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From the beginning of my study of the fellowship and program of Alcoholics Anonymous, my main purpose has been not to tell AA's story to its members but to introduce its reality to academic and other professionals. I am gratified that A.A. members recognize their story in my research. But my chief aim has been and remains to offer accurate knowledge of a very important reality that is too often ignored or misunderstood.

The following article was my first attempt to further that goal after the publication of Not-God: A History of Alcoholics Anonymous. Invited by the editor of the Journal of Studies on Alcohol, I attempted a tour de force for the academic mind, "piling it on" with 125 references from very diverse fields. I apologize to the general reader for the complexities of this piece, though I also invite you to enjoy with me this blatantly grandiose effort to get the attention of those who look down on Alcoholics Anonymous.

This article was also the first place I presented for wide distribution my ideas on shame, which were soon taken up by others and distorted beyond all recognition. For both reasons, then, this is both a humbling and a satisfying re-reading for me.

Why A.A. Works:

The Intellectual Significance of Alcoholics Anonymous

It is time to take Alcoholics Anonymous seriously. A.A. members, of course, do take their program seriously; and, as A.A.'s 50th birthday nears, virtually all professionals in the field of alcoholism treatment esteem the fellowship and its contributions (1-8). Few deny A.A.'s therapeutic success and consequent social significance, but that is not the point at issue.

Each passing year reveals ever more clearly that A.A. is also a phenomenon of unique *intellectual* significance, yet this kind of respect is rarely accorded it – especially by professionals (3, 5, 9, 10). A.A. itself, with its axiomatic injunction “Utilize, Don't Analyze” and its inherent wariness of grandiose claims, manifestly contributes to this disregard. Yet it would seem that professionals, trained in intellectual analysis for the benefit of society, abdicate responsibility, when they refuse or neglect this task.

In what follows I propose that A.A. has an intellectual significance that is inappropriate and even unconscionable to ignore. That significance derives from A.A.'s participation and place in the larger social history of ideas. Its importance to professionals flows from the fact that awareness and of sensitivity to this historical context can shed useful light on why A.A. has proved such an effective help for so many people.

Three awarenesses undergird this intuition of A.A.'s intellectual significance and invite its analysis: the nature of its origins and sources, the profound parallels that exist between the A.A. insight and the animus of existentialist philosophy, and the readiness with which its ideas have infused other social phenomena (11-14). Concerning the first, little requires rehearsal here: most readers will already be familiar with A.A.'s incorporation of the philosophy and psychology of William James, with its debt to Carl Jung and William Duncan Silkworth, and with the style of the wisdom mediated to A.A. by the Oxford Group.¹ For those lacking this familiarity, a brief resume of A.A. history will follow shortly.

The second awareness – that of the profound resonances and the affinities of orientation between A.A. and the philosophies of existence – furnishes the framework for the analysis that follows. The task of clarifying this perception, then, must be the responsibility of this paper as a whole. One introductory, context setting observation is nevertheless

1 There are four main sources (15-18) that analyze the origins and history of A.A. Most of the references will be to my own work (17) since it is indexed and contains full citations to primary and other secondary sources.

appropriate, not least because it also sheds light on the intellectual significance of A.A.'s impact on other social phenomena. A.A. is not generally accorded intellectual respectability because its core insistence on essential limitation and on mutuality as preferable to objectivity reveal it to be a counter-Enlightenment phenomenon antithetical to the central assumptions of self-styled “modernity.” Especially in America, the philosophies of existence have labored under a similar handicap (17, *pp.* 165-171; 19, *pp.* 23-41; 20).

Both then, are outcasts; and therefore their attractiveness to human outcasts – to the wrecked flotsam and the discarded jetsam of contemporary society – should neither surprise nor repel. It should rather, indeed, inspire serious intellectual investigation, especially in an era when historians strive to penetrate “inner history” by studying the oppressed and seek to describe reality “from the bottom up.”² Non-elites, ordinary people, can be studied not only statistically: penetrating to their ideas, as evidenced by the history of such phenomena as A.A., can also open the door to an exciting and respectful new confluence of “popular culture” and “intellectual history.” Ideas – interpretations of reality – have a social history that is not necessarily the monopoly of the elite. That history can be studied, and it merits study, as this investigation hopes to demonstrate.

To be fruitful, such a study must delve into the implications of A.A.'s core ideas of essential limitation and shared mutuality. The analysis that follows is therefore twofold: an exploration of A.A.'s focus on essential limitation that will illuminate the process by which its fellowship and program work; and an examination of the interpersonal mutuality infusing that process that will clarify the nature as well as the style of how Alcoholics Anonymous heals.³

The History

2 For recent statements of the problem, and the hope, see Barzun (21), Handlin (22), Schlesinger (23) and Degler (24).

3 In the original version of this article, here and elsewhere I used the term “A.A. therapy”; given the history detailed in some of the previous articles, I soon became disenchanted with that formulation, and so I have changed it in this reprinting to reflect more accurately my meaning in the present context.

Before embarking on that analysis, I shall briefly review A.A.'s early history as it relates to this investigation. The usual birth date assigned A.A. is 1935, but A.A.'s origins and the development of its insight were more complex than that simple date might indicate. A.A. proximately came into being out of the Oxford Group, an evangelically styled attempt to recapture the pietist insight of primitive Christianity. From the Oxford Group, A.A. inherited – not always without change – much of its tone, style and practice, as well as many of its enduring problems (17, pp.44-52; 18, pp. 2134-2139).

In late 1934, a temporarily abstinent Oxford Group member, Edwin Thatcher, approached the then-drinking individual who would found A.A., William Griffith Wilson, with his message of “salvation.” Thatcher was an enthusiastic and uncritical Oxford Group member, yet his message embodied more than the Group's simple pietism. He had been led to salvation from his alcoholism within the Group, but by an individual whose own alcoholism had been treated by the noted Swiss psychiatrist, Carl Jung. Thus a Jungian insight and emphasis infused his presentation when he told the story of his cure to Bill Wilson (17, pp. 8-9).

Despite Thatcher's visit, Wilson continued to drink. Yet he found that he had been touched and profoundly affected by the realization of how “in the kinship of common suffering,” one alcoholic could talk to another. Shortly after, Wilson – undergoing his fourth and final hospital detoxification – connected what his physician had told him of the hopelessness of his alcoholic condition not only with what Thatcher had told him of Oxford Group principles and Jung's insight, but with what he himself had discovered in William James's *Varieties of Religious Experience*. For during his hospitalization, Wilson underwent a “spiritual experience” that brought him vivid conviction about the unity of these diversely derived insights. Wilson left the hospital in December 1934, and proceeded to try to share his new knowledge with other alcoholics – to no avail, although he himself remained sober. His wanting to work with alcoholics made no impression on those with whom he worked (17, pp. 17-23).

In May of 1935, Wilson traveled to Akron, Ohio, on business. The business purpose of his visit failed, and the recently sobered promoter found himself again overwhelmed by the obsessive-compulsive craving

for alcoholic oblivion that he had so confidently thought he had overcome. In desperation, Wilson sought out another alcoholic – one to whom he could talk for his own sake, rather than to “save.” By way of an Oxford Group connection, Wilson located Dr. Robert Holbrook Smith, whose attaining of sobriety a month later both made him “co-founder” and marked in hindsight A.A.’s formal birth (17, pp. 27-33).

It took several years – two in New York City and four in Akron – for the new fellowship to break away from the Oxford Group. In both cases, it was the religiosity of the Group that impelled separation. Finally, in 1939, the book *Alcoholics Anonymous* was published, and a group of alcoholics met as “Alcoholics Anonymous” in a new city (Cleveland, Ohio), without direct connection to Wilson or Smith, and without any Oxford Group affiliation (17, pp. 39-52, 68-82).

A.A. borrowed and learned from diverse sources – William James and the Oxford Group, Carl Jung and William Duncan Silkworth. Its own continuing experience also significantly shaped the development of A.A.’s thought. The concepts embodied in both terms of its name best briefly clarify that insight. The alcoholic, in the A.A. understanding, is one who finds himself or herself in an utterly hopeless situation: obsessively-compulsively addicted to alcohol, he by definition must drink alcohol and so destroy himself. Although alcoholism is conceptualized by A.A. as by others as “disease” or “malady,” the alcoholic does not *have* alcoholism – he *is* an “alcoholic.” Therefore he cannot do what others, non-alcoholics, do with joyful impunity: non-obsessively-compulsively drink alcohol. Contained in the term “alcoholic,” then, are the implications of utterly hopeless helplessness and essential personal limitation 17, pp. 22-23, 194-196).

Anonymity implies, first, others: one cannot be “anonymous” to oneself. Through its own experience, A.A. learned that the necessity of “deflation at depth” and of some experience of “conversion” – as its sources referred to the process – implied something about the alcoholic’s human need for others. It was this second lesson that A.A. in its program and practice developed into its guiding insight, the core of its contribution. For from its own experience, A.A. learned that alcoholics, in their own weakness and limitation, needed others precisely in *their* weakness and limitation. Only by giving could the alcoholic get – sobriety: only by exposing vulnerability could the alcoholic find healing.

Thus developed A.A.'s therapeutic dynamic, the shared honesty of mutual vulnerability openly acknowledged (17, *pp.* 214-215, 221-224).

Elsewhere (17), I have summarized and explored A.A.'s fundamental insight, within the context of the history of religious ideas, under the heading of human not-God-ness. This concept will be clarified and set in its philosophical context by what follows, but it seems apt to conclude this introduction of A.A. to those unfamiliar with it by quoting from that summary:

“Not-God” means first “You are not God,” the message of the A.A. program. . . . The fundamental and first message of Alcoholics Anonymous to its members is that they are not infinite, not absolute, not God. Every alcoholic's problem had *first* been, according to this insight, claiming God-like powers, especially that of *control*. But the alcoholic at least, the message insists, is *not* in control, even of himself; and the first step towards recovery from alcoholism must be the admission and acceptance of this fact that is so blatantly obvious to others but so tenaciously denied by the obsessive-compulsive drinker.

But Alcoholics Anonymous is *fellowship* as well as *program*, and thus there is a second side to its message of not-God-ness. Because the alcoholic is not God, not absolute, not infinite, he or she is essentially limited. Yet from this limitation – from the alcoholic's *acceptance* of personal limitation – arises the beginning of healing and wholeness. . . . To be an alcoholic within Alcoholics Anonymous is not only to accept oneself as not God; it implies also affirmation of one's connectedness with other alcoholics. . . . The invitation to make such a connection with others and the awareness of the necessity of doing so arise from the alcoholic's acceptance of limitation. Thus, this second message that affirms limitation is well conveyed by the hyphenated phrase, “not-God.”

The form “not-God” reminds that affirmation is rooted in negation, that the alcoholic's acceptance of self as human is founded in his rejection of any claim to be more than human. And the hyphen – a connecting mark – reminds of the need for connectedness with other alcoholics that A.A. as fellowship lives out and enables (*pp.* 3-4).

“Not-God” is a theological term, even if not exclusively a religious concept. One reason behind its choice is the affinity of orientation and timing between the birth of A.A. and the dawning in America of “neo-orthodox” religious thought: 1934 has been called the *annus mirabilis* of American religious history (17, p. 180). But that Depression decade witnessed more than a theological shift. The middle third of the 20th century also marked the rise to maturity of the philosophies of existence, the beginnings of the broad diffusion and deep appropriation of existentialist insight. Because all phenomena are affected by their “climate of opinion,” this aspect of A.A.’s historical context also merits study (25, p.216).

The co-founders and early members of A.A. were neither theologians nor philosophers: indeed, most were unsophisticated intellectually. Yet these individuals came to terms with their alcoholism, and they formulated a set of ideas and practices for treating it, in a specific intellectual context. This paper will attempt to delineate and to explicate that environment of ideas. It will also suggest that alcoholism and specifically the fellowship and program of A.A. hold a special place within it: alcoholism, because it is a metaphor for the postmodern “Age of Limits”; A.A., because it makes available the wisdom of that metaphor (17, pp.200-202).

