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DELABELING, RELABELING, AND ALCOHOLICS ANONYMOUS

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An increasing amount of research emphasis in social psychiatry in recent years has been placed upon the rehabilitation and return of former mental patients to "normal" community roles (Sussman, 1966). The concomitant rapid growth of community psychiatry as a psychiatric paradigm parallels this interest, with community psychiatry having as a primary concern the maintenance of the patient's statuses within the family and community throughout the treatment process so as to minimize problems of rehabilitation and "return" (Pasamanick et al., 1967; Susser, 1968). Despite these emphases, successful "delabeling" or destigmatization of mental patients subsequent to treatment appears rare (Miller, 1965; Freeman and simmons, 1963). It is the purpose of this paper to explore an apparent negative instance of this phenomenon, namely a type of social processing which results in successful delabeling, wherein the stigmatized label is replaced with one that is socially acceptable.

The so-called labeling paradigm which has assumed prominence within the sociology of deviant behavior offers a valuable conceptualization of the development of deviant careers, many of which are apparently permanent (Scheff, 1966). In essence, labeling theory focuses upon the processes whereby a "primary deviant" becomes a "secondary deviant" (Lemert, 1951: 75-76). Primary deviance may arise from myriad sources. The extent and nature of the social reaction to this behavior is a function of the deviant's reaction to his own behavior (Roman and Trice, 1969), the behavior's visibility, the power vested in the statuses of the deviant actor, and the normative parameters of tolerance for deviance that exist within the community. Primary deviance that is visable and exceeds the tolerance level of the community may bring the actor to the attention of mandated labelers such as psychiatrists, clinical psychologists, and social workers.

If these labelers see fit "officially" to classify the actor as a type of deviant, a labeling process occurs which eventuates in (1) self concept changes

on the part of the actor and (2) changes in the definitions of him held by his immediate significant others, as well as the larger community. Behavior which occurs as a consequence of these new definitions is called secondary deviance. This behavior is substantively similar to the original primary deviance but has as its source the actor's revised self-concept, as well as the revised social definition of him held in the community.

Previous research and theoretical literature appear to indicate that this process is irreversible, particularly in the cases of mental illness or so-called residual deviance (Miller, 1965; Myers and Bean, 1968). No systematic effort has been made to specify the social mechanisms which might operate to "return" the stigmatized secondary deviant to a "normal" and acceptable role in the community. In other words, delabeling and relabeling have received little attention as a consequence of the assumption that deviant careers are typically permanent.

Conceptually, there appear to be at least three ways whereby delabeling could successfully occur. First, organizations of deviants may develop which have the primary goal of changing the norms of the community or society, such that their originally offending behavior becomes acceptable (Sagarin, 1967). For example, organized groups of homosexuals have strongly urged that children be educated in the dual existence of homosexuality and heterosexuality as equally forms of behavior.

Secondly, it is possible that the mandated professionals and organizations who initially label deviant behavior and process the deviant through "treatment" may create highly visible and explicit "delabeling" or "status-return" ceremonies which constitute legitimized public pronouncements that the offending deviance has ceased and the actor is eligible for re-entry into the community. Such ceremonies could presumably be the reverse of "status degradation" rituals (Garfinkel, 1957).

A third possible means is through the development of mutual aid organizations which encourage a return to strict conformity to the norms of the community as well as creating a stereotype which is socially acceptable. Exemplary of this strategy is Alcoholics Anonymous. Comprised of 14,150 local groups in the United States in 1967, this organization provides opportunities for alcoholics to join together in an effort to cease disruptive and deviant drinking behavior in order to set the stage for the resumption of normal occupational, maritial and community roles (Gellman, 1964).

The focus of this paper is the apparent success in delabeling that has occured through the social processing of alcoholics through Alcoholics Anonymous and through alcoholics participation in the A.A. subculture. The formulation is based chiefly on participant observation over the past 15 years in Alcoholics Anonymous and data from various of our studies of the social aspects of alcoholism and deviant drinking. These observations are supplemented by considerable contact with other "self-help" organizations. These experiences are recognized as inadequate substitutes for "hard" data; and the following points are best considered as exploratory hypotheses for further research.

THE "ALLERGY" CONCEPT

The chronic problem affecting the re-acceptance into the community of former mental patients and other types of deviants is the attribution of such persons with taints of permanent "strangeness," immorality, or "evil." A logical method for neutralizing such stigma is the promulgation of ideas or evidence that the undesirable behavior of these deviants stems from factors beyond their span of control and responsibility. In accord with Parson' (1951) cogent analysis of the socially neutralizing effects of the "sick role," it appears that permanent stigmatization may be avoided if stereotypes of behavior disorders as forms of "illness" can be successfully diffused in the community.

