified them by their degree of focus on personal change, their degree of inclusion or exclusion of professionals, and their degree of organizational autonomy (L. Kurtz, 1997). For our discussion, we will operationally define “pre-A.A. alcoholic mutual aid societies” by limiting our scrutiny to groups that meet the following six criteria:

1. They were founded before 1935.
2. Alcoholics played leadership roles in their founding and/or operation.
3. Their goal, in whole or in part, focused on the resolution of drinking problems at a personal level.
4. They specifically (but not necessarily exclusively) recruited alcoholics as members.
5. They were member-directed as opposed to professionally-directed.
6. Their existence can be verified from multiple historical sources.

These criteria exclude from our discussion many 19th and early 20th century temperance and religious groups, including the Oxford Group, that were used by alcoholics as an aid to sobriety but were not organized by alcoholics and whose goals did not explicitly include the reclamation of the alcoholic. The requirement that groups be member-directed eliminates from our discussion the entire spectrum of 19th and early 20th century professionally-directed treatments for alcoholism. And by restricting ourselves to groups whose existence can be validated from multiple sources, we eliminate (at least pending further historical investigation) groups such as the Harlem Club of Former Alcoholic Degenerates whose fictional depictions may or may not have had a real counterpart (Cullen, 1899). At the same time, the above criteria include several Native American cultural revitalization movements and 19th century urban missions even though these groups had goals that included, but transcended, recovery from alcoholism. These criteria also embrace the mid-19th century moderation societies organized by and for those with drinking problems but whose goal was not total abstinence.

Having set the boundaries for our discussion, we will introduce the pre-A.A. alcoholic mutual aid societies in the order in which they appeared.

Native American Temperance Societies

The first abstinence-based mutual aid societies in America were organized by Native Americans whose own sobriety often followed near-death experiences with alcohol. The vision experiences of these messianic leaders vividly revealed the role alcohol (the “Water of Death”) was playing in the destruction of Native Peoples. As early as the 1750s—nearly a century before the Washingtonian Revival—Wagomend, an Assinsink Munsee, and Pappoonan, a Unami Delaware, exhorted their tribes to denounce rum and return to their cultural traditions. Wagomend hosted quarterly meetings where walking, singing, dancing and cathartic weeping were used to support the personal and cultural rejection of alcohol (Francis, 1996, P. 121).

In the late 18th and early 19th centuries, Samsom Occom, Handsome Lake, Tenskwatawa (The Prophet), The Kickapoo Prophet Kenekuk, Kah-ge-ga-gah-bowh (George Copway), and William Apess turned their own rebirths into broader temperance and cultural revitalization movements. The local “circles” organized by Handsome Lake were led by a “holder” who served as a teacher of the “Code of Handsome Lake,” the first principle of which was complete rejection of alcohol. To the best of this author’s researches, these circles constitute the first geographically de-centralized alcoholism recovery framework in America (Cherrington, 1926; Mancall, 1995; Edmunds, 1983, 1984; Schultz, 1980; Apess, 1992; White, 1999).

The personal recoveries of these Native American leaders generated the first alcoholic confessional literature in America, the first anti-alcohol tracts written by and for alcoholics, and the first group experiences whose goals included personal and cultural sobriety. The extent and nature of Native American alcohol problems have often been misportrayed in the form of what

Leland has christened “firewater myths” (See MacAndrew and Edgerton, 1969, and Leland, 1976), just as the contributions of Native Americans within the history of alcoholism recovery in America have been almost universally ignored. These contributions constitute an area of much needed study.

Of particular historical importance is the way in which the earliest Native American abstinence-based movements viewed personal recovery from alcoholism as inseparable from the physical survival and the economic, political and cultural revitalization of Native American tribal life. As we shall see, the degree to which alcoholic mutual aid societies address broader political, economic and social concerns will vary widely and constitute a subject of considerable on-going controversy.