Finitude and the Concept of Essential Limitation

“We admitted that we were powerless over alcohol – that our lives had become unmanageable.” A.A. addresses itself not to alcoholism, but to the alcoholic. The First Step of the A.A. program focuses upon the alcoholic as one who is essentially limited. The acknowledgment “I am an alcoholic” that is inherent in the admission of powerlessness over alcohol accepts as first truth human essential limitation, personal fundamental finitude, at least for the alcoholic.

What is this human finitude, the explicit acceptance of which A.A. requires in its First Step? It is, among other things, the first insight of existentialist philosophy, which explains human finitude as the presence of a *not* in the very being of any human individual.⁴ Finitude concerns

4 Because of the obscurity of many existentialist writers, especially Heidegger (28), and because as historian rather than

limitations – what one *cannot* do and *cannot* be. Fundamental finitude is not, however, the mere sum of human limitations. Rather, the fact of finitude is the core of human being. At that core, positive and negative existence interpenetrate. This means that human strength coincides with human pathos, human vision with human blindness, human truth with human untruth, human being with human nonbeing. If we do not understand human finitude, human being itself escapes us (19, p. 290).

The first theme of all philosophies of existence posits that human being is limited being: *the limitation of being* marks the starting point of all existentialist thought. The A.A. member who comes to accept and to speak his identity within A.A. by saying, “My name is . . . and I am an alcoholic,” attains this understanding and embraces the existentialist insight into the human condition: “Man is his finitude (19, p. 111; 36; 37).

Guided by A.A., alcoholics come to understand finitude, to discern the existential meaning of “nothingness,” in two ways. Some, confronted with the dire choice of abstinence, insanity or death, by reflecting on those possibilities become aware of the reality of the fact that some absolute limitation has become absolutely inevitable. They thus attain the consciousness described by Sartre: “Consciousness is a being, the nature of which is to be conscious of the nothingness of its being” (36, p. 86).

This perception engenders “dread” – the *Angst* of Heidegger, the *angoisse* of Sartre, the “anxiety” or “anguish” of translators who, unwilling to resort to foreign-language italics, struggle to retain the term's root. The concept lies in that etymological root: the ancient Indo-European ANGH expresses onomatopoeically the sense of constricted narrowness, the tightening and the choking that existentialist insight posits as the essential human condition. This sense of dread arises from

philosopher I claim no mastery over their writings, I rely heavily on secondary sources (19, 29-35) in the analysis that follows. Citations will be to the philosophers of existence themselves when a direct quotation is used or when an interpretation is my own. In those cases where I am aware of drawing an interpretation from a secondary source, the citation will be to that source, although responsibility for the interpretation and its application of course remains mine.

the rub finitude, the realization of one's own possible nothingness (19, p. 226).

For others, the experience is more Kierkegaardian: their anguish arises from the sense of nothingness engendered by the alcoholic experience itself – the gnawing through unspecifiable sense of the meaningless, treadmill-like quality of repetitively insatiable addiction. These discover “nothingness” within their own hearts. Kierkegaard asked, “What effect does nothing produce? It begets dread” (38, p. 38) A person experiences dread rather than fear when he cannot say “what is it that bothers” – a frustrated feeling of vacuity not uncommon among alcoholics wrestling with their addiction. It is an experience that lies at the core of the existential perception.

I cannot say what it is that bothers me in the case of dread. In fact, if one were to ask me what bothers me, I would probably say “Nothing.” In saying that I do not mean that I am bothered at all, but that there is no *thing* that bothers me. What bothers me is my existence. . . . Heidegger asks quite seriously this question: What is this “nothingness” (*Nichts*) about which one has such a dreading anxiety? What is the existential meaning of “Nothingness”? (30, pp. 116-117).

The alcoholic who knows the experience of alcoholism within himself knows the meaning of Heidegger's question. Sartre's core existential insight conveys the same point in another way, yet again in a way with which all alcoholics can readily identify: the ultimate freedom is to say “No” (19, p. 241; 36, pp. 619ff.).

The existential meaning of “Nothingness”; the ultimate freedom as saying “No”; these ideas bespeak finitude – the essential limitation of human be-ing (30, p.31). A.A. teaches in several ways the fundamental insight that the first truth of alcoholic human be-ing is essential limitation, and that therefore the first requirement for recovery of humanity is acceptance of essential limitation.

A.A. achieves this first by suggesting that fundamental finitude, essential limitation, is the definition of the alcoholic condition. This is the deep meaning of A.A.'s concept of the “alcoholic” and emphasis on avoiding “the first drink.” The two are related. The “alcoholic,” A.A.

teaches, is one who cannot drink any alcohol safely. There is an essential “not” an inherent limitation – in the very concept of “alcoholic.” This *not* is an essential rather than an accidental limitation, because it applies to the first drink. The gropings of the active alcoholic who suspects that he is in trouble are familiar – the staunch efforts to stop drinking before drunkenness, the tortured attempts to determine what is “my limit”: two drinks? four beers? only with meals? A.A., in teaching that “the first drink gets the alcoholic drunk,” inculcates that the alcoholic does not *have* a limit, he *is* limited – and this is the meaning of “essential limitation.”

Even more striking, perhaps, because so often misunderstood, is how A.A. inculcates this truth by applying the insight to itself. At its very birth, A.A. departed Oxford Group auspices because the Group, with its heritage of Christian perfectionism as revealed in its emphasis on “The Four Absolutes,” seemed both to demand and to claim too much (17, *pp.* 212, 242). Because of this intuition that – at least for alcoholics – the problem of the Oxford Group was that it claimed to do too much, A.A. focused attention on its own limitation. As Wilson phrased it in his briefest explanation of why his followers abandoned the Oxford Group: “The Oxford Group wanted to save the world, and I only wanted to save drunks.”⁵ Thus, A.A.’s claim that its fellowship and program are “spiritual rather than religious” involves not so much a rejection of religion as a profession of the acceptance of limitation.

A sensitivity to this deeper meaning of A.A.’s exemplary application to itself of the acceptance of essential limitation can shed light on something about A.A. that some professionals at time find puzzling. “Why does not A.A. *as* A.A. welcome all addicted people, alcoholic or not, into its fellowship? Why are alcoholics so exclusive?”

Some individual A.A. groups, of course, do welcome at their meetings dually addicted or generically “chemically dependent” people. Yet A.A. *as* A.A. does not because it cannot and still remain A.A. By accepting the limitation of its “primary purpose to carry its message to the alcoholic” (15, *p.* 106; 27, *pp.* 150-154), A.A. deepens its witness to and drives home the centrality of the acceptance of essential limitation as

5 [Wilson, W.] Memorandum to our writing team. [1954]
[Unpublished manuscript in the A.A. archives, p. 21.]

first principle.

The fact of fundamental finitude and the need to accept this essential limitation pervade the program as well as the fellowship of A.A. They are clear in the oft-repeated A.A. mottoes, "First Things First" and "One Day at a Time." The emphasis upon accepting limitation infuses A.A.'s own description of "How It Works," from the "Rarely" that opens that key fifth chapter of its "Big Book" through the "tried to" that lies at the heart of its Twelfth Step to its concluding qualification of its promise as "progress rather than perfection" (26, *pp.* 58-60).

Honest acceptance of essential limitation is therefore the core of Alcoholics Anonymous. That honesty thus becomes both the price and the reward, both the process and the purpose, of the A.A. member's First Step acceptance of himself or herself as "powerless over alcohol." In a way suggestive of the psychoanalytic contract, A.A. has intuited the existential truth that accepting the reality of self-as-feared may be an essential precondition of finding the reality of self-as-is (39).

Truth, Knowledge and "Objectivity"

Such an insight is termed "existential" because it fits well the philosophies' of existence understanding of truth as *aleitheia* – an unveiling, or disclosure, of a reality essentially beyond human control. According to this understanding, the pursuit of truth is not manipulative – is not the attempt to seize upon the correct tool that will allow grasping reality in order to control it. To search for truth means rather to find the right perspective – the point of view that will allow the phenomenon to reveal itself. As Heidegger, following Husserl, insisted: the "phenomenon" is by definition that which shows, discloses, itself (19, *pp.* 213-216; 30, *pp.* 34ff.; 31, *pp.* 25-46).

Modern thought, even that rigorously Enlightenment-positivistic, is no stranger to this proposition that it is the hidden that is "real." The sense that identifies the hidden with the real pervades modern science as well as modern literature. But modern science, as commonly understood, is inherently technological, imbued with an intrinsic imperative to control. Its practitioners and imitators thus too readily lapse into perverting the search for all truth into a mere quest for some means of manipulation. Control, especially absolute control, requires new tools rather than a different perspective (34; 40, *p.* 58; 41, *pp.* 61ff.;

42; 43, p. 168).

Humane thinkers, those who study human phenomena, existentialist thought reminds, must eschew the imperative of control. Human beings, as human, are neither mere tools nor mere objects – for what is an "object" but another potential tool? The subject-object dualism that derives from Descartes has immeasurably increased human knowledge and control of things. Applied to persons, however, as the experience of A.A. within the field of alcoholism testifies, it is not only sadly lacking, but tragically destructive. Subject-object dualism, with its demand for "objectivity," regards the attainment of truth as an act of conquest rather than of revelation. The dualistic style and approach thus do violence to human values. Treating persons as things can only increase alienation. Such an approach thus fuels rather than cures alcoholism (17, pp. 325-326; 44).

According to the insight of Alcoholics Anonymous, the pressures of alienation and the ache of loneliness that so bedevil modern humankind and not least the alcoholic arise not from the sense of limitation, but from the refusal to accept essential limitation. Imbued with this intuition, A.A., like the philosophies of existence, suggests striving for holistic rather than manipulative insight. A.A. furnishes a correct perspective rather than a controlling – and therefore potentially destructive – tool. For Kierkegaard and the existentialists, such a "correct perspective" on human finitude involved fear and trembling and dread: it was a perspective attained by standing on the brink of "the sickness unto death" that is despair. For A.A. members, it is the perspective achieved by "hitting bottom" (38, 45, 46).

"We do not come to know a (human) phenomenon by conquering and subduing it, but rather by letting it be what it is" (19, p. 214). Acceptance of this limitation marks for existentialist thinkers the beginning of sanity; for members of A.A. it signals the first step to sobriety. And acceptance of this insight invites deeper exploration of the affinity between the philosophies of existence and A.A.

From *Aleitheia* to *Gelassenheit*: the Wholeness of Limitation

The first intuition of Alcoholics Anonymous – that the alcoholic begins recovery by accepting the personal reality of essential limitation – is bound up with a larger insight: that there is a wholeness in that

limitation. In one sense, the wholeness of limitation is but a corollary of essential limitation, of human finitude as ultimate fact. Yet, from a more profound perspective, it is the wholeness of limitation that is central, for only this insight can enable true acceptance of limitation. Under this heading, the wholeness of limitation, I shall examine four topics central to A.A.'s pragmatic, existential effectiveness: "letting go," the nature of the human condition, limited control, and limited dependence.

The philosophies of existence insist that we do not know reality by conquering and subduing it (which changes the reality), but rather by letting it be what it is (31, *pp.* 51-54). At the very least, such knowledge of reality-as-it-is must precede any attempt at control that will destroy the reality as it is. "Letting it be what it is" – the *Gelassenheit* of the philosophies of existence – came naturally to A.A. from its Pietist heritage. A.A.'s Oxford Group origins imbued it with the instinct expressed in the ancient adage, "Let go and let God" (17, *pp.* 179-180). And it is important to note that, at least within A.A., this maxim mandates much more than mere Quietist resignation. Recovery from alcoholism does not come about by irresponsible passivity. But how, then, and why, does "letting go" bring healing?

Strikingly, both A.A. with its injunction to "let go" and the philosophies of existence in their recommendation of *Gelassenheit* reflect modern therapeutic insight as well as recapture ancient wisdom. "Letting go" and *Gelassenheit* heal the dis-ease engendered by the attempt to will what cannot be willed because they mark operative acceptance of the wholeness of limitation and therefore effective embrace of the reality of the human condition.