Alcoholics Anonymous has since its inception attempted to serve as such a catalyst for the "delabeling" of its members through promulgating the "allergy concept" of alcohol addiction. Although not part of official A.A. literature, the allergy concept plays a prominent part in A.A. presentations to non-alcoholics as well as in the A.A. "line" that is used in "carrying the message" to non-member deviant drinkers. The substance of the allergy concept is that those who become alcoholics possess a physiological allergy to alcohol such that their addiction is predetermined even before they take their first drink. Stemming from the allergy concept is the label of "arrested alcoholic" which A.A. members place on themselves.

The significance of this concept is that it serves to diminish, both in the perceptions of the A.A. members and their immediate significant others, the alcoholic's responsibility for developing the behavior disorder. Furthermore, it

serves to diminish the impression that a form of mental illness underlies alcohol abuse. In this vein, A.A. members are noted for their explicit denial of any association between alcoholism and psychopathology. As a basis for a "sick role" for alcoholics, the allergy concept effectively reduces blame upon one's self for the development of alcoholism.

Associated with this very visible attempt on the part of A.A. to associate itself with the medical profession. Numerous publications of the organization have dealt with physicians and A.A. with physicians who are members of A.A. (Grapevine, 1968). Part of this may be related to the fact that one of the co-founders was a physician; and a current long time leader is also a physician. In any event, the strong attempts to associate A.A. with the medical profession stand in contrast to the lack of such efforts to become associated with such professions as law, education, or the clergy.

Despite A.A.'s emphasis upon the allergy concept, it appears clear that a significant portion of the American public does not fully accept the notion that alcoholism and disruptive deviant drinking are the result of an "allergy" or other organic aberration. Many agencies associated with the treatment of alcohol-related problems have attempted to make "alcoholism is an illness" a major theme of mass educational efforts (Plaut, 1967). Yet in a study of 1,213 respondents, Mulford and Miller (1964) found that only 24 per cent of the sample "accepted the illness concept without qualification." Sixty-five percent of the respondents regarded the alcoholic as "sick," but most qualified his judgment by adding that he was also "morally weak" or "weak-willed."

The motivation behind public agencies' efforts at promulgating the "illness" concept of behavior disorders to reduce the probability of temporary or permanent stigmatization was essentially upstaged by A.A. Nonetheless, the data indicate that acceptance of the "illness" notion by the general public is relatively low in the case of alcoholism and probably lower in the case of other behavior disorders (cf. Nunnally, 1961). But the effort has not been totally without success. Thus it appears that A.A.'s allergy concept does set the stage for reacceptance of the alcoholic by part of the population. A more basic function may involve the operation of the A.A. program itself; acceptance of the allergy concept by A.A. members reduces the felt need for "personality change" and may serve to raise diminished self-esteem.

Other than outright acceptance of the allergy or illness notion, there appear to be several characteristics of deviant drinking behavior which reduce the ambiguity of the decision to re-accept the deviant into the community after his deviance has ceased.

Unlike the ambiguous public definitions of the causes of other behavior disorders (Nunally, 1961), the behaviors associated with alcohol addiction are viewed by the community as a direct consequence of the inappropriate use of alcohol. With the cessation of drinking behavior, the accompanying deviance is assumed to disappear. Thus, what is basically wrong with an alcoholic is that he drinks. In the case of other psychiatric disorders the issue of "what is wrong" is much less clear. This lack of clarity underlies Scheff's (1966) notion of psychiatric disorders as comprising "residual" or relatively unclassifiable forms of deviance. Thus the mentally ill, once labeled, acquire such vague but threatening stereotypes as "strange," "different," and "dangerous" (Nunally, 1961). Since the signs of the disorder are vague in terms of cultural stereotypes, it is most difficult for the "recovered" mental patients to convince other that he is "cured."

It appears that one of the popular stereotypes of former psychiatric patients is that their apparent normality is a "coverup" for their continuing underlying symptoms. Thus, where the alcoholic is able to remove the cause of his deviance by ceasing drinking, such a convincing removal may be impossible in the case of the other addictions and "mental" disorders. Narcotic addiction represents an interesting middle ground between these two extremes, for the cultural stereotype of a person under the influence of drugs is relatively unclear, such that it may be relatively difficult for the former addict to convince others that he has truly removed the cause of his deviance. This points up the fact that deviant drinking and alcoholism are continuous with behavior engaged in by the majority of the adult population, namely "normal" drinking (Mulford, 1964). The fact that the deviant drinker and the alcohol addict are simply carrying out a common and normative behavior to excess reduces the "mystery" of the alcoholic experience and creates relative confidence in the average citizen regarding his abilities to identify a truly "dry" alcoholic. Thus the relative clarity of the cultural stereotype regarding the causes of deviance accompanying alcohol abuse provides much better means for the alcoholic to claim he is no longer a deviant.