The Washingtonians

Recovered alcoholics served as temperance missionaries in the 1830s, but it was not until April 2, 1840, that a mutual aid society was organized by and for Euro-American alcoholics. The Washingtonian Temperance Society was birthed out of the failure of the existing temperance movement to focus any significant and sustained energy on the reclamation of the drunkard. It was only a matter of time before a group of “sots” would organize their own temperance group—one whose membership would invite others like themselves into sober fellowship. The Washingtonians grew to a collective membership of more than 500,000 within three years, distinguishing it as one of the fastest growing social movements in American history. Their membership, which at first was made up almost exclusively of “hard cases,” grew in the face of its public recognition to include members who had not suffered from alcoholism. In most places, the latter quickly outnumbered the former.

The Washingtonians pioneered a program of alcoholism recovery based on: 1) a public commitment to total abstinence (signing the pledge), 2) public confession, 3) continued participation in weekly “experience sharing” meetings, 4) service work (“Let every man be present, and every man bring a man.”), 5) mentorship (older members visiting newer members), 6) personal assistance (provision of food, clothing, shelter, work), and 7) sober fellowship (social activities). The Washingtonians also created special support branches for women, young people, and “free colored” (Anonymous, 1842; Baker, 1844; Maxwell, 1950; Blumberg and Pittman, 1991; Alexander, 1988). The Washingtonians are the most widely known of pre-A.A. alcoholic mutual aid societies. They were the only alcoholic mutual aid society before A.A. to achieve that unique and often fatal American phenomenon, “super-success.”

The Fraternal Temperance Societies

A new sobriety-based support structure—the fraternal temperance society—rose from the ashes of the collapsing Washingtonian groups in the mid-1940s. These societies—groups like the Sons of Temperance, Order of Good Templars, Order of Good Samaritans, and Order of Rechabites, to name just a few—used group cohesion, mutual surveillance, financial assistance, and elaborate meeting rituals to bolster one’s pledge of abstinence. The centerpiece of the recovery approach of the fraternal temperance society was regular sober fellowship. The transition from the Washingtonians to the fraternal temperance societies was marked by a shift in emphasis from signing the pledge (initiating sobriety) to developing a new sobriety-based lifestyle (sustaining sobriety). This shift was also marked by a movement from a highly public to a more private (“secret”) venue of alcoholism recovery—a venue within which one’s identity as a former drunkard could be protected (Temple, 1886).

Fraternal temperance societies grew prolifically in the middle decades of the 19th century. Membership in the Sons of Temperance grew to more than 250,000, and membership in the Good Templars exceeded 2.9 million. Since the membership of most of these societies was not exclusively alcoholics, the number of alcoholics using these societies as frameworks for personal

recovery is not precisely known, but some indication is the estimate that 400,000 of the 2.9 million Good Templars were former drunkards. Smaller groups, such as the Independent Order of Good Samaritans, were organized by alcoholics and sustained an exclusive membership of those seeking recovery. Amidst great controversy, some of the fraternal temperance societies included women and African Americans (Fahey, 1996, p. 20). While some of these local fraternal temperance societies meet our criteria of being organized by and for alcoholics, this focus was often lost over time.

The Reform Clubs

As fraternal temperance societies became less focused on the reclamation of the drunkard, reform clubs emerged as a new sobriety-based support structure in America. The roots of the whole movement can be traced to events in Maine during the early 1870s. It was here that newly recovering alcoholics J.K. Osgood, Dr. Henry Reynolds, and Francis Murphy organized their Royal Purple Reform Clubs, Red Ribbon Reform Clubs, and Blue Ribbon Reform Clubs. The “ribbon” in the reform club names reflected the practice of reform club members wearing a colored ribbon as a public sign of membership and as a personal reminder of their commitment to total abstinence. The reform club movement spread throughout the East and Midwest in the closing decades of the 19th century. Because of its highly de-centralized structure, the total membership in the reform clubs is unknown, but the state membership of some reform clubs in the 1870s exceeded 40,000 (Ferris, 1878; Hiatt, 1878).

The recovery framework of the reform clubs consisted of public commitment (pledge signing and carrying a signed pledge card), weekly experience sharing meetings in the Washingtonian tradition, active recruitment of new members, and regular sober fellowship. The reform clubs were more religious in their orientation than the Washingtonians or fraternal temperance societies, but strictly prohibited political discussions within their meetings. Most of the reform clubs were organized geographically, but some were organized within particular professional groups, e.g., railroad employees and police and fire department employees (Vandersloot, 1878).