"The attempt to will what cannot be willed": the alcoholic, in A.A.'s understanding, cannot will to not-drink any more than an insomniac can will to fall asleep. As Farber (47, 48) has delineated in his analysis of the modern era as "The Age of Disordered Will," there exist two different realms in which human will operates, and confusion of these realms issues in self-defeating frustration. In some matters, the human will can choose to possess certain objects: this is the realm of "utilitarian" or "technical" will. In other cases, however, the human will can choose only to move in a certain direction: in this second realm of "existential will," one can choose only orientation and means. Problems arise when one attempts to apply the will of the first realm – the utilitarian will that

chooses *objects* – to those portions of life that, because they are directions or *orientations*, wilt or even vanish under such coercion. These problems are compounded when, in a repetitive vicious cycle, one attempts to solve them by the use of chemicals, thus again and on a deeper level seeking to apply the utilitarian will to the realm of existential orientation (49).

Let me try to clarify by offering a few examples (some again suggested by Farber) in addition to falling asleep and not drinking (47, p.7). One can will knowledge, but not (directly) wisdom; submission, but not humility; self-assertion, but not courage; congratulations, but not admiration; physical nearness, but not emotional intimacy; dryness, but not sobriety. In each case, indeed, any attempt directly to will the second renders its actual attainment all the less likely. Some matters, and among them the more significant in human experience, are attained only by letting them – and ourselves – be; and that is the promise of *Gelassenheit*.

Nor is this the lonely insight of Farber, A.A. members and existentialist philosophers. Experience with diverse patients and problems has in recent years prompted therapists of many persuasions to seek to place a similar brake on the quest for technological control, to recommend acceptance rather than activity: "It is generally believed that activity and mastery are virtually synonymous. . . . But certain kinds of achievement require a kind of controlled passivity, a mastery of our fear of passivity and helplessness (50, p. 50). Some psychiatrists have built on the research of Edward Bibring, which they interpret as demonstrating that it is precisely excessive tenacity in clinging to ambitious, adolescent goals that renders individuals most vulnerable to the overwhelming failure that depression represents. "It is the contrast of our goals with our own awareness of our helplessness to achieve them which is likely to produce depression. It is this exaggerated disparity which destroys one's confidence" (51, p. 159).

In addition to being "existential" and "modern," this insight concerning *Gelassenheit* and "letting go" has a uniquely American therapeutic foundation in the thought of William James and in the practice of Harry Stack Sullivan, both of which influenced A.A.'s development. James (52) insisted that the surrender of "pretensions" is essential to sane self-esteem: "[Self-feeling] is determined by the ratio of

our actualities to our supposed potentialities. . . : thus,

$$\text{self-esteem} = \frac{\text{SUCCESS}}{\text{PRETENSIONS}}$$

One can increase self-esteem by adding to success, but a more radically effective enhancement results from damping pretensions. Precisely this difference of understanding concerning how to achieve self-acceptance, indeed, led A.A. to reject the Oxford Group's emphasis on its "Four Absolutes" and therefore to depart its auspices (17, *pp.* 50-51, 242-243).

According to Sullivan (53, *p.* 206), the first step to psychological cure occurs when a patient learns that more security may come from abandoning some security-seeking behavior than could ever be achieved by it. Such surrender is therapeutic not only because the act itself adds to one's security, but especially because it allows and invites confrontation with those other anxiety producing situations that the patient had formerly attempted to escape or to deny by the behavior (54, *pp.* 542ff.). Sullivan's description of the first step to cure captures precisely the first psychological gain attained by the alcoholic who stops drinking alcohol. Abandoning alcohol, allows, as accepting self as "alcoholic" leads, the A.A. member to confront self as-feared, thus enabling him to find the reality of self-as-is.

The A.A. Vision of the Human Condition

The understanding that finds a kind of wholeness in essential limitation echoes ancient wisdom. According to this tradition, to be human is to be caught in a middle, to contain a contradiction. Human be-ing is essentially limited, yet human beings yearn – need – to transcend that limitation. This vision gave rise to the ancient dichotomy between body and soul, an image for the human as the conjunction of the limited and the infinite. It is an understanding that has haunted many thinkers. It is also a vision worth exploring; first, to understand the nature of the human as limited but whole, whole although limited; second, to begin to fathom how this condition of wholeness in limitation can be transcended.

Within the history of western thought, Pascal (and before him

Augustine) founded their philosophies on the insight that to be human is to occupy a middle position in the universe, a position between the infinitesimal and the infinite (55, pp. 88-94; 56). To be human is to be an All in relation to nothingness, a Nothingness in relation to the All. This middle position of humanity is the final and dominant fact of the human condition. It is also a perfect image of the significance of the finitude of human existence (57, pp. 203-219).

One of Pascal's aphorisms clarifies the meaning of that finitude and invites an appreciation of the significance of the contradiction inherent in this middle position and thus in the human condition: "He who would be an angel becomes a beast" (55, p. 242). As *both* angel and beast, the human can be *only neither*. Centuries later the American philosopher George Santayana (58) used the same image to make its complementary point in a different way: "It is necessary to become a beast if one is ever to become a spirit" (p. 230).

Together, these understandings and their point – as both angel and beast, one cannot be only either – embrace A.A.'s core perception and process. In the A.A. understanding that can be heard, paraphrased, at any A.A. meeting, the alcoholic drank in the attempt or claim to be one *or* the other, angel *or* beast: the essence of sobriety resides in the acceptance that one is both – that because one can be only both, the effort to be only either is doomed to frustration and failure.

This vision posits an essential incongruity at the core of the human condition. Both the perennial theme and its inherent incongruity have been explored in detail by Ernest Becker, who, in his study *The Denial of Death* (59), strikingly captured this understanding of the human condition in a way that both clarifies the point here and deepens appreciation of one often misunderstood facet of A.A. Becker suggested that to be human is to be "a god who shits" (p. 58).

Humor derives from the perception of the juxtaposition of incongruity. When the incongruity is inherent, essential, there can be no more healing – whole-ing – experience than the laughter that marks acceptance of it. Such laughter characterizes A.A. meetings because those gatherings so well reveal the incongruity of the human condition, the humor of being human. Within Alcoholics Anonymous, humor and laughter are never at others as objects, but at the contradictions within

self revealed by the human experience of others. A.A. humor and A.A. laughter express appreciation of the insights into self garnered from the experience of others with whom one identifies. They thus witness to A.A. members' acceptance of the paradoxical nature of the human condition as essentially limited but inherently striving for the unlimited.

In attempting and claiming to attain transcendence by their use of alcohol, alcoholics come to touch – even to wallow in – the depth of their own finitude. Recognizing the incongruity between that endeavor and its result frees from both. Such humor is neither veiled aggression nor mere compensation: it rather manifests the central animus of A.A.'s theory of personality and of human nature (60, pp, 94-96, 145-147). The human as beast-angel, as not-God, means that the essence of being human resides in the human condition's conjunction of infinite thirst with essentially limited capacity. Acceptance of this reality comes easily to the alcoholic who understands her alcoholism: the phenomenon of alcoholism replicates the essence of the human condition.

Limited Control and Limited Dependence

A final facet of A.A.'s focus on the wholeness of limitation may help to clarify further. A.A. understands the alcoholic as an "all or nothing person" (17, p. 229). Sartre (61) well captured the alcoholic's essence: "They want to exist all at once and right away" (p. 333). The futility of this attempt manifests itself especially in two areas: control and dependence.

In the A.A. understanding, the drinking alcoholic drinks alcohol in an effort to achieve control – absolute control over his feelings and environment; yet his drinking itself is absolutely out of control. Similarly, the drinking alcoholic denies all dependence. She drinks in an attempt to deny dependence upon others, upon anything outside herself; but her dependence upon alcohol itself has become absolute. The alcoholic's problem, then, involves the demand for absolute control and the claim to be absolutely independent. A.A. attacks this double problem in a twofold way. First, the alcoholic is confronted with the facts that, so far as alcohol is concerned, he is absolutely out of control and absolutely dependent. Then, when this reality contained in the very concept "alcoholic" has been accepted by the admission of "powerlessness over alcohol," A.A. prescribes *limited* control and *limited* dependence.

The emphasis on control as limited, as neither absolute nor to be abdicated, pervades the A.A. program. "You can do something, but not everything" runs the constant implicit, and at times explicit, message. A.A. members are warned against promising "never to drink again." They learn, rather, "not to take the first drink, one day at a time." They learn to pick the telephone rather than the bottle. They are encouraged to attend A.A. meetings, which they can do, rather than to avoid all contact with alcohol, which they cannot do. The A.A. sense of limited control is admirably summed up in the famed "Serenity Prayer": "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference" (15, *p. 196*).

The "can" and "cannot" of the Serenity Prayer inculcate the concepts of limited control and limited dependence. They also clarify the depth of the affinity of orientation shared by A.A. insight and existentialist thought. In the A.A. understanding, alcoholism is an obsessive-compulsive malady; the active alcoholic is one who must drink, who *cannot* not-drink (26, *p. 24*). Therefore the alcoholic who joins the A.A. fellowship and embraces its program does not thereby surrender her freedom to drink; rather, she gains the freedom to not-drink – no small liberation for one obsessively-compulsively addicted to alcohol. Within A.A., the passage from "mere dryness" to "true sobriety" consists precisely in the change of perception – perspective – by which the A.A. member moves from interpreting his situation as the prohibition, "I cannot drink," to understanding its deeper reality as the joyous affirmation, "I *can* not-drink."

The alcoholic who finds sobriety in A.A. by accepting the goal of limited control thus discovers in his very being the fundamental existentialist insight: "The essential freedom, the ultimate freedom that cannot be taken from a man, is to say No" (19, *p. 241*). This sense of wholeness in limitation, this embrace of fundamental finitude, suggests further another, complementary goal: limited dependence.

The modern, post-Enlightenment mind tends to view all dependence (but especially essential dependence) as humiliating and dehumanizing. Its goal of autonomy leads modern thought to define full humanity as the overcoming of all dependencies, maturity as the effective denial of dependence itself (62, 63). Many current therapies, unlike A.A., are imbued with this assumption of modernity: their interpretation,

diagnosing alcoholism, is to proclaim that the alcoholic's problem is "dependence on alcohol" (2, 64-68).

A.A.'s longer-wisdomed insight does not contradict this interpretation. Indeed, Alcoholics Anonymous agrees with and accepts the diagnosis; but, untrammelled by the assumptions of post-Enlightenment modernity, freed by its affinity with the existentialist impulse, A.A. locates the definition's deeper truth by shifting its implicit emphasis, interpreting the experience of its members as revealing that the alcoholic's problem is not "*dependence* on alcohol," but "dependence on *alcohol*." To be human, to be essentially limited, A.A. insists, is to be essentially dependent. The alcoholic's choice – the human choice – lies not between dependence and independence, but between that upon which one will acknowledge dependence – a less than human substance such as alcohol within oneself, or a more than individual reality that remains essentially outside – beyond – the self (17, pp. 125-126, 210-217).

The limited dependence sought by Alcoholics Anonymous merits further explication, but that inquiry is best forwarded by turning to the next topic, in which it is implicitly contained: the transcendence of essential limitation enabled by the human need for others.

Transcending Limitation

"Outside – beyond – the self"; "the human need for others"; the acknowledgment of essential limitation, even conjoined with the acceptance of a wholeness in limitation, are not in themselves the whole story of A.A. healing. Because of human middleness, because of the contradictory sense of being inherently pulled both to more and to less, resting in limitation proves unsatisfying to the human mind and spirit. To be fully human, one must not only accept limitation: one must also somehow go beyond it. Yet because there is a wholeness in its limitation, the need of the human situation is for a transcendence of essential limitation that does not claim or attempt to escape that limitation. The problem comes down to this: how is it possible to "go beyond" without embarking on some claim to ultimacy, without becoming ensnared in some other treadmill-like, addictive quest for "more" that will eventuate in yet another essentially futile attempt to achieve qualitative change by the mere piling up of quantities of anything? (30, p. 68; 69; 70, pp. 179-182).