To summarize, A.A. promulgates the allergy concept both publicly and privately, but data clearly indicate that this factor alone does not account for the observed success at "re-entry" achieved by A.A. members. Despite ambiguity in public definitions of the etiology of alcoholism, its continuity with "normal" drinking behavior results in greater public confidence in the ability to judge the results of a therapeutic program. An understanding of A.A.'s success becomes clearer when this phenomenon is coupled with the availability of the "repentant" role.

THE REPENTANT ROLE

A relatively well-structured status of the "repentant" is clearly extant in American cultural tradition. Upward mobility from poverty and the "log cabin" comprises a social type where the individual "makes good" for his background and the apparent lack of conformity to economic norms of his ancestors. Redemptive religion, emergent largely in American society, emphasizes that one can correct a moral lapse even of long duration by public admission of guilt and repentance (cf. Lang and Lang, 1960).

The A.A. member can assume this repentant role; and it may become a social vehicle whereby, through contrite and remorseful public expressions, substantiated by visibly reformed behavior in conformity to the norms of the community, a former deviant can enter a new role which is quite acceptable to society. The re-acceptance may not be entirely complete, however, since the label of alcoholic is replaced with that of "arrested alcoholic;" as Gusfield (1967) has stated, the role comprises a social type of a "repentant deviant." The acceptance of the allergy concept by his significant others may well hasten his re-acceptance, but the more important factor seems to be the relative clarity by which significant others can judge the deviant's claim to "normality." Ideally the repentant role is also available to the former mental patient; but as mentioned above, his inability to indicate clearly the removal of the symptoms of his former deviance typically blocks such an entry.

If alcohol is viewed in its historical context in American society, the repentant role has not been uniquely available to A.A. members. As an object of deep moral concern no single category of behavior (with the possible exception of sexual behavior) has been laden with such emotional intensity in American

society. Organized social movements previous to A.A. institutionalized means by which repentants could control their use of alcohol. These were the Washingtonians, Catch-My-Pal, and Father Matthews movements in the late 1800's and early 1900's which failed to gain widespread social acceptance. Thus not only is the repentant role uniquely available to the alcoholic at the present time, but Alcoholics Anonymous has been built on a previous tradition.

SKID ROW IMAGE AND SOCIAL MOBILITY

The major facet of Alcoholics Anonymous' construction of a repentant role is found in the "Skid Row image" and its basis for upward social mobility. A central theme in the "stories" of many A.A. members is that of downward mobility into Skid Row or near Skid Eow situations. Research evidence suggests that members tend to come from the middle and lower middle classes (Trice, 1962; Straus and Bacon, 1951). Consequently a "story" of downward mobility illustrates the extent to which present members had drastically fallen from esteem on account of their drinking. A.A. stories about "hitting bottom" and the many degradation ceremonies that they experienced in entering this fallen state act to legitimize their claims to downward mobility. Observation and limited evidence suggests that many of these stories are exaggerated to some degree and that a large portion of A.A. members maintained at least partially stable status-sets through the addiction process. However by the emphasis on downward mobility due to drinking, the social mobility "distance" traveled by the A.A. member is maximized in the stories. This clearly sets the stage for impressive "comeback accomplishments."

Moral values also play a role in this process. The stories latently emphasize the "hedonistic underworld" to which the A.A. member "traveled." His current status illustrates to others that he has rejected this hedonism and has clearly resubmitted himself to the normative controls and values of the dominant society, exemplified by his A.A. membership. The attempt to promulgate the "length of the mobility trip" is particularly marked in the numerous anonymous appearances that A.A. members make to tell their stories before school groups, college classes, church groups and service clubs. The importance of these emphases may be indirectly supported by the finding that lower-class persons

typically fail in their attempts to successfully affiliate with A.A., i.e., their social circumstances minimize the distance of the downward mobility trip (Trice and Roman, 1970; Trice, 1959).

A.A. AND AMERICAN VALUES

The "return" of the A.A. member to normal role performance through the culturally provided role of the repentant and through the implied social mobility which develops out of an emphasis upon the length of the mobility trip is given its meaning through tapping directly into certain major American value orientations.