The Moderation Societies

Not all of the 19th century alcoholic mutual aid societies were founded upon the principle of abstinence. Early 19th century temperance workers had tried (unsuccessfully) to coach alcoholics to moderate their drinking, but it wasn't until the second half of the 19th century that moderation-based mutual aid societies were organized. One of the better-known of these groups was the Business Men's Moderation Society founded in 1879. The moderation societies relied on a unique type of pledge and mutual support to ameliorate their drinking-related problems. They pledged not abstinence, but that they would not drink during working hours, would not participate in “treating,” and would limit the amount they drank to certain predetermined levels (Cherrington, 1926).

Institutional Aftercare Associations

Between 1860 and the early 1900s, an elaborate network of inebriate asylums, inebriate homes, and addiction cures institutes appeared on the American landscape. Some of these institutions grew out of alcoholic mutual aid societies. The Washingtonian Home in Boston grew out of the Boston Washingtonian Temperance Society while the San Francisco Home for the Cure of the Inebriate was founded by the Dashaway Association, a mutual aid group originally formed for alcoholic firemen (Baumohl, 1986).

Some mutual aid societies were birthed within pre-existing alcoholism treatment institutions. The first of these—the Ollapod Club—appeared in the 1860s within the New York

State Inebriate Asylum (Parton, 1868). Over time, these groups designed to support alcoholics while they were undergoing treatment were extended beyond the walls of treatment facilities to also support alcoholics after they had left treatment. These usually took the form of local alcoholic temperance societies such as the one organized for current and former residents of the Appleton Temporary Home in Boston. It was a powerful experience for a man who had just entered such a home to sit between men who had themselves entered that home months or years earlier but today were sober, productive and respected (McKenzie, 1874).

In 1872, “inmates” of the Franklin Reformatory Home for Inebriates in Philadelphia organized a “practical, mutual-benefit association” that was named after its first president, Samuel P. Godwin. The Godwin Association conducted weekly support meetings, sought out delinquent members, served as an “ambulance corps” to find and bring the intemperate to the Home, and provided financial support to care for the indigent at the Home. The Association also held special meetings and dinners on election nights, the Fourth of July, Thanksgiving, Christmas Eve, and other “days of general excitement, when temptations incident to them are better guarded against” (*Twelfth Annual Report...*, 1884). The meetings themselves were very much in the experience sharing style of the earlier Washingtonian meetings. The presentations at the Tuesday night Total Abstinence Conversational Meetings were described as follows:

These brief addresses, free from display and personal vanity, but teaching a manly, self-reliant spirit, chastened and controlled by a humble trust in God, make their impress upon the heart and soul, so recently prey to all anguish of remorse and despair. (Twelfth Annual Report..., 1884)

The most highly organized and geographically dispersed of all the mutual aid societies linked to treatment institutions were the Keeley Leagues. The first Keeley League was founded on April 8, 1891 at the original Keeley Institute in Dwight, Illinois. (The Keeley Institute was the largest and best known of the private addiction cure institutes.) The Keeley Leagues grew in tandem with the expanding Keeley Institute franchises. The 370 Keeley League chapters embraced a membership of more than 30,000 former Keeley patients by the mid-1890s. Keeley League meetings were held daily at the Keeley Institutes, run by officers who were continually replaced from the arriving pools of new patients. Keeley meetings were then held back in local communities where former Keeley patients met for support and fellowship. Keeley League meetings were a mix of welcome to new patients, speeches from departing patients, reading communications from former patients bearing news and encouragement, and social and religious activities. Keeley League members were expected to prominently display their club pin on their person, write their local newspapers proclaiming their cure, and contribute financial support to subsidize the treatment of indigent alcoholics within the Keeley Institutes (Barclay, 1964).

The Mission Support Groups

When Jerry McAuley opened the doors of the Water Street Mission in October of 1872, he birthed the urban mission that would open its door and its heart to the indigent alcoholics. McAuley also marked the beginning of the leadership role that the recovered, or in their language, *redeemed*, alcoholic came to play within such institutions (Offord, 1885; Bonner, 1967). McAuley’s work was replicated within independent urban missions throughout the country, the best known of which would be the Salvation Army service centers. What is noteworthy for us in this current study is the fact that the daily meetings at urban missions served as alcoholic mutual aid structures and birthed even more formal mutual aid societies. Among the latter was the United Order of Ex-Boozers founded in 1914 as a “fraternal group devoted to the reclamation of other drunkards.” Such groups hosted gospel meetings, planned or participated

in “Boozers’s parades,” and provided personal testimony within the urban missions (White, 1998, p. 74).