The need for human transcendence – for getting beyond, outside of, one's own limited self – inspires much art, most religion, and all love. It is also a theme of the philosophies of existence, perhaps best appreciated in the "baffled transcendence" that haunts Kafka's world (33, *pp.* 142ff.; 34, *p.* 63). As existentialist, this theme derives from the philosophy of Edmund Husserl, who emphasized the intentionality of consciousness. Husserl saw consciousness as "essentially referential:" to be conscious is always to be conscious *of* something. Because consciousness thus inherently points beyond itself, it necessarily involves a self-transcendence. Martin Heidegger exhibited a similar understanding in his suggestion that the very meaning of "existence" denotes "to stand outside oneself, to be beyond oneself" (30, *p.* 45; 31, *pp.* 46-54; 72, *p.* 78; 73, *p.* 26; 74).

The self-transcendence, the getting outside of oneself and therefore beyond the condition of essential limitation that is taught and enabled by Alcoholics Anonymous, involves embracing a new relationship with others. A.A.'s insight proposes that if these others also accept their own essential limitation, a self-transcending relationship with them is not only possible but inevitable. It is a necessary corollary of accepted personal essential limitation that each needs "other", that to be fully human is to need human others. Some existentialist thinkers have found in this realization only tragedy. Sartre lamented that, because one is essentially limited, "to be conscious of another means to be conscious of what one is not" (75, *p.* 318). But this insight of A.A. reminds that "the other" is also essentially limited, and therefore that to be conscious of that "other" also invites consciousness of what one *is* (69, *p.* 271; 70, *p.* 173).

Within human relationships, relationships between those essentially limited, the model for interaction is not Kierkegaard's "either-or" but a dialectical mutuality (76-78). It is the claim to be God to another or the demand to possess God in another that imposes the "either-or" approach; Kierkegaard's point, indeed, was that only for and with God is "either-or" appropriate. When neither is "God," when neither claims or demands infinite fullness, the mutual acceptance of essential limitation opens to the possibility of a relationship of mutual enrichment, to a give-and-take exchange between two beings "congenial" to each other. (73, *p.* 92) Accepting mutual essential limitation enables living out a dialectical relationship of congeniality that defines creatively the human need for others.

The "need for others" is, of course, A.A.'s most famous facet (79). Usually, those outside A.A. regard it condescendingly; it is interpreted away as "the substituting of a social dependence for a drug dependence" (10, p.232); or as "accepting the emotional immaturity of alcoholics and supplying a crutch for it" (9). Yet some observers have also recognized positive aspects in the need for others that is taught by A.A. One psychiatrist (80) has located the reason for A.A.'s success in this approach, which – as opposed to some mere disease concept of alcoholism – inculcates in the alcoholic and many who would help him the "understanding that human involvement is needed" (p. 58). Another profound student of Alcoholics Anonymous (81) has noted concerning research on personality changes within A.A. that "if any one trend stands out . . . , it is the [constructive] modification of self-other attitudes and perceptions" (p. 218).

A.A. does not, of course, stand alone as a modern expression of the insight that to be human is to need others (69, p. 271; 70, pp. 173-174). Yet the specific company in which it stands by reason of its therapeutic philosophy clarifies A.A.'s place within the history of ideas. Contemporaneous with A.A.'s development, the American psychiatrist Harry Stack Sullivan (82), in formulating his "theory of interpersonal relations," made three points concerning the therapeutic need for others. Sullivan saw anxiety as a result of and defense against insecurity, noted that this insecurity was always associated with other persons, and proposed that anxiety and insecurity had this association because their root source was continuing deprivation in personal relations. More recently, the existential analyst R.D. Laing (83) perhaps most pithily stated the point, and in a way that illuminates the Sartrean lamentation noted above; "Every relationship implies a definition of self by other and other by self" (p. 86) Humanistic psychology has consistently emphasized that "being with" another rather than "holding back" from others need not involve any loss of self, any diminution of identity; it can rather open to the enrichment of the essentially limited self (51, p. 172; 60, p. 241; 84-87).

All these insights and emphases are related to the deeper philosophical stance that expresses itself most clearly in the philosophies of existence: the root rejection of Cartesian dualism. Descartes's *cogito* establishes a world of subject-object (34, pp.111-116). Thus

"spectatorship" – observation of, rather than interaction with – becomes the first relationship (43, *pp.* 213 *ff.*) This objectification has come to characterize not only the positivistic sciences such as physics but, less helpfully, what are called the "social sciences"; it also permeates most usual modern therapeutic approaches (88-96). Other persons become, as for Freud (97), objects that provide or withhold the satisfaction of needs or, as for Lasswell (98), the embodiment of roles, thus limiting personal relations to some version of indulgent, deprivational or indifferent; or, following Ruth Benedict's (99) extension of Freudian insight, other persons become an audience that gives or withholds approbation or ridicule. The demand for "objectivity" thus renders others a "they" who are necessarily apart from and over against the person seeking involvement with them (60, *pp.* 153-155).

Accepting persons as ends-in-themselves, the Kantian imperative, is impossible in a Cartesian world. Such acceptance becomes possible only in a world-view that transcends the subject-object dichotomy – a world in which human relationships can be reciprocal and mutual. The philosophies of existence seek to portray such a world. Heidegger distinguished between things that were *Zuhanden*, ready-at-hand to be *used* according to some purpose given them by oneself, and being – reality – that was *Vorhanden* or present-at-hand. The *Vorhanden* is the world as given, as present: consciousness must simply comprehend (30, *pp.* 198-199; 74, *pp.* 27-39).

The intimacy enabled by the human need for others requires comprehending the paradox that essentially limited human beings are always **both** *Vorhanden* and *Zuhanden* to each other. Each person is ready-at-hand, however, only according to his or her presence-at-hand. Between two persons conscious of their essential finitude, there arises a complementary mutuality; each is to the other according to the needs of both. Such relationships of intimacy and mutuality open the way for the self to expand beyond its own limitations in depth of feeling, understanding and insight. One's own identity is not weakened but strengthened by the meaning one has as a person for others as unique individuals (60, *pp.* 159-160; 83, *p.* 82; 86, *p.* 42).

To achieve such intimacy and mutuality requires risk: one must trust oneself as person to others as persons, instead of regarding them (or self) as object, role-embodier or audience (60, *p.* 239). A.A. members achieve

such relationships of intimacy and mutuality by deriving their awareness of their need for others from the fundamental recognition that they, as alcoholics, are essentially limited. Within A.A., this realization is not merely privative, the recognition of a lack: the need for others bridges to a positive existence by way of identity as "an alcoholic." A.A. members accept themselves and each other not only as essentially limited but as whole in their limitation: they find, that is, a positive identity in their essential limitation. They thus realize that other human beings, and most patently other alcoholics – the others most needed by alcoholics, the others gathered together within A.A. – are clearly essentially limited; and therefore there is an essential limitation on how those others are needed. The first thing known about these others is that they also need others: thus the foundation for mutuality is established.

How Mutuality Makes Whole

It is this perception and acceptance of mutuality that enables transcending the "self-centeredness" that A.A. members understand to be "the root of our troubles" (26, p. 62) The mutualities that A.A. teaches, enables and lives out are especially three: making a difference, honesty and dependence.

These mutualities are linked – with each other as well as with "needing others" – because both the reality and the concept of mutuality derive from the essential limitation of the human condition, from the fact of human wholeness in limitation. Both the possibility and the necessity of mutuality between persons arise from the dialectical mutuality inherent within each person, from the reality that to be human is to be both beast and angel. Because the human condition is essentially mixed, humans can be only "both"; A.A., as we have seen, interprets the phenomenon of alcoholism as testifying to the impossibility of being only "either." Thus, A.A. teaches that the relationship between the polarities of human life is necessarily dialectical and mutual, is never "either-or."

In a dialectical relationship, a relatedness of mutuality such as that inhering in the essential human condition, each element subsists both from and for the other; a person cannot have one without the other because one does not exist without the other. And because one can have only *both*, one's possession of *each* is intrinsically limited. The apparent contradictions inherent in being human thus present not alternatives to be

chosen between, but paradoxes to be transcended by synthesis. A.A.'s message is that such transcendence requires "others"; for, because to-be-human is to be "both," a human individual can be neither "either" nor "only."

All this has been, no doubt, painfully abstract: the concept of the dialectic can be excruciatingly elusive (77; 78; 100, *pp.*228-240). Yet this thinking can be clarified and concretized: such indeed is one role of the mutualities taught by and lived out within A.A. I turn, then, to an examination of these mutualities: that between the giving and getting of making a difference; that between honesty with self and honesty with others; and that between human dependence and personal independence.

Making a Difference

The ability to make a difference is a deeply basic human need; indeed, Alcoholics Anonymous founded its fellowship upon this vital need. At A.A.'s very beginning, when co-founders Bill Wilson and Dr. Bob Smith approached the bedside of the alcoholic who was to become "A.A. Number Three," it was their implicit appeal to Bill D.'s need to give that opened his mind and laid the solid foundation for what would become the essential hallmark of the A.A. approach. Wilson and Smith told this first "man on the bed" that they were talking to him for their own sakes far more than for his. Bill D. believed them, and therefore he listened: "All the other people that had talked to me wanted to help me, and my pride prevented me from listening to them, and caused only resentment on my part, but if I would be a real stinker if I did not listen to a couple of fellows for a short time, if that would cure them" (26, *p.* 185).

Many later therapists have shared the same insight. It became the special theme of the existential phenomenologist of psychotherapy, R.D. Laing (83), who criticized the more classic therapeutic approach as defective precisely because of the model its therapist presents: "A prototype of the other as giver but not receiver, unresponsive or impervious, tends to generate in self a sense of failure. . . . Frustration becomes despair when the person begins to question his own capacity to 'mean' anything to anyone" (*pp.* 84-85) In such situations, "the person experiences, not the absence of the presence of the other, but the absence of his own presence as other for the other" (*p.* 138).

Laing is of course exceptional and even eccentric (by “modern” standards), a thinker whose explorations carried him beyond the mainstream of psychoanalytic thought (101). More classically, a similar understanding has been propounded by the anti-positivist Freudians, W.R.D. Fairbairn, Michael Balint and Harry Guntrip, who emphasize that "the patient's need to regress" arises not in pursuit of "'satisfactions' of so-called instinctive needs, but rather in search of 'Recognition' as a 'Person'" (102, *p. ix*). Developing what has been called "personal relationship therapy," these thinkers also reflect another tradition: the Eriksonian and ego-psychology insight that "a sense of self and trust of the self require . . . a feeling of efficacy" (51, *p. 88*; 73, *p. 26*; 103, 104).

The concept of mutuality – as the example of making a difference by getting *and* giving clarifies – entails two reciprocal modes: one both gets by giving and gives by getting. Andras Angyal (105) captured this conjunction of the need to give and the need to receive as these are found and expressed within A.A. "We ourselves want to be needed. We do not only have needs, we are also strongly motivated by neededness. . . We are motivated to search not only for what we lack and need but also for that for which we are needed, for what is wanted from us" (*p. 120*).

Honesty: with Self and with Others

The second mutuality taught by and put into practice within A.A. involves honesty. One lesson of A.A.'s experience is that there exists an essential mutuality between honesty with self and honesty with others: both may be present or both may be absent, but neither can exist without the other. Most A.A. members come to their understanding of the necessary mutuality between honesty with self and with others precisely from their personal experience of the inevitable mutuality of dishonesty with self and others.

As with the mutuality of making a difference, of giving and getting, the mutuality involved in honesty and dishonesty with self and others is not a unique discovery of A.A. Again Laing, perhaps because of his openness to dialectical thinking, has provocatively explored this insight: "Those who deceive themselves are obliged to deceive others. It is impossible for me to maintain a false picture of myself unless I falsify your picture of yourself and me" (83, *p. 143*). And: "It is a form of self-deception to suppose that one can say one thing and think another" (73, *p. 18*).

