

Alcoholism and the Archetypal Past

A Phenomenological Perspective
of Alcoholics Anonymous

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Summary. The stereotypic A.A. member's life story becomes a model of his past and a model for the reanalysis and re-education of his life.

Basic to any rehabilitation effort, whether medical, psychological or sociological, is a series of assumptions about the nature and structure of "therapy." These assumptions define the project to be undertaken and the goals to be sought, which, in turn, are grounded in more fundamental presuppositions about the structure of reality, the nature of the self, and the meaning of behavior. And as suppositions, they tend not to be explicitly formulated by participants nor recognized by observers; rather they normally are taken as "given" or in the "order of things."

It is no accident that the therapeutic program of Alcoholics Anonymous challenges the conventional medical, psychological and sociological concepts of causation, and that it ignores the findings and questions of specialists in these fields. Its roots lie less in the sciences than in such nonpositivist, quasirevivalistic, "transcendental" efforts as the Oxford Group Movement. To attempt to understand A.A. on an analytic and positivist model obscures its uniqueness.

A Phenomenological Approach

A full understanding of alcoholism requires complementing the usual positivist approach to the problem with a "phenomenological," or rigorously "subjective," investigation of the meaning of alcoholism, of the self, of the alcoholic's world. Phenomenology has demonstrated that the world and the self, rather than feeling automatically given in the order of things, are being constantly recreated as an individual proceeds through life.

Insight into an individual's life then comes from an analysis of the world, as he constructs it, in which he must live. As he lives in his personalized world, and with the assumptions he implicitly used to organize it, the individual can find himself trapped there despite all his efforts to escape. And central to this personalized world is the individual's vision of what constitutes his own self, a vision that profoundly influences the possibilities and limitations which he must discover in the course of living.

This article suggests that the nature, meaning and experience of these constructions of the self and the world by an alcoholic are subject to an ongoing process of reconstitution and redefinition, both in the process of becoming an alcoholic and in the course of any successful treatment and recovery program. Central in this process will be the redefinition of the meaning and experience of alcoholism. Complementing this is the suggestion that alcoholism is better understood as, in the terminology of A.A., a "defective" mode of life, or perhaps more neutrally as an "alternative" mode of life. The implication is that a treatment regimen directed at reconstitution and redefinition of self and world provides a better way to deal with alcoholism than a model holding it analogous to physical diseases. This is A.A.'s claim; and I suggest that it lies at the heart of the success that A.A. has enjoyed.

Alcoholics Anonymous

This study used a phenomenological perspective to examine the treatment program of two A.A. groups in a small northeastern community. Since considerable variation exists in the programs operated by different A.A. groups, even within one community, this information can only be taken as representative of the groups examined (and hence the name A.A. refers only to A.A. as perceived and understood in these particular groups). I gathered the materials presented here in the course of attending A.A. meetings in an observer role. Additional information came from informal conversations and interviews with members. As members were eager to present a clear picture of the organization to the wider community, they were interested in the project, continually helpful, and concerned that I receive data which were as accurate and complete as possible.

An evening's program was usually organized within a "discussion meeting" format-meetings revolved around a discussion topic usually suggested by the chairman focusing on personal problems (e.g., How does one deal with depression?) or on more "theoretical" issues (e.g., Have I had my last drunk? What do we mean by a "higher power?"). Occasionally members suggest a discussion topic reflecting particular problems with which they are concerned. These "discussion meetings," although they are claimed to differ strikingly from "speaker meetings" (in which speakers tell of their struggles with alcohol), nevertheless tend to develop in such a way that one or more members' life stories are at least partially recounted. Active discussion in the conventional sense rarely occurs and tends to be discreetly discouraged.

The Conception of Alcoholism

Like most therapeutic systems, A.A. faces the twin problems of diagnosis and treatment. However, the program's analyses of these facets of the therapeutic process bear little relation to those of more "orthodox" Western medical systems.

"Objective" diagnosis from a source other than the alcoholic himself is help irrelevant to the program. The success or failure

of the program depends on whether the individual can diagnose himself as an alcoholic. Unlike most medically oriented therapeutic systems, the real problem as A.A. analyzes it centres around helping the alcoholic to understand his basic "being" as alcoholic rather than as normal and nonalcoholic. To paraphrase Laing (1), the alcoholic must come to understand that one does not have alcoholism; rather one is alcoholic.

In addition to a "physical allergy" to alcohol, the alcoholic is held to possess an "alcoholic personality" described as immature and self-centred. He is "spiritually sick," his naively egotistical and self-centred personality preventing any but the most artificial and superficial relation to others or to a "higher power." It is in emphasizing the spiritually defective mode of being, rather than a physical disability (as would be the case with a typical disease), that we find the clearest expression of the belief that alcoholism is a "defect" of being. In many aspects, A.A. invokes a spiritual or religious vocabulary in the absence of a perhaps more accurate but inaccessible philosophical-ontological terminology.*

While it is a commonplace that A.A. has insisted that alcoholism is a disease, what has not been clearly recognized is that it is not taken to be a disease in the conventional sense. For A.A. has taken the category of disease and, without overt warning, radically redefined it to produce a category remarkably unlike that which exists for conventional medical science. Not only have diagnosis and therapy acquired a fundamentally new meaning and relation, but even the goal of "therapy," cure, does not exist in the form found in conventional systems.