The Emmanuel Movement and the Jacoby Club

In 1906, two clergy, Elwood Worcester and Samuel McComb, and a physician, Isador Coriat, created a clinic within the Emmanuel Church of Boston that for several decades integrated religion, medicine, and psychology in the treatment of disorders ranging from tuberculosis to alcoholism. The clinic’s work with alcoholics birthed a “lay therapy” movement that exerted a profound influence on the treatment of alcoholism in the 20th century (McCarthy, 1984). It is noted here because of a unique adjunct to the Emmanuel Clinic: the Jacoby Club.

The Jacoby Club was started by Ernest Jacoby in 1910 to provide a place for fellowship and support for those undergoing treatment for alcoholism at the Emmanuel Clinic. Although Ernest Jacoby was not an alcoholic, the Jacoby Club is included here because its mission so specifically focused on support for the newly recovering alcoholic. It functioned much like the earlier noted Appleton Temperance Society, Godwin Association, or Keeley Leagues. Its motto was “A club for men to help themselves by helping others.” Sometimes referred to as a “Drunkard’s Club,” the Jacoby Club blended sober fellowship, recreation, and service to “men and women who are struggling to escape the slavery of drunkenness,” all within an informal atmosphere of “sympathy and encouragement” (Purrington, 1909; Dubiel, 1999). Also interesting was the expectation that “every man who is cured shall undertake the reformation of one other person.” This other person was known in the language of the Jacoby Club as a “Special Brother.” Ernest Jacoby referred to the process of how men changed in the Jacoby Club as one of “regeneration” (Dubiel, 1999).

Early Counterparts to Later Groups

Before closing this review of pre-A.A. mutual aid societies, it is appropriate to pause and place such groups within the context of subsequent developments. There are historical counterparts to many of the alcoholic mutual aid societies that emerged as adjuncts and alternatives to A.A. following its founding in 1935. Alcoholics Victorious, which was founded in 1948 to provide an explicitly Christian framework of alcoholism recovery has its counterparts in groups such as the United Order of Ex-Boozers that rose within the late 19th and early 20th century urban mission movement in the U.S. Women for Sobriety, founded in 1975 by Dr. Jean Kirkpatrick (1978, 1986) to provide an alcoholic mutual aid society organized by and for alcoholic women, mirrors concerns about the special needs of inebriate women that were present in the 19th century and that led to the founding of the Martha Washington Society and the Keeley Leagues for Women.

While the Washingtonian Society is often referred to as A.A.’s predecessor, it might be more aptly described as the predecessor of Secular Organization for Sobriety founded by James Christopher in 1985 and Rational Recovery founded by Jack Trimpey in 1986 (Christopher, 1988; Trimpey, 1989). While there are similarities between A.A. and the Washingtonians, the Washingtonians were so distinctly non-religious and non-spiritual in orientation that they were charged by their religious critics with the heresy of humanism (placing their own power above the power of God) (Blumberg and Pittman, 1991, p. 152). Contemporary groups like Moderation Management, DrinkWise and Drink Watchers similarly have their counterparts in such 19th century groups as the Business Man’s Moderation Society.

America has also witnessed the emergence of Afrocentric mutual support models for addiction recovery in the late 20th century (Williams, 1992). This author has been unable to discover mutual aid societies of the 19th century organized exclusively by and for African American alcoholics, but the earliest efforts to frame sobriety within an African American cultural

context can be traced to the 19th century writings of Frederick Douglas and the practices of groups like the Black Templars (Douglas, 1855, pp. 252-256; Crowley, 1997, p. 126-128).

II

Before exploring what influence, if any, these early alcoholic mutual aid societies had on the history and structure of A.A., we will examine what these societies shared in common as well as their collective fate.