A profound description of the process underlying this mutuality has been offered by Leslie Farber, who pointed out that as any human individual becomes aware of the absolute separateness of his being from all others, he feels in this discovery both pleasure and terror (106, *p. 196*). Sometimes, out of terror, a person will dissimulate in his presentation of himself to others in a effort to quell the pain of separateness by winning approval and acceptance. To the extent that he does so, and succeeds, he will experience a queer, unnamable apprehension, becoming trapped in an uneasy state that he finds both painful and corrupting.

Having traced this familiar picture, Farber rejects its usual interpretation, which sees such pain and corruption as the consequences of low self-esteem and interprets the fear of others as the cause of continuing dishonesty. He suggests rather that, once the habit of such dishonesty begins to harden, the crucial source of such a person's pain *is* his corruption. Whether from unwillingness or inability to tell the truth about who he is, such an individual knows himself in his heart to be faking. "Not merely is he ashamed of having and harboring a secret, unlovely, illegitimate self. The spiritual burden of not appearing as the person he 'is,' or not 'being' the person he appears to be – the extended and deliberate confusion of seeming and being – is by and large intolerable if held in direct view." Despairing of attaining the integrity he craves, the person turns to grasp at its illusion: since he cannot make public his private self, he commands his private self to conform to the public one. This choice beguiles to a loss of truth – not so much "telling" it, but knowing it. "There are some things it is both impossible to do and at the same time to impersonate oneself doing. Speaking truthfully is one of them" (106, *pp. 197-198*).

Anyone who has listened attentively at A.A. meetings will, I trust, find that pattern familiar and its interpretation convincing. A.A. members learn deeply, then, the mutuality between honesty with self and honesty with others: the necessity of avoiding self-deception if they are to be honest with others, and at the same time the necessity of honesty with others if they are to avoid self-deception. Living this paradoxical insight, indeed, is one of the most profound yet also most clear messages of A.A. as both fellowship and program. (26, *pp. 58, 73-74*; 27, *pp. 57-59*).

In the A.A. understanding, self-centeredness – the self-deception involved in the denial of essential limitation – radically underlies all of the alcoholic's troubles. The A.A. program and fellowship cut through this root by encouraging and enabling the disclosure of the truth of finitude. This disclosure is not so much explicitly required as it is implicitly inherent in the very concept of "Alcoholics Anonymous." As such, it is the only disclosure necessary: the acceptance of essential limitation enables its revelation, as the revelation of essential limitation enables its acceptance.

The mutuality of honesty thus not only clarifies the dialectical nature of human experience both within self and between selves; it also links the understanding of truth as disclosure with the human need for others. Because of the necessity of honesty for sobriety (a prerequisite that A.A. strongly emphasizes), the A.A. member readily learns that because to be human is to be "both," he can be neither "either" nor "only." A.A.'s very existence, as well as its emphasis on attendance at its meetings, both continually testify that progressive discovery of self – continuing honesty with self – requires others with whom one can be honest.

Dependence and Independence

Both mutualities already examined – making a difference and honesty – flow into the third mutuality inherent in A.A.: that between dependence and independence. As with the earlier mutualities, A.A.'s insight into the reciprocity of dependence-independence derives from its central focus on the reality of essential limitation as constitutive of the human condition. It is because the human is somehow the juncture of the infinite and the limited that human dependence and human independence must be mutually related, not only between people but within each person.

Mutuality means that each enables and fulfills the other. To speak of a mutuality between human dependence and human independence, then, is to point out not only that both are necessary within human experience, but also that each becomes fully human and thus humanizing only by connection with the other. Like the other mutualities that reflect the mixed human condition of beast-angel from which they derive, the mutuality between dependence and independence furnishes another example of the paradox of the necessity of both, the impossibility of

either, that inheres in the human condition as essentially limited but whole in that limitation.

The usual modern point of view, infused by Cartesian and post-Enlightenment philosophical assumptions, tends to interpret dependence and independence as contradictory rather than as mutually enhancing: its goal of absolute independence is not unrelated to its ideal of absolute objectivity. The philosophies of existence, however, suggest a postmodern understanding founded upon a different insight. As Sartre (107, *p. 6*) phrased the observation even while deploring its actuality: "To Be is to belong to someone."

Recent psychoanalytic thought clarifies this reality and its basis in the nature of human infancy – the prolonged period of initial dependency and total helplessness that all humans experience. The irony of human development is that "part of the uniqueness that makes us transcendent rests in the miserable, extended, helpless state in which we are born and remain for so long – untoward in the extreme, and unparalleled in the animal kingdom" (108, *p. 3*). The deep irony is developmental, yet dependence is not only a part of each individual's personal ancient history. Rather, because of the continuing impact of that history – a history in some sense recapitulated in the very cycles of human life such as eating and sleeping – the periodic need for dependence recurs, intertwined with the equally essential need for independence.

For reasons within the history of psychological thought, the study of continuing human dependence has not found a central place in any theory of human development (108, *pp. 12ff.*). Recently, however, this surprising lacuna has begun to be filled. At least one school of analytic psychiatry has achieved rare success by building on the fundamental insight: "Dependence versus independence is the basic neurotic conflict" (102, *p. 116*). According to Donald Winnicott (102), one leader of this school of thought, for the truly mature person "dependence or independence do not become conflicting issues, rather they are complementary" (*p. 115*). In a deeply perceptive essay (109), "The Capacity To Be Alone," Winnicott carefully describes the development of the "basic ego-relatedness" that makes for mature human existence; he also touches on the paradox involved in both this maturity and its development. One matures from the "experience . . . of being alone, as an infant and small child, in the presence of mother. Thus, the basis of

the capacity to be alone is a paradox; it is the experience of being alone while someone else is present."

Such experiences build "ontological security." For the individual whose own being becomes secured in this experiential sense, relatedness with others is potentially gratifying and fulfilling. The "ontologically insecure person," on the contrary, is preoccupied with preserving rather than fulfilling self: he has become obsessed with the task of preventing himself from losing himself. Such an ontologically insecure person reaches out to others in self-seeking dependency, out of the same needs that drive the alcoholic or addict to seek chemical relief. Ontological insecurity undermines any possibility of true mutuality (10, *pp.* 1-2; 73, *pp.* 42ff.; 101, *pp.* 1-12).

The ontologically secure person, on the other hand, like the truly sober A.A. member, comes to understand that one whose wholeness consists in essential limitation cannot be either wholly dependent or wholly independent – that to be human is to be both independent and dependent, and because both, neither totally. One can be only both; one cannot be only either; and because one can have only both, one's possession of each is intrinsically limited. Because, for human being, reality is essentially bound up with limitation, one achieves true independence only by acknowledging real dependence. Similarly, one can be dependent in a truly human way only by also exercising real independence (110).

Although any image must limp, because things can never adequately mirror human reality, in a sense one "charges batteries" by dependence, thus enabling independent operation. The reverse of the analogy proves equally true: being dependent without exercising independence is like overcharging a battery rarely used – destructive to both the self and the source. The weakness of the analogy, of course, lies in its implicit "either-or" sequence. In human reality, dependence and independence do not much alternate as reciprocate – simultaneously mutually concur.

A.A., both in its suggestion of a "Higher Power" and in the dynamic of its meetings, invites and enables the living out of this mutuality between human dependence and personal independence. The First Step of the A.A. program establishes the foundation for this understanding: only by acknowledging continuing dependence upon alcohol does the

A.A. member achieve the continuing independence of freedom from addiction to alcohol. This mutuality between dependence and independence also clarifies (because it also undergirds) A.A.'s emphasis on limited control and limited dependence, topics explored earlier. These are, we now see more clearly, not two separate concepts, but obverse sides of the one coin of essential human limitation. Because of essential limitation, to be fully human requires the acknowledgment of both limited control and limited dependence; and it is the embrace of each that enables the attainment of its apparent opposite.

The exploration of the mutualities taught and enabled by A.A. thus reveal the richness of its simple emphasis on the alcoholic's human need for others. One A.A. cliché refers to its program as "a simple program for complex people." A.A.'s program is "simple," but insofar as that program embraces and inculcates the wisdom of dialectical thinking about the human condition, it is anything but simplistic. The need-for-others taught by A.A., perhaps its most misunderstood facet, merits more careful and more respectful attention than most scholars and most professionals have thus far been willing to give it. For example A.A.'s experience seems to suggest that dialectical analysis of relationships between people must be founded in awareness of the dialectic inherent within each person because of the essentially mixed nature of the human condition.

Alcoholics Anonymous as Therapy for Shame⁶

Fruitful as further exploration of such an insight might prove in deepening appreciation of A.A.'s intellectual significance, the dialectical nature of the mutuality taught by A.A. offers only a partial answer to our initial question: *Why* Alcoholics Anonymous works. A more direct and practical answer arises from A.A.'s illumination and treatment of yet another apparently simple facet of human being. A.A. works and also has intellectual significance, because it is – uniquely – a way of healing shame.

6 Although the analysis, interpretation, and organization to follow – and especially their application to Alcoholics Anonymous – are my own, in formulating these ideas I have drawn heavily on Lynd (60), Piers and Singer (111), Lewis (112), Edwards (113), and Schneider (114).

I have analyzed elsewhere (39), more directly than is feasible in the present article, the nature and modalities of how Alcoholics Anonymous heals shame. Here, in what follows, it is most appropriate to undergird that more popular treatment by suggesting how A.A.'s affinity of orientation with the philosophies of existence peculiarly fits it for that culturally significant task.

Although existentialist thinkers themselves tend to use the term "guilt" preceded by the adjective "existential" or "ontic" for the reality that I here name "shame," a consistent case can be made for the more ancient word (30, *p.* 176; 72; 73; 83; 115). I shall make that case presently.

Everyone recognizes that shame differs from guilt. The usual understanding of this difference runs as follows: guilt is primarily internal, shame primarily external. Guilt, or self-reproach, is rooted in the internalization of values, notably parental values; shame is based on disapproval coming from outside, from others. Guilt, a failure to live up to one's own picture of oneself (based on parental values), is contrasted with shame, a reaction to actual or feared criticism by other people. Guilt, then, derives from something that one does; shame, from something about oneself that is seen (60, *p.* 21).

It has been pointed out (60) that "this distinction between guilt as response to standards that have been internalized and shame as response to criticism or ridicule by others" involves several important assumptions for example, that shame does not exist apart from the scorn of others, expressed or imagined; that there is a basic (Cartesian) separation between oneself and others; that others are related to oneself as audience (*p.* 21). The usual distinction thus tends to regard both others and oneself as instruments, remaining external to each other. From others, one should seek approval, indulgence, contributions to one's pleasure. For others, one should do the right thing, meet appropriate standards, fulfill the designated social roles. One must never lose sight of what others will think of what one does - and how what they think will affect oneself. Appraisal tends to be always present; measuring, weighing, counting (60, *p.* 236).

A further discrimination is therefore needed. At first blush, it would seem to involve some differentiation within guilt; for example, one that

develops Freud's distinction between "true guilt" and "guilty fear" (51, pp. 118-124; 60, p. 22; 112, p. 95). Two problems, however, at once arise in the wake of such attempts: the confusion engendered by the introduction of such terms as "true" and "fear," and the obfuscation caused by masking the relationship of this phenomenon to "others." In what follows, then, I choose to retain the word "shame," but to argue for a different, broader understanding of the term. Two reasons impel this choice. In the first place, it is not idiosyncratic: at least two writers, one a competent literary scholar (60) and the other a respected psychoanalytic researcher (112), have already suggested thus reconceptualizing the distinction between shame and guilt. Secondly and more significantly, the term *shame* invites retention because "others" remain essential to this understanding – as, however, the solution rather than the problem.

The distinction itself, fortunately, is clearer than the terminological problem involved in sustaining it. It is the distinction between transgression and failure, between violating some boundary and falling short of some goal – regardless of the source of the boundary or the goal. The following schema may clarify:

	GUILT	SHAME
	GUILT	SHAME
Results From:	A violation, a transgression. The exercise of power, control.	A failure, a falling short. The lack of power, control.
Results In:	Feelings of wrongdoing. Sense of wickedness: "I am not good."	Feeling of inadequacy. Sense of worthlessness: "I am no good."