Most importantly, members of Alcoholics Anonymous have regained self control and have employed that self control in bringing about their rehabilitation. Self control, particularly that which involves the avoidance of pleasure, is a valued mode of behavior deeply embedded in the American ethos (Williams, 1960). A.A. members have, in a sense, achieved success in their battle with alcohol and may be thought of as being "self-made" in a society permeated by "a systematic moral orientation by which conduct is judged" (Williams, 1960:424). This illustration of self control lends itself to positive sanction by the community.

A.A. also exemplifies three other value orientations as they have been delineated by Williams: humanitarianism, emphases upon practicality, and suspicion of established authority (Williams, 1960:397-470). A definite tendency exists in this society to identify with the helpless, particularly those who are not responsible for their own afflictions.

A.A. taps into the value of efficiency and practicality through its pragmatism and forthright determination to "take action" about a problem. The organization pays little heed to theories about alcoholism and casts all of its literature in extremely practical language. Much emphasis is placed upon the simplicity of its tenets and the straightforward manner in which its processes proceed.

Its organizational pattern is highly congruous with the value, suspicion of vested authority. There is no national or international hierarchy of officers, and local groups maintain maximum autonomy. Within the local group, there are no established patterns of leadership, such that the organization proceeds on a

basis which sometimes approaches anarchy. In any event, the informality and equalitarianism are marked features of the organization, which also tend to underline the self control possessed by individual members.

A.A.'s mode of delabeling and relabeling thus appears in a small degree to depend upon promulgation of an allergy concept of alcoholism which is accepted by some members of the general population. Of greater importance in this process is the effective contrivance of a repentant role. Emphasis upon the degradation and downward mobility experienced during the development of alcoholism provides for the ascription of considerable self control to middle-class members, which in turn may enhance their prestige and "shore up" their return to "normality." The repentance process is grounded in and reinforced by the manner in which the A.A. program taps into several basic American value orientations.

A.A.'s LIMITATIONS

As mentioned above, A.A. affiliation by members of the lower social classes is frequently unsuccessful. This seems to stem from the middle-class orientation of most of the A.A. programs, from the fact that it requires certain forms of public confessions and intense interpersonal interaction which may run contrary to the images of masculinity held in the lower classes, as well as interpersonal competence.

Perhaps an equally significant limitation is a psychological selectivity in the affiliation process. A recent follow-up study of 378 hospitalized alcoholics, all of whom had been intensely expose to A.A. during their treatment, revealed that those who successfully affiliated with A.A. upon their re-entry into the community had personality features significantly different from those who did not affiliate (Trice and Roman, 1970). The successful affiliates were more guilt prone, sensitive to responsibility, more serious, and introspective. This appears to indicate a definite "readiness" for the adoption of the repentant role among successful affiliates. To a somewhat lesser extent, the affiliates possessed a greater degree of measured ego strength, affiliative needs, and group dependency, indicating a "fit" between the peculiar demands for intense interaction required for successful affiliation and the personalities of the successful affiliates. Earlier research also revealed a relatively high need for affiliation among A.A. affiliates as compared to those who were unsuccessful in the affiliation process (Trice, 1959).

These social class and personality factors definitely indicate the A.A. program is not effective for all alcoholics. Convincing entry into the repentant role, as well as successful interactional participation in the program, appear to require middle-class background and certain personality predispositions.

SUMMARY

In summary, we shall contrast the success of A.A. in its delabeling with that experienced by other self help groups designed for former drug addicts and mental patients (Wechsler, 1960; Landy and Singer, 1961). As pointed out above, the statuses of mental patients and narcotic addicts lack the casual clarity accompanying the role of alcoholic. It is most difficult for narcotics addicts and former mental patients to remove the stigma since there is little social clarity about the cessation of the primary deviant behavior. Just as there is no parallel in this respect, there is no parallel in other self-help organizations with the Skid Row image and the status-enhancing "mobility trip" that is afforded by this image. The primary deviant behaviors which lead to the label of drug addict or which eventuate in mental hospitalization are too far removed from ordinary social experience for easy acceptance of the former deviant to occur. These behaviors are a part of the underworld from which return is most difficult. On the other hand, Alcoholics Anonymous possesses, as a consequence of the disorder of alcoholism, its uniqueness as an organization, and the existence of certain value orientations within American society, a pattern of social processing whereby a labeled deviant can become "delabeled" as a stigmatized deviant and relabeled as a former and repentant deviant.

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