Shared Characteristics

There are several similarities in the history and structure of the groups reviewed in this paper. Most were founded by and primarily for white, adult, working class men. They emerged during or immediately following a period of economic depression or cultural crisis, and most emerged out of the messianic vision of a charismatic leader who was himself in the earliest days or months of his own recovery from alcoholism. Most of these leaders had achieved sobriety in the wake of a profound experience akin to religious conversion. The organizational life of these groups tended to be dominated by these charismatic leaders.

Most of the groups profiled in this paper share what Linda Kurtz has described as the “self-help ethos”: a set of core values that place a high premium on the personal, the democratic, and on experiential as opposed to expert knowledge. They also relied on the mechanisms of change that Linda Kurtz notes as typical in self-help groups: *identity transformation, empowerment, insight, reframing, and the formation of a new way of life* (Kurtz, 1997). Most of the pre-A.A. societies relied on a public commitment to abstinence (pledge signing), emphasized the importance of experience sharing, relished symbols and rituals, and immersed their members in sober fellowship and rescue work with the intemperate.

Pre-A.A. alcoholic mutual aid societies managed the “spoiled identity” of their members through a mechanism that Blumberg and Pittman have christened “status reversal.” These groups turned the social stigma of the drunkard on its head by creating a milieu within which “having been a drunkard brought high prestige and not having been a drunkard led to low prestige” (Blumberg and Pittman, 1991, p. 148). Group members qualified themselves through the vehicle of an almost archetypal three-part story style: the extent and general consequences of their drinking, the specific events and experiences that led to their sobriety decision, and what their life was like after they signed and kept the pledge. Identity reconstruction through the ritual of storytelling was the centerpiece of recovery within these mutual aid societies.

The Fate of the Pre-A.A. Societies

The influence of most of the abstinence-based cultural revitalization movements faded under the continued physical and cultural assault on Native American tribes, but their shadow extends to later movements such as the “Peyote Way” of the Native American Church (Albaugh and Anderson, 1974) and even to contemporary abstinence-based intertribal support structures, e.g., the Red Road, Circles of Recovery, and Firestarters (Bordewich, 1996; A Report..., 1998).

While the explosive growth of the Washingtonian Movement breathed new life into a waning temperance movement in 1840-1842, most of the Washingtonian groups had disbanded by the mid-1840s. The demise of the Washingtonian Societies has been attributed to many factors: conflict with mainstream religious and temperance groups, controversies surrounding religious and political issues, lack of a defined program of long term recovery, a lost focus on the personal recovery of the alcoholic, professionalization (leaders seeking careers as temperance lecturers), the relapse of prominent leaders and members, and a weak organizational structure that left the Washingtonians vulnerable for co-optation by mainstream temperance organizations (White, 1998).

The fraternal temperance societies that evolved out of the collapse of the Washingtonians declined and became less hospitable to alcoholics as they developed restrictive membership criteria, got caught up in the political debates surrounding the drive for legal prohibition of alcohol, or fell victim to authoritarian leadership. These organizations, many founded for the specific purpose of providing safe haven for reforming men, became more and more focused on the personal, social and political agendas of their leaders. As this occurred, recruitment and service to alcoholics precipitously declined.

The fate of the reform clubs in the 1870s and 1880s was often tied to the fate of their charismatic founders. Many of these groups faded into oblivion when their leaders died or otherwise disengaged from their positions. The reform clubs never rose above their local level of organization, and never established a collective identity that linked local groups into a strong national organization. They also lacked a formal program of recovery, believing that religious faith, experienced sharing, and sober fellowship were sufficient to sustain sobriety.

We know very little about the fate of the 19th century moderation societies other than the attacks upon them by temperance advocates who charged that these groups ceased to exist because their members died of drunkenness. While some of these groups were the subject of attack and ridicule for pledges that allowed as much as 14 glasses of wine per day, the more responsible of such groups provided a medium of moderation for excessive, but non-addicted, drinkers (Dorchester, 1884).