This understanding of the distinction between shame and guilt thus builds on the concept of *boundaries*, and specifically of the two kinds of

boundaries familiar, for example, to aficionados of American football: side-lines and goal-lines. In this understanding guilt arises from the violation (transgression) of a limiting boundary or side-line; shame occurs when a goal is not reached, is fallen short of. Guilt, thus indicates an "infraction"; shame, a literal "shortcoming" (60, *pp.* 22, 51; 111, *p.* 11).

Those familiar with recent studies of human development and narcissism may recognize in this distinction larger echoes. Keniston (116), Kohlberg and Gilligan (117) and Kilpatrick (118), for example, have called attention to the growing cultural importance of the distinction between "morals," which are specific rules of conduct set out by the community and subscribed to by the individual as part of the community, and "ethics," which are an extension of the sense of identity. When ethics are violated, one feels "not guilt but a sense of human failure, a kind of existential shame that one has not been who he thought himself to be" (118, *p.* 117). And in his penetrating and provocative study of the phenomenon of modern narcissism, Heinz Kohut (119) has developed the historical distinction between "Guilty Man" and "Tragic Man" (*pp.* 132-133). According to Kohut, "Guilty Man," largely a phenomenon of the past, lived within the pleasure principle; he attempted to satisfy his pleasure-seeking drives, and because of his success at this felt guilt. "Tragic Man," on the contrary, is a recent phenomenon who seeks to express the patterns of his nuclear self, and because of his failure at this, suffers shame.

Clearly, then, shame focuses on the self; and, specifically, upon the deficiency of self. That such "shame" is an existential experience may be clarified by comparing the negations of guilt and shame. "Guiltless" is clearly an honorific term: to be guiltless is to be free from guilt, that is, innocent, blameless. "Shameless," on the contrary, is a term of opprobrium. To be shameless is to be insensible to oneself, insensitive to one's self: one who lacks shame is impudent, brazen, without decency (60, *p.* 24).

This evident difference between "guiltless" and "shameless" manifestly implies that guilt is bad, shame is good. The focus of in shame, as noted, is upon the deficiency of self; and to both A.A. and existentialist insight, to be fully human is to recognize and to accept this deficiency, this limitation of finitude that flows from the nature of the

human condition. At least some shame is a necessary corollary of the mixed nature of being human, being both beast and angel, being "a god who shits."

The deficiency of self for which one feels shame can be either contingent or existential. "Contingent shame" – the shame of "sin" – results from falling short of an attainable goal. "Existential shame" – the shame of ANGH – is the sense of feeling to blame for finitude. A.A. treats both, for A.A. understands the source of the alcoholic's contingent shame to be his failure to confront the existential shame of the essential limitation of the human condition. Because of this priority, in what follows, "shame" unqualified refers most strictly to existential shame. Nevertheless, much of what will be said primarily concerning existential shame will be seen also to apply to contingent shame. One facet of A.A.'s genius lies in its utilization of experiences of contingent shame to bring one into contact with existential shame.

Shame contains a "not" – the not imposed by human finitude. To be human is to be aware that one's possibilities are not *all* possibilities: they are not only what one *can* be; they are also what one can *not-be*. The ability *to be* is also an ability to be not (30, pp. 162-168; 36, pp. 36-59). Thus, to be is to feel shame – to feel "to blame" for the not-ness lodged in one's essence. Why this "feeling to blame"? Because of the anomalous nature of the human as not-God, as beast-angel, as craving infinity yet essentially limited.

Shame, because it is rooted in this incongruity of the human condition, reflects also the paradox explored earlier in our delineation of A.A.'s mutualities. The necessity of mutuality derives from the vision that the human is the conjunction of the infinite and the limited. Because they contain that fusion, humans can relate only dialectically, not in either-or fashion. Confronted with a human situation, one can have only both of its polarities; one cannot have only either. "Feeling to blame for finitude" arises from the imperfection of such both-ness: neither polarity can be total so long as both are actual.

The Qualities of Shame

Three characteristics of shame (or better, of its occasion) aid in distinguishing shame from guilt and illuminate the nature of the *not* imposed by human finitude. The final characteristic to be discussed also

hints at the nature and the process of shames' healing and will introduce a brief exploration of how Alcoholics Anonymous achieves this.

Guilt has to do with moral transgression; it results from a voluntary act, from a choice carried out; and it tends to be proportionate to the perceived gravity of the offense committed. Shame, in contrast, may be evoked by a nonmoral lapse, may arise for an involuntary event and tends to be magnified by the very triviality of its stimulus.

Shame may arise from either a moral or a nonmoral lapse. A common source of the latter kind of shame is disappointment or frustration. Aggression evokes guilt; defeat and failure give rise to shame (112, *pp.* 80-82). Especially two categories of inadequacy, of nonmoral shortcoming, induce shame; failure in love and the failure of sickness. Each, of course, has special relevance in the case of the alcoholic – one reason why A.A., if it is effective, must be understood as providing healing for shame (39).

That shame arises involuntarily – from incapacity, the failure of choice – should be clear from its very concept as outlined above. Guilt implies choice; haggling over guilt often focuses upon the question of how free was the choice, but the fact of choice is assumed. Shame, on the other hand, occurs over a falling short, a missing of the mark, a failure of powers. Involuntariness is a necessary concomitant of shame's focus upon the deficiency of self: the core of the pain in shame arises from the failure of choice, of will (60, *pp.* 49ff; 112, *p.* 84). Recall the description, above, of the "two realms of human will." A particularly insidious shame can arise in the wake of the failure of "the attempt to will what cannot be willed." A further example may also help clarify. One who commits adultery might feel both guilt and shame: guilt over violation of the marriage promise; shame at falling short of the marriage ideal. The man who finds himself sexually impotent with a woman he loves will feel predominantly shame: the question of morality does not enter, and – at least in his conscious mind – his sexual disability is anything but voluntary.

The final characteristic of shame to be examined is the apparent disproportion that renders it literally so monstrous an experience. Usually, the depth and extent of guilt correlate with the gravity of the offense. Shame, on the contrary, tends to be triggered by the most trivial

of stimuli, and even to be intensified by the very insignificance of its cause. The very triviality of shame's source reveals most unmistakably the deficiency of self *as self*, rather than as violator of some abstract code (60, pp. 40, 64, 235). This disproportion that tends to inhere in shame serves to magnify further the experience of shame: one becomes ashamed at the very disproportion of one's reaction, and therefore ashamed of shame itself (60, p. 42). Perhaps because of this insatiable quality in shame over the trivial, it is upon the disproportion inherent in experiences of shame that the A.A. program fastens in turning shame to therapeutically constructive use.

How A.A. achieves this need not be detailed here for readers familiar with the dynamic underlying its Fifth Step and its practice of storytelling – with how these drive home to the alcoholic his unexceptional ordinariness (39, pp. 25-27). There is another way, more appropriate to the present exploration, in which the frequent pettiness of occasions of shame serves a therapeutic purpose within A.A.

Shame, Exposure and Denial

Because shame's stimulus is so often trivial, thus emphasizing shame's focus on the self, experiences of shame are experiences of exposure: they throw a flooding and searching light on what and who one is, uncovering hitherto unrecognized aspects of personality, revealing peculiarly sensitive, intimate, vulnerable aspects of the self (60, pp. 49, 183). Shame, then, invites the truth of *aleitheia*. Exposure to oneself lies at the heart of shame. The exposure may also be to others; but, whether others are involved or not, the significant exposure is always to one's own eyes (60, pp. 27-28). An incident described by Somerset Maugham in *Of Human Bondage* vividly penetrates to the essence of shame as the exposure to oneself of one's own weakness.

The protagonist Phillip, as a new boy at school, was ragged by classmates who demanded to see his clubfoot. Despite his almost obsequious desire for friendship, Philip adamantly refused to show his handicap. Finally, one night, a group of boys attacked Philip in his bed, and the school bully twisted his arm until Philip stuck his leg out of the bed to let them see his deformity. The boys then laughed and left.

"Philip . . . got his teeth in the pillow so that his sobbing should be inaudible. He was not crying for the pain they had

caused him, nor for the humiliation he had suffered when they looked at his foot, but with rage at himself because, unable to stand the torture, he had put out his foot of his own accord" (120, *pp. 35-36*)

Exposure to others was less painful to Philip than the exposure to himself of his own weakness.

Alcoholism – indeed, addictive dependence upon any psychoactive chemical – often arises from and usually is connected with the effort to conceal such weakness, to prevent its exposure to oneself. The alcoholic or addict uses his chemical to hide, and especially to hide from himself. The endeavor to hide reveals that the critical problem underlying such behavior is shame (113).

Guilt moves to solving problems; shame, untreated, leads to hiding feelings. "Wanting to be absolved of guilt is not the addict's problem" (113, *p. 10*). Usually, the addicted person within himself is pleading passionately to be able to feel guilty. Guilt-oriented therapies, however sophisticated, fail because the addict or alcoholic cannot "mend his ways" or, by willing it, "grow up": he must maintain his addiction precisely to conceal his unendurable shame from himself. Any interference with his chemical dependency becomes the most primary of survival threats. In any case in which the avoidance of pain – the existential pain of shame – plays a basic part in the psychopathology, effective therapy must address itself first to the existential nature of that shame (113, *pp. 9-12*).

Alcoholics Anonymous builds on this insight. The characteristic defense of alcoholics, the defense against which the shared honesty of mutual vulnerability, the "identification" that is the core dynamic of A.A. so effectively operates, is denial (17, *pp. 60ff.*). Denial involves the hiding of a felt inadequacy of being. To get beyond this hiding, to transcend this denial, the alcoholic needs others. This is why the mutualities inherent in A.A., explored earlier, prove so efficacious. The effectiveness of these mutualities in penetrating denial testifies that, in shame, "others" are not so much the problem as the solution. This was, the reader may recall, one large reason for the attempt to preserve the term "shame" even while reshaping its concept. Having traversed that reconceptualization, another reason can now be brought to bear:

continuity of analysis.

Shame, as herein explained, relates so intimately to "denial" because it results not merely from a "sense of failure," but from a sense of essential failure – the failure of existence. This understanding captures, I believe, the insight of Harry Tiebout in his early classic psychiatric exploration of the therapeutic dynamic operative in A.A. Tiebout distinguished between "compliance," which he saw as worse than useless because it obscured the obsessive-compulsive nature of alcoholism, and "surrender," which he presented as the key to the therapeutic process of recovery (121; 122). Tiebout's "compliance" may be understood as motivated by guilt; "surrender," as enabled by the alcoholic's acceptance of shame.

Denial, Tiebout realized, could continue despite acknowledgment of – and even attempts at reparation for – guilt. Guilt may even be a defense against confronting and accepting what is denied, as when the alcoholic accepts responsibility for what she has done when drinking as preferable to admitting that the drinking itself was beyond her control. Real guilt fears punishment and tries to escape it. The shamed person, on the other hand, for example the alcoholic just described, seeks and embraces punishment – even by admitting "guilt" – as a confirmation aiding denial of what is most deeply feared: her own failure of being.

Conclusion: Denial, Need and Limitation

The connection between shame and denial, elucidated by the exploration of "hiding" and by Tiebout's concept of "surrender," highlights another advantage of understanding Alcoholics Anonymous as a singularly efficacious way of dealing with shame. As its emphasis on honesty hints, A.A. understands denial – self-deception – to be so characteristic of the alcoholic that it is pathognomic of alcoholism.⁷ This centrality accorded denial clarifies a further affinity between the insight of A.A. and the wisdom of the philosophies of existence.

All classic thought contains a concept of "sin," which refers less to

⁷ On the centrality of "denial," see Mann (123) and Kimball (124). That this perception if not the term itself extends far beyond Alcoholics Anonymous is clear from the tone as well as the content of Pattison (68) and Baekeland and Lundwall (125).

some act than to a state of being. Yet, whether as act or as state of being, "sin" is understood to be that which isolates or alienates from reality – from the reality of nature, of others, of self. The primordial sin, as the Edenic myth of "original sin" illustrates, fuses dishonesty and pride: it denies that one is limited and thus not infinite; it claims self to be the center of the universe and thus "as God" (50).