Alcoholism, from the program's perspective, is a total lifestyle or mode of being and action in the world within which misuse of alcohol is only one component. Paradoxically, while elimination of drinking is an indispensable first concern, it is not the most fundamental component of therapy. Rather it is a necessary first step before altering other, more basic, aspects of the over-all defective lifestyle.

The central problem which members face with participation in A.A., and which must be resolved, is the relation between alcohol and alcoholism as popularly understood and as conceptualized within the group. Whereas society irrevocably links alcohol to the alcoholic, the group insists upon their complete separation. They argue that an individual is an alcoholic whether or not he drinks

*This paper will repeatedly return to questions of language and vocabulary and their relation to the alcoholic experience. This should not be taken as indicative of a naive acceptance of an extreme. "Whorfian" perspective holding language to irrevocably condition perception and experience of reality; that may or may not be the case but it is not directly relevant to the issues discussed here. Rather, the assumption here is that whatever the nature of perceived reality, it is through language that this perception is conceptualized, organized and structured, and hence it is through language that we can observe individuals manipulating and struggling with, and even creating and recreating, that which they perceive (2).

and, indeed, that his behavior may be that of a "typical alcoholic" even if he has not had a drink for years. A.A. is of course aware that most drinkers, even heavy drinkers, are not alcoholics. Yet society, with its association of alcohol and alcoholism, suggests that alcoholism can be dealt with through moderation; A.A. however, argues that, despite the radical separation between them, control of alcoholism must depend on action with respect to alcohol use. If society's conception of alcoholism is confused, this confusion is seemingly equalled by the apparently paradoxical character which A.A.'s understanding seems to possess.

Within A.A. therapy, the change demanded to eliminate this mental and spiritual disequilibrium, which the program identifies as the heart of alcoholism, is more than just a shift in understanding of the essence of the self. It must lead to a resolution of these paradoxes, a discovery that what is paradoxical and problematic is only so when viewed from within one body of presuppositions about self and world.

While some observers of A.A. have argued that its "cures" are the result of "do-it-yourself" group therapy, this appears to be only part of the answer in the groups examined. Even in the "discussion meetings" there is none of the interchange characteristic of most group therapies. Comments tend to take the form of essentially discrete and independent monologues rather than integral parts of a larger discussion. Statements, particularly those from the more influential older members, are stereotyped and more reflective of the program's basic values and beliefs than are those found in most group therapies. And, of course, in the "speaker meetings" no active interchange between speaker and audience takes place.

Life History

From its founding, the life history has been a key element of A.A. practice and theory. In the life history, the members recount their experience and eventual control of alcoholism. Such stories are always presented in "speaker meetings"; literature is also largely built around them for illustrative purposes. Rarely is any point made in A.A. meetings or publications without at least a few fragments of some individual's life history being presented to support it.

Most of the A.A. life histories, however, have a richness of detail and sophistication of narrative organization only within rather limited bounds. Usually they are remarkably narrow and stereotyped. Most of them make little mention of past events except insofar as they can be clearly related to alcohol misuse. Experiences less directly relating to alcohol may be dealt with in the more intimate discussions with close A.A. associates before and after meetings, but they are mentioned only rarely in the course of the meetings themselves.

The familiar and rather standardized chronicle of increasing alcohol use and misuse, unwillingness to accept one's condition, attempts through non-A.A. programs to return to controlled drinking, and eventual acceptance of initially rejected A.A. precepts and assumptions appears consistently. In most cases, if

the speaker was not a physical derelict at the time of his active alcoholism, the attempt is made to demonstrate that he was at least in a "derelict" frame of mind when drinking. Most place considerable stress on the doubtful state of their present abstinence and the continued temptations facing them. And after accepting the program, many claim to have experienced "personality changes" which accompanied a new understanding of themselves and their world.

These consistently reappearing themes seem to be at least implicitly recognized by most members who have been active in A.A. for any length of time. Indeed, meetings frequently include segments of personal stories told specifically to illustrate them.

The stories' stereotyped quality leads to the conclusion that members tell their life histories using other personal stories as implicit models for the proper way to construct and analyze their past. Supporting this conclusion is the fact that deviant personal histories tend to be poorly accepted by the group on the rare occasions in which they appear.

However, this stereotypic quality is not merely an external mark of a well-"socialized" member which new members pursue as they seek group acceptance. Nor is it simply accidental or incidental to the "therapeutic" program. Rather, it is the means through which an individual attains control over his alcoholism. Through the stories he comes to understand his life as more intelligible; he views it with a different structure and logic than he had previously.