The fate of mutual aid societies tied to treatment institutions was, not unsurprisingly, closely tied to the fate of these institutions. The Dashaway Association disappeared by 1890 and the San Francisco Home for the Cure of the Inebriate with which it was so closely linked was turned into a “private prison.” The collapse occurred amidst growing conflict between the Association and the Home—conflict that sparked charges of patient maltreatment, financial improprieties, and even murder and suicide attempts by key figures in the dispute (Baumohl, 1986). The Keeley Leagues similarly fell into decline in the late 1890s. A major factor in this demise was the growing conflict between League officers and Dr. Leslie Keeley. The officers charged that Dr. Keeley was trying to transform the Leagues from a vehicle of mutual support into a “great advertising medium” for the Keeley Institutes. There were also charges of financial impropriety in the operation of some of the Leagues. The last Keeley League National Convention was held in 1897 (Account of..., ND; Barclay, 1964).

Mutual aid societies born within the religious missions rarely sustained themselves. This was due to both the difficulty creating and sustaining an identity and autonomy separate from the authority of the missions in which they were born and the fact that the strongest of the indigenous leadership either took full time positions in the mission or returned to sober productivity far from the physical and social world of Skid Row.

The Jacoby Club eventually split from the Emmanuel Church and broadened its mission beyond that of serving alcoholics to the broader goal of helping the “down and out.” There was considerable conflict during this transition over the question of whether the Club should keep its mission focused on service to the alcoholic. In the end, that mission was lost, but in an interesting touch of historical continuity, an A.A. group in Boston used the facilities of the waning Jacoby Club to hold its regular meetings.

What this review reveals is the large number of factors that can contribute to the demise of an alcoholic mutual aid society. Some of these movements were enmeshed within larger movements and collapsed in tandem with the demise of the larger movement or were smothered within this larger movement. This might well have been the fate of A.A. if its earliest members had remained within the Oxford Group.

Mutual aid societies are vulnerable for cult-like isolation and implosion if they are too closed but are also vulnerable for co-optation by more powerful organizations within their environment if they become too involved in outside interactions. The former typified many of the local reform clubs while the latter process clearly contributed to the demise of the Washingtonian Society.

Mutual aid societies are at risk of being hijacked from within for personal or financial gain, and are at risk of being exploited or consumed by more powerful organizations. Alcoholic mutual aid societies are at risk with both weak leadership and charismatic leadership, and they are at risk when their program of recovery is either ill-defined or too rigidly defined. Mutual aid societies, like any social institution, are vulnerable for dissipation in the face of competition from more viable structures. This may have occurred in Boston as the Jacoby Club's mission of serving alcoholics weakened in tandem with A.A.'s growth in Boston.

Mutual aid societies are vulnerable to lose the evangelical zeal that marks their founding and developmental years. When this zeal is lost, the organization is vulnerable for distractions, diversions, and even a fundamental redefinition of its mission. This seems to have happened with many of the fraternal temperance societies, where the focus shifted more from reaching the still suffering alcoholic to providing comfortable social fellowship for those who were already members while supporting the political agenda of alcohol prohibition.

III

A.A. and the Lessons of History

Having briefly catalogued the history of the major pre-A.A. alcoholic mutual aid societies, we are left with the question of how A.A. differed from these earlier mutual aid efforts and with the question of what lessons might be drawn from this history that could benefit current and future alcoholic mutual aid societies. These questions take on added significance in light of:

- the continued growth of A.A.,
- the emergence of what E. Kurtz (1999) has called the “varieties of the Alcoholics Anonymous experience,”
- the virtual explosion in other Twelve Step programs,
- the recent intensification of criticisms of A.A., and
- the proliferation of organizational alternatives to A.A.

There are many unique elements within the history, structure, and processes of A.A. that have been the basis of both praise and criticism. The focus of the present discussion will be primarily upon those aspects of A.A. that have contributed to its survival, the integrity of its mission, and its growth.

A.A. did not draw upon the experience of earlier alcoholic mutual aid societies when its program of recovery (the Twelve Steps) was retrospectively formulated in 1938. A.A.'s co-founders weren't even aware of the existence of such groups until a July 1945 A.A. *Grapevine* article brought the history of the Washingtonians to Bill Wilson's attention, and there is no awareness reflected in A.A. literature (even today) of pre-A.A. groups other than the Washingtonians (Wilson, 1945). But discovery of the Washingtonians may have played another significant role in A.A.'s history.