The insight of A.A. and the philosophy of existentialist thinkers such as Sartre locate such "sin" identically: A.A. views it as a "dishonesty" rooted in "self-centeredness"; Sartre, as the *mauvaise foi* of "self-deception." For both, it consists in the claim and the attempt to be other than human; for both, it involves the inauthenticity of a pretended appropriation of unlimitedness. To become fully human, A.A.'s "not-God," like Heidegger's *Dasein*, must avoid "sin" by accepting as first truth his own essential limitation (30, pp. 64-70; 34, pp. 233-235). Both visions indict the refusal to embrace one's own essential limitation as the root of all human evil, the source of all alienation.

In one important way, however, as we have seen, the insight of A.A. transcends even the thought of some existentialist thinkers. Sartre defined "Hell" as "other people" (32, p. 79). Alcoholics Anonymous understands the reality of essential limitation differently. According to A.A. insight, because of their essential limitation, human beings have needs. The denial of essential limitation usually manifests itself not directly, but in the denial of need (124, p. 3). The alcoholic's denial of need is twofold, his denial of his need for alcohol blends into and intertwines with his denial of his need for others. Early in the process of alcoholism, the alcoholic denies that it is his unmet, because insatiable, need for others that leads him to seek comfort or excitement in alcohol. "A few drinks" become more important than the people at a party, for example, as alcohol becomes a surer source of satisfaction than human interaction. Later in the process, after a few failures of "I can stop whenever I want to" (denial of the need for alcohol), the denial becomes again of the need for others: "Just let me alone – I can lick the thing by myself."

A.A. enables and promotes recovery from alcoholism by breaking through these twin denials of need. As fellowship, Alcoholics Anonymous invites the alcoholic to discover his own need for others by being the one place where the alcoholic himself is needed, and needed

precisely and only as alcoholic. This leads to self-identification as “alcoholic,” and thus to admission of the need for alcohol. As program, A.A. builds on the admission of the need for alcohol – “I am an alcoholic” – ever deepening awareness of one's need for others. A.A.'s twelve Steps begin with the word “We,” and A.A. ever emphasizes that it is “fellowship” as well as “program.” Thus the vicious circle of denial of need – for alcohol and for others – is broken and replaced by a twofold, mutually enhancing admission of need.

These admissions of need – for alcohol because one is an alcoholic, for others because one is a human being – signal both the acceptance of essential limitation and the embrace of wholeness in limitation. This acceptance and embrace heal, for acknowledging in oneself the essential connection between limitation and reality enables and promotes opening oneself to a new kind of relationship with others – a relationship of pluralism and complementarity that allows one who is essentially limited to attain true transcendence of self.⁸

Essential limitation means that there exists a necessary equation between being limited and being real. Again, the message of mutuality echoes: in any human phenomenon, limitation and reality are necessarily present in a dialectical relationship; one can have only both, one cannot have only either. One can be only limited *and* real; one cannot be only limited or only real: to be real is to be limited, and to be limited is to be real.

This necessary dialectic is perhaps clearest in the matter of freedom.⁹ It is their prime concern over the nature of human freedom that most deeply unites the insights of A.A. and existentialist philosophy. According to both insights, to be human is to be both free and unfree: although real, freedom is limited; although limited, freedom is real.

8 I have analyzed “pluralism” and “complementarity” and explained their implications elsewhere (17, *pp* 151-152, 219-221; 39, *pp* 47-51). Also, see Heinemann (29, *pp* 190-202) for a similar analysis from a very different and perhaps more profoundly existentialist insight.

9 For a profound and challenging discussion of “freedom,” which uses provocatively the example of the alcoholic, see the index listings in Barrett (34), and especially p. 262.

The conjunction *although* between “real” and “freedom” sums up the phenomenological insight of A.A. and of the philosophies of existence. Both, however, offer more. Alcoholics Anonymous renders practical existentialist philosophy's deepest contribution to understanding the human condition: the interpretive insight that, *because* real, freedom is limited, *because* limited, freedom is real. With freedom as with any other human phenomenon, to be real is to be limited, for limitation proves reality. To understand this is to be enabled to accept the wholeness of essential limitation and – for many, more important – to be enabled to recover from alcohol addiction.

Thus, the reason “Why A.A. Works” and “The Intellectual Significance of Alcoholics Anonymous” are one and the same. As unconscious bearer of the existentialist insight that found more explicit formulation elsewhere in its era, A.A. built upon its concept of “alcoholic” – its insight into essential limitation – an effective modality of healing for the malaise of its age, shame.

No direct influence from the philosophies of existence ever impinged upon the co-founders of Alcoholics Anonymous. Indeed, Bill Wilson and Dr. Bob Smith would probably – and correctly – have laughed had anyone ever called them “philosophers.” Yet, because of their alcoholism, these men and their cohorts intimately knew the nature and ramifications of the illness, the dis-ease, that was their age’s metaphor for the problematic reality of being human (17, *pp.* 200-202). We, today, live in a different age; yet perhaps even more profoundly, postmodern humanity still strives to survive and to flourish in an Age of Limits.

Many have found, and probably will continue to find, their survival manual in some variant of existentialist philosophy, in the wisdom of Eastern religions, in diverse efforts to “live closer to nature,” and elsewhere. A.A.'s intellectual significance, then, is itself appropriately limited. A.A. suggests, for those afflicted by existential shame over their failure to be perfect, both a philosophy and a therapy that enable that shame's transcendence. Insofar as it is understood as a therapy for addiction, A.A. holds out hope, and even “cure,” especially to those addicted to the Will to Power and Perfection – to those, that is, addicted to addiction itself (34, *pp.* 192-201; 47; 49). Perhaps in this lies its greatest significance, both intellectually and socially, for all of us.

REFERENCES

1. Norris, J.L. Alcoholics Anonymous and other self-help groups. Pp. 735-776. In: Tarter, R.E. and Sugarman, A.A., eds. Alcoholism: interdisciplinary approaches to an enduring problem. Reading, MA; Addison-Wesley; 1976.
2. Kissin, B. Theory and practice in the treatment of alcoholism. Pp. 1-51. In: Kissin, B. and Begleiter, H., eds. The biology of alcoholism. Vol 5. Treatment and rehabilitation of the chronic alcoholic. New York; Plenum; 1977.
3. Beigen, A. and Ghertner, S. Toward a social model: an assessment of social factors which influence problem drinking and its treatment. Pp. 197-233. In: Kissin, B. and Begleiter, H. eds. The biology of alcoholism, Vol 5. Treatment and rehabilitation of the chronic alcoholic. New York; Plenum. 1977.
4. Doroff, D.R. Group psychotherapy in alcoholism. Pp. 235-258. In: Kissin, B. and Begleiter, H., eds. The biology of alcoholism. Vol 5. Treatment and rehabilitation of the chronic alcoholic. New York; Plenum; 1977.
5. Baekeland, F. Evaluation and treatment methods in chronic alcoholism. Pp. 385-440. In: Kissin, B. and Begleiter, H., eds. The biology of alcoholism. Vol 5. Treatment and rehabilitation of the chronic alcoholic. New York; Plenum; 1977.
6. Leach, B. and Norris, J.L. Factors in the development of Alcoholics Anonymous (A.A.). Pp. 441-543. In: Kissin, B. and Begleiter, H., eds. The biology of alcoholism. Vol 5. Treatment and rehabilitation of the chronic alcoholic. New York; Plenum; 1977.
7. Zinberg, N.E. and Fraser, K.M. The role of the social setting in the prevention and treatment of alcoholism. Pp. 350-385. In: Mendelson, J.H. and Mello, N.K., eds. The diagnosis and treatment of alcoholism. New York; McGraw-Hill; 1979.
8. Corrigan, E.M. Alcoholic women in treatment. New York; Oxford

University Press; 1980.

9. Chambers, F.T., Jr. Analysis and comparison of three treatment approaches for alcoholism: Antabuse, the Alcoholics Anonymous approach and psychotherapy. *Br. J. Addic.* **50**: 29-41. 1953.
10. Peele, S. and Brodsky, A. *Love and Addiction*. New York; Taplinger; 1975
11. Borman, L.D., ed. *Explorations in self-help and mutual aid*. Evanston, IL; Northwestern University Press; 1975.
12. Caplan, G. and Killilea, M., eds. *Support systems and mutual help: multidisciplinary explorations*. New York; Grune & Stratton; 1976.
13. Gartner, A. and Riessman, F. *Self-help in the human services*. San Francisco; Jossey-Bass; 1977.
14. Lieberman, M.A. and Borman, L.D., eds. *Self-help groups for coping with crisis: origins, members, processes, and impact*. San Francisco; Jossey-Bass; 1979.
15. Alcoholics Anonymous. *Alcoholics Anonymous comes of age*. New York; Alcoholics Anonymous; 1957.
16. Thomsen, R. Bill W. New York; Harper & Row; 1975
17. Kurtz, E. *Not-God: A history of Alcoholics Anonymous*. Center City, MN; Hazelden Educational Services. 1979.
18. Blumberg, L. The ideology of a therapeutic social movement: Alcoholics Anonymous. *J. Stud. Alc.* **38**: 2122-2143. 1977.
19. Barrett, W. *Irrational man: a study in existential philosophy*. Garden City, NY; Doubleday, 1962.
20. Kaufmann, W. The reception of existentialism in the United States. *Midway*: **9**: 97-126; Summer 1968.
21. Barzun, J. *Clio and the doctors: psycho-history, quanto-history, and*

- history. University of Chicago Press; 1974.
22. Handlin, O. Truth in history. Cambridge; Harvard University Press; 1979.
 23. Schlesinger, A.S., Jr. Intellectual history: a time for despair? J. Amer. Hist. **66**: 888-893, 1980.
 24. Degler, C.M. Presidential address: remaking American history. J. Amer. Hist. **67**: 7-25, 1980.
 25. Becker, C.L. What is still living in the political philosophy of Thomas Jefferson? In: Snyder, P.L., ed. Detachment and the writing of history: essays and letters of Carl L. Becker. Ithaca, NY; Cornell University Press; 1958. [Orig. 1944.]
 26. Alcoholics Anonymous. New York; A.A. World Services; 1978. [Orig.1953.]
 27. Twelve Steps and Twelve Traditions. New York. A.A. World Services; 1978. [Orig. 1953.]
 28. Heidegger, M. Being and time. (Macquarrie, J. and Robinson, E., transl.) New York; Harper & Row, 1962. [Orig. 1927.]
 29. Heineemann, F.H. Existentialism and the modern predicament. New York; Harper; 1953.
 30. Gelven, M. A commentary on Heidegger's *Being and Time*: a section-by-section interpretation. New York; Harper & Row; 1970.
 31. Vail, L.M. Heidegger and ontological difference. University park; Pennsylvania State University Press; 1972.
 32. King, T.M. Sartre and the Sacred. Chicago; University of Chicago Press; 1974.
 33. Kaufmann, W., ed. Existentialism from Dostoevsky to Sartre. New York; New American Library; 1975.