Wilson's new knowledge of the Washingtonians occurred in the middle of a decade in which A.A. was undergoing experiences—growth, conflict—not unlike those that had unfolded a century earlier. Wilson's discovery of the dramatic rise and then rapid dissipation of the Washingtonians must have sparked serious reflection regarding A.A.'s future. It may be more than coincidence that within a year of learning of the Washingtonians, Wilson formulated, published, and began promoting what became the Twelve Traditions of A.A.

The Twelve Traditions, whose purpose was to guide A.A.'s organizational life in the same way that the Twelve Steps guided the personal recovery of A.A. members, provided unique answers to the most critical problems that had mortally wounded the alcoholic mutual aid societies that preceded A.A. Whether one looks at A.A. through the eyes of a grateful and

adoring member or through the eyes of the most rabid A.A. critic, one fact is unarguable: Alcoholics Anonymous is the only widely available alcoholic mutual aid society in American history that has outlived its founding generation.

When we examine A.A.'s resilience in light of the demise of its predecessors, eight distinguishing characteristics stand out.

1. *Program Codification.* In contrast to the Washingtonians and other early mutual aid societies, A.A. refined its program through the trials and errors of its early members and then described its program of recovery in writing before experiencing the trials of public acclamation and rapid growth. This minimized dilution and distortion of the Twelve Steps and the group rituals that surrounded them during A.A.'s explosive growth in the early 1940s. That A.A. was able to capture its program in writing within its basic text was as important to A.A.'s early survival as what was included in that text.

2. *Program Content.* There are many elements of what came to be incorporated into A.A. experience that are mirrored in its predecessors: sober fellowship, alcoholic-to-alcoholic experience sharing, acts of service to other alcoholics. A.A. was unique in redefining sobriety from the status of a single "decision" to that of "working a program" and in defining sobriety as something qualitatively different than not drinking. The "program" that A.A. "suggested" as a framework for recovery (the Twelve Steps) involved nothing less than a change in one's philosophy of living, a reconstruction of one's identity and character, and a reformulation of one's interpersonal relationships. The language used to depict these Steps achieved a fine balance. The Twelve Steps offered enough specificity to guide the newcomer while offering sufficient ambiguity to allow stable members to continually re-interpret the Steps through the various developmental stages of their recovery processes. This onion-like layering of meaning within the Steps contributed to the longevity of A.A. member involvement and to the unending adaptation of the Steps to other problems.

3. *Organizational Autonomy and Singleness of Purpose.* A.A. did not tie its fate to any other organization and took the quite opposite stance of separating from its parent organization (the Oxford Group) and subsequently refusing to align itself with any other organizations. In contrast to nearly all of its predecessors, A.A. maintained a "singleness of purpose" behind its painful discovery of the potential disruptiveness of outside diversions. This emerging value prevented A.A. and its mission from being hijacked. Without this emerging value, at least three early episodes in A.A. history might have fundamentally altered A.A.'s identity and mission: 1) the offer to Bill Wilson to work as a lay therapist and to bring A.A. under the organizational umbrella of Towns Hospital, 2) A.A.'s plans to operate hospitals for the treatment of alcoholism, and 3) Bill Wilson and Dr. Robert Smith's early involvement in the National Committee for Education on Alcoholism. Each of these episodes might have led A.A. down a path of shared fate with the Washingtonians or the institutional aftercare groups (See E. Kurtz, 1979; White, 1998).

4. *De-decentralization of leadership.* By pledging itself to a system of rotating leadership and a minimalist approach to organizational structure, A.A. limited the ability of leaders to manipulate an A.A. group or exploit their membership for financial or political gain. By eliminating permanent leadership positions and pledging itself to corporate poverty, A.A. eliminated the booty over which members of earlier groups had fought. A.A. enhanced its resiliency by defining the source of its strength in a Higher Power expressed in the form of "group conscience" rather than by relying on the knowledge and skills of a charismatic leader. The open acknowledgment of the imperfection and strength of all A.A. members and the stance of "principles before personalities" created organizational units whose fates were not tied to the fates of any single person.

5. *Cell Structure.* The codification of the A.A. program, the de-centralization of leadership, and the minimalist approach to organizational structure and membership requirements enabled A.A. to evolve what Mäkelä (1996) has described as a highly de-centralized cell structure. The centerpiece of the A.A. experience became not listening to the charismatic speaker at the large

temperance meeting house or marching with thousands in a Boozer's Day Parade, but in sharing experience, strength and hope within a small group of one's peers. The ease with which cell division could occur through growth, conflict, or unmet needs contributed to A.A.'s viability and spread.