34. Barrett, W. *The Illusion of Technique: a search for meaning in a technological civilization*. Garden City, NY; Anchor; 1978.
35. Poggeler, O. Being as appropriation. Pp. 84-115. In: Murray, M., ed. *Heidegger and modern philosophy: critical essays*. New Haven, CT; Yale; 1978.
36. Sartre, J-P. *Being and nothingness: an essay on phenomenological ontology* (Barnes, H.E., transl.) New York; Washington Square Press; 1966. [Orig. 1943.]
37. Heidegger, M. What is metaphysics? Pp. 242-264. In: Kaufman, W., ed. *Existentialism from Dostoevsky to Sartre*. New York; New American Library; 1975. [Orig. 1929.]
38. Kierkegaard, S.A. *The concept of dread*. 2nd ed. (Lowrie, W., transl.) Princeton, NJ; Princeton University Press; 1957. [Orig. 1844.]
39. Kurtz, E. *Shame and Guilt: characteristics of the dependency cycle*. Center City, MN; Hazelden Foundation; 1981
40. Hale, N.G., Jr. *Freud and the Americans: the beginnings of psychoanalysis in the United States, 1876-1917*. New York; Oxford; 1971
41. Bledstein, B.J. *The culture of professionalism: the middle class and the development of higher education in America*. New York; Norton; 1976.
42. Gaylin, W. What you see is the real you. *The New York Times*, p. 31, 7 October 1977.
43. Sennett, R. *The fall of public man*. New York; Knopf; 1977.
44. Clinard, M.B., ed. *Anomie and deviant behavior: a discussion and critique*. New York; Free Press; 1964.
45. Kierkegaard, S.A. *Fear and trembling* (Lowrie, W., transl.) Garden City, NY; Anchor; 1954. [Orig. 1843.]

46. Kierkegaard, S.A. The sickness unto death. In: Kierkegaard, S.A. Fear and trembling. Garden Cit, NY; 1954. [Orig. 1949.]
47. Farber, L.H. Thinking about will. Pp. 3-12. In: Lying, despair, jealousy, envy, sex, suicide, drugs, and the good life. New York; Basic Books, 1976. [Orig. 1969.]
48. Farber, L.H. Will and anxiety. Pp. 13-34 In: eodem. [Orig. 1966.]
49. Farber, L.H. Our kindly family physician, chief crazy horse. Pp. 106-119. In: eodem. [Orig. 1966.]
50. Szasz, T. The second sin. Garden City, NY; Anchor; 1973.
51. Gaylin, W. Caring. New York; Knopf; 1976.
52. James, W. Principles of Psychology. New York; Holt; 1890.
53. Sullivan, H.S. Conceptions of modern psychiatry. 2nd ed. New York; Norton; 1953 [Orig. 1940.]
54. Mullahy, P. The beginnings of modern American psychiatry: the ideas of Harry Stack Sullivan. Boston, MA; Houghton Mifflin; 1973.
55. Pascal, B. Pensées. (Kraillsheimer, A.J., transl.) Harmondsworth, England; Penguin; 1966. [Orig. 1670.]
56. Augustine. The City of God. Books XIV and XIX.
57. Goldmann, L. The hidden god; a study of tragic vision in the Pensées or Pascal and the tragedies of Racine. (Thody, P., transl.) London; Routledge and Kegan Paul; 1964.
58. Santayana, G. Persons and places. 3 vols. New York; Scribners; 1944-1953.
59. Becker, E. The denial of death. New York. Free Press. 1973.
60. Lynd, H.M. On shame and the search for identity. New York; Harcourt, Brace; 1958.

61. Sartre, J-P. Portrait of an anti-semitic. Pp. 329-345. In: Kaufmann, W., ed. Existentialism from Dostoevsky to Sartre; op. cit. [Orig. 1946.]
62. Kant, I. An answer to the question: what is enlightenment? Pp. 54-60. In: Reiss, H.S., ed. Kant's political writings. (Nisbet, H.B. transl.) Cambridge; Cambridge University Press; 1970. [Orig. 1784.]
63. Goldman, L. The philosophy of the Enlightenment: the Christian bourgeoisie and the Enlightenment. (Maas, H., transl.) Cambridge, MA; M.I.T. Press, 1973.
64. Davis, D.L. Definitional issues in alcoholism. Pp. 53-73. In Tarter, R.E. and Sugerma, A.A., eds. ; op. cit.
65. Tarter, R.E. and Schneider, D.U. Models and theories of alcoholism. Pp. 75-106. In: Tarter, R.E. and Sugerma, A.A., eds.; op. cit.
66. Sugerma, A.A. and Schneider, D.U. Cognitive styles in alcoholism. Pp. 395-433. In: Tarter, R.E. and Sugerma A.A., eds.; op. cit.
67. Mendelson, J.H. and Mello, N.K. The diagnosis of alcoholism. Pp.1-18. In: Mendelson, J.H. and Mello, N.K. The diagnosis and treatment of alcoholism. New York; McGraw-Hill; 1979.
68. Pattison, E.M. The selection of treatment modalities for the alcoholic patient. Pp. 125-227. In: Mendelson, J.H. and Mello, N.K., op. cit.
69. Unger, R.M. Knowledge and politics. New York; Free Press; 1975.
70. Jaspers, K. On my philosophy. Pp. 158-189. In: Kaufmann, W., ed. op. cit.
71. Kocklemans, J.J. Edmund Husserl's phenomenological psychology: a historico-critical study. (Jager, B., transl.) Pittsburgh; Duquesne University Press; 1967.
72. Frankl, V.L. The unconscious God: psychotherapy and theology. New York; Simon & Schuster; 1975. [Orig. 1948.]

73. Laing, R.D. *The divided self: an existential study in sanity and madness*. London; Tavistock; 1969. [Orig. 1960.]
74. Goldmann, L. *Lukács and Heidegger: towards a new philosophy*. (Boelhower, W.Q. transl.) London; Routledge & Kegan Paul; 1977.
75. Sartre, J-P. *Self-deception*. Pp. 299-328 in Kaufmann, W., ed., *op. cit.*; [Orig. 1943.]
76. Kierkegaard, S.A. *Either/or: a fragment of life*. (Swenson, D.F. and Swenson, L.M., transl.) Princeton, NJ; Princeton University Press; 1944. [Orig. 1843.]
77. Stace, W.T. *The philosophy of Hegel: a systematic exposition*. New York; Macmillan; 1924.
78. Heiss, R. *Hegel, Kierkegaard, Marx: three philosophers whose ideas changed the course of civilization*. (Garside, E.B., transl.) New York; Delacorte; 1975.
79. Markey, M. *Alcoholics and God*. *Liberty Magazine* **16**: 6-7, 30 September 1939.
80. Glasser, W. *The Identity Society*. New York; Harper & Row; 1975.
81. Maxwell, M.A. *Alcoholics Anonymous: an interpretation*. Pp. 211-222. In: Pittman, D.J., ed. *Alcoholism*; New York; Harper & Row; 1967.
82. Sullivan, H.S. *The meaning of anxiety in psychiatry and life*. *Psychiatry* **11**: 1-13. 1948
83. Laing, R.D. *Self and Others*. 2nd ed. Harmondsworth, England. Penguin; 1971.
84. Mowrer, O.H. *The new group therapy*. Princeton, NJ; Van Nostrand; 1964.
85. Jourard, W.M. *The transparent self*. New York; Van Nostrand Reinhold; 1971.

86. Mayeroff, M. *On caring*. New York; Harper & Row; 1971.
87. Nouwen, H.J.M. *The wounded healer: ministry in contemporary society*. Garden City, NY; Doubleday; 1972.
88. Goldmann, L. *The human sciences and philosophy*. (White, H.V. and Anchor, R., transl.) London; Cape; 1969. [Orig. 1952.]
89. Purcell, E.A., Jr. *The crisis of democratic theory: scientific materialism and the problem of value*. Lexington, KY; University of Kentucky Press; 1973.
90. Furner, M.O. *Advocacy and objectivity: a crisis in the professionalization of American social science, 1865-1905*. Lexington, KY; Univ. of Kentucky; 1975.
91. Hawthorn, G. *Enlightenment and despair: a history of sociology*. Cambridge; Cambridge University Press; 1976.
92. Hollis, M. *Models of man: philosophical thoughts on social action*. Cambridge; Cambridge University Press; 1976.
93. Lasch, C. *Haven in a heartless world: the family besieged*. New York; Basic Books; 1977.
94. Boyer, P.S. *Urban masses and moral order in America, 1820-1920*. Cambridge, MA; Harvard University Press; 1978.
95. Fuhrman, E.R. *The sociology of knowledge in America, 1883-1915*. Charlottesville; University of Virginia Press; 1980.
96. Rothman, D.J. *Conscience and convenience: the asylum and its alternatives in progressive America*. Boston; Little, Brown; 1980.
97. Freud, S. *Group psychology and the analysis of the ego*. (Strachey, J., transl.) new York; Liveright; 1951. [Orig. 1921.]
98. Lasswell, H.D. *Power and personality*. New York; Norton; 1948.

99. Benedict, R. Patterns of culture. Boston; Houghton Mifflin; 1934.
100. Hegel, G.W.F. The phenomenology of mind. (Baille, J.B., transl.) New York; Harper & Row; 1967. [Orig. 1807.]
101. Collier, A. R.D. Laing: the philosophy and politics of psychotherapy. New York; Pantheon; 1977.
102. Guntrip, H.J.S. Psychoanalytic theory, therapy, and the self. New York; Basic Books; 1971.
103. White, R.W. Motivation reconsidered: the concept of competence. Psych. Rev. **66**: 297-333, 1959.
104. Erikson, E.H. Identity, youth, and crisis. New York; Norton; 1968
105. Angyal, A. Neurosis and treatment: a holistic theory. (Hanfmann, E. and Jones, R.M., eds.) New York; Wiley; 1965.
- 106 Farber, L.H. On jealousy. Pp. 180-202 . In: Lying, despair, jealousy, envy, sex, suicide, drugs, and the good life. New York; Basic Books; 1976. [Orig. 1973.]
107. Sartre, J-P. Saint Genet: actor and martyr. (Frechtman, B., transl.) New York; New American Library; 1971. [Orig. 1952.]
108. Gaylin, W. In the beginning: helpless and dependent. Pp. 3-38. In: Gaylin, W., Glasser, I., Marcus, S, and Rothman, D., eds. Doing good: the limits of benevolence. New York; Pantheon; 1978.
109. Winnicott, D.W. The capacity to be alone. Pp. 29-36. In: The maturational process and the facilitating environment. New York; International Universities Press; 1965. [Orig. 1958.]
110. Winnicott, D.W. From dependence towards independence in the development of the individual. Pp. 83-92. In: eodem.
111. Piers, G. and Singer, M.B. Shame and guilt: a psychoanalytic and a cultural study. Springfield, IL; Thomas; 1953.

112. Lewis, H.B. Shame and guilt in neurosis. New York; International Universities Press; 1971.
113. Edwards, D.G. Shame and pain and "Shut up or I'll really give you something to cry about." *Clin Soc. Work J.* **4**: 3-13, 1976.
114. Schneider, C.D. Shame, exposure, and privacy. Boston; Beacon; 1977.
115. May, R., Angel, E. and Ellenberger, H.F., eds. Existence: a new dimension in psychiatry and psychology. New York; Basic Books; 1958.
116. Keniston, K. Morals and ethics. *Am. Scholar* **34**: 628-632, 1965.
117. Kohlberg, L. and Gilligan, C.F. The adolescent as philosopher. Pp. 144-179, In: Kagan, J. and Coles, R., eds. Twelve to sixteen: early adolescence. New York; Norton; 1972.
118. Kilpatrick, W. Identity and intimacy. New York; Delacorte; 1975.
119. Kohut, H. The restoration of the self. New York. Int. Univ. Press; 1977.
120. Maugham, W.S. Of human bondage. Garden City, NY; Doubleday; 1936. [Orig. 1915.]
121. Tiebout, H.M. The act of surrender in the therapeutic process. *Q.J. Stud. Alcohol* **10**: 48-58, 1963.
122. Tiebout, H.M. Surrender versus compliance in therapy. *Q.J. Stud. Alcohol* **14**: 58-68, 1953.
123. Mann, M. New primer on alcoholism: how people drink, how to recognize alcoholics, and what to do about them. New York; Rinehart; 1958.
124. Kimball, B.J. The alcoholic woman's mad, mad world of denial and mind games. Center City, MN; Hazelden; 1978.

125. Baekeland, F. and Lundwall, L.K. Engaging the alcoholic in treatment and keeping him there. Pp. 161-195. In: Kissin, B. and Begleiter, H., eds. The biology of alcoholism. Vol. 5. Treatment and rehabilitation of the chronic alcoholic. New York; Plenum; 1977.