This cell structure was also particularly adept at meeting the needs of special populations of alcoholics. Sobriety based support structures for young people, for example, have always been inherently unstable because virtually all the members mature out of eligibility for membership. The cell structure of A.A. allowed young people to have their own meetings while providing a structure that could simultaneously nourish such groups and provide a larger framework of support into which members could graduate. A.A.'s cell structure contributed in a similar way to a wide range of alcoholics who naturally cluster around their shared characteristics, experiences and needs.

6. *Alcoholic-to-Alcoholic Identification and Mentorship.* A.A. assured that the almost archetypal image of one alcoholic sitting across the table from another sharing their experience, strength and hope would be protected by refusing to compromise its closed meeting structure and by evolving the practice of sponsorship. A.A. narrowly escaped developing the exclusive class structure that plagued the fraternal temperance societies when A.A. rejected early group membership criteria that excluded "beggars, tramps, asylum inmates, prisoners, queers, plain crackpots, and fallen women" in favor of one criteria: "a desire to stop drinking" (Twelve Steps and Twelve Traditions, p. 139-140). A.A. assured that no member could claim moral superiority over another and eliminated the potential for non-alcoholic members to manipulate A.A. to serve other needs and interests.

7. *Anonymity.* A.A.'s predecessors had been wounded by leaders and members who either used visibility as a springboard for financial profit or whose public downfall brought discredit to the organization. A.A. avoided both of these pitfalls by declaring that no one with a name (at least a full name) could speak for A.A. Anonymity, while practiced as a spiritual exercise, also protected A.A. as an organization and brought many individuals into recovery who saw in anonymity a shroud of protection from the injury that can result from one's being linked to a socially stigmatized condition.

8. *Duration of Participation.* A.A. also established an expectation for continued participation in A.A. long after sobriety was achieved. While this may have reduced the risk of relapse, it provided two equally important organizational functions: assuring organizational continuity and assuring the availability of members with stable sobriety and knowledge of the A.A. program when the next suffering alcoholic reached out for help.

The creation of a sustainable alcoholic mutual aid society takes more than a workable framework of personal recovery. As the history of the pre-A.A. mutual aid societies teaches us, such groups must also position themselves within the larger culture, create their niche within the broader alcohol problems arena, construct viable operating structures and procedures, and, perhaps most importantly, find ways to transcend and manage the foibles of their leaders and members. A.A. discovered and then institutionalized via its Twelve Traditions strategies to manage the forces that posed the greatest threat to their existence and character: conflicts about purpose, position, property, politics, personalities, and, of course, money.

The future of the post-A.A. alcoholic mutual aid societies may have very little to do with their philosophy of alcoholism or the effectiveness of their framework for personal recovery. For example, the expectation of several such societies that members need only attend until they have established stable sobriety may prove quite adequate to meet the needs of many of their current generation of members but may simultaneously doom the future of these organizations. Without building a stable group of members out of which indigenous leaders can be developed, it is unlikely that many of the local cells of these groups will survive over time.

Summary

Alcoholic mutual aid societies have for more than 200 years emerged from a vacuum of unmet need. The shared elements of these societies are not derivative; most did not have detailed knowledge of their predecessors. Instead, they are the product of a common process of experimentation and discovery of what works to help move alcoholics into stable recovery. And yet, even as they found things that helped particular individuals, these same societies encountered forces that threatened and ended their organizational lives. A.A.'s endurance in the face of the demise of all its predecessors is an anomaly worthy of serious investigation.

Alcoholics are not a homogenous group and no alcoholic mutual aid society, including A.A., has been able to reach more than a fraction of the men and women who suffer from alcoholism. A.A. stands out in this history for having reached more alcoholics in more places and over a longer period of time than any alcoholic mutual aid society that came before or after. It may take a large menu of support structures to expand the entryway to recovery for the mass of alcoholics. As these groups emerge to seek their own niche in a growing multi-branched culture of recovery, they would do well to study the keys to A.A.'s resilience—keys that have as much or more to do with A.A.'s Twelve Traditions than A.A.'s Twelve Steps.

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