While the organization has had numerous relatively "theoretical" publications for use in presenting to new members the basic tenets of the A.A. philosophy, the life story has provided the most effective means for transmission of its values and assumptions. It presents the member with the problematic and paradoxical character of alcoholism and alcohol as viewed by society and as viewed by A.A. And it provides him with the implicitly formulated resolution of this apparent incoherence which comes through accepting the A.A. orientation. Accompanying this is the presentation of the A.A. model of "disease," of the identity of diagnosis and treatment, and of the meaning of a "therapy" which cannot lead to a cure.

Along with the discovery of a self-diagnosis, brought about through the recognition of one's own past in the pasts of others, is the creation of a new understanding of the category "alcoholic." Whereas most Western therapeutic projects expect an individual attempting to demonstrate illness to alter his behavioral, physical or emotional state in the direction of an implicitly prescribed patient role (3), in A.A. he learns a new definition for illness while only altering his understanding of his past and present. Indeed, A.A. members might even claim that the only differences between an alcoholic and a nonalcoholic lie in the differences in meaning, and in implications for behavior implicitly carried by this meaning, which are found in their respective worlds.

But it is probably a mistake to suppose that there is a casual chain in A.A. therapy which would give formal priority to self-diagnosis over the redefinition of alcoholism and the reconstruction of one's past. In a real sense learning the new definition of alcoholism is directly implied in the self-diagnosis

and the reanalysis of one's past. In other words, what is altered are not isolated meanings, patterns or implications, but a total body of structurally integrated definitions and understandings of experienced reality.

In the A.A. view, interpretation of one's life according to the model allows the alcoholic to begin to assert a kind of control over it not formerly possible. More impartially, this reinterpretation involves a process of labeling and analysis (better, relabelling and reanalysis) of segments of the past which gives them a new meaning and defines new problems, thereby suggesting different strategies for living. Probably the most important result of revising the past to fit the model is that it acquires a formerly lacking pattern and coherence. The terminology used, as it has been recreated and redefined, is one positing particular relations and structures which the old language was unable to label or easily demarcate.

This is not to say, however, that pattern is nonexistent in the world of the active alcoholic, or that A.A. members would claim this to be the case. Rather, the pattern which the active alcoholic's definition of the world displays or seems to display is one which necessarily limits action in a way which allows only the continuation of self-destructive patterns of behavior. The problem, however, is not just that the active alcoholics discover patterns implicitly leading to undesirable forms of behavior, but that they seem to discover patterns which are in fact nonexistent.

In a sense, then, one of the first lessons A.A. must teach new members is that their lives were incoherent and senseless as they knew them. Simultaneously, it must reveal the "correct" understanding and interpretation of the drinking alcoholic's vision of the world before a new member can accept the full benefits of the program - a program which offers a different coherence and meaning in their active alcoholic lives. In other words, according to A.A., not only do drinking alcoholics incorrectly perceive and understand the world, but they cannot even correctly perceive and understand their perceptions and understanding of it. Through therapy they must learn new methods for evaluating them.

More abstractly it is not just a revised and now coherent vision of the world which A.A. offers, but one which has altered the relation between its components. For example, in their life histories members describe the drinking alcoholic's life as he understands it - going steadily "down hill" or "around in circles." As long as drinking continued the future was merely a continuation of the past with the present being but a moment in which that past was reenacted.

One of A.A.'s goals is not the transformation of this circular temporal vision into the more familiar progressive and unidirectional vision. Rather, members learn that the only meaningful organization of their personal alcoholic experience is a radical detemporalization of it and, with it, of alcoholism. In this way it is possible for them to lose any illusion of temporal contrast between normalcy and alcoholism and to realize that for them drinking and nondrinking are merely two different ways of living within an over-all alcoholic being. What is crucial is that the difference between the drinking and nondrinking alcoholic has

become a logical, not a temporal, distinction. Society in its temporalized view of alcohol can visualize a progression from normalcy to alcoholism, and perhaps back again, and this the drinking alcoholic is more or less held to accept. A.A. recognizes no progression, and also no regression, because the categories as they have been redefined exist only as logically but not temporally related units.*

The life histories, in which the distinction is so frequently presented, represent a temporalization of this logical distinction. However, the underlying message to be communicated must be, on the one hand, that even the nondrinking member is always an alcoholic, and in fact is always potentially a drinking alcoholic, and that, on the other, the active alcoholic may always attain an abstinent alcoholic condition. The great danger for the abstinent alcoholic is that he may temporalize this logical distinction once again, assume he is cured, and resume drinking. Real possibility appears to the active alcoholic once he recognizes that within himself is the logical possibility of a nondrinking alcoholism. Clearly the definition and structural relation of these terms, as A.A. has redefined them, embodies and identifies a set of both possibilities and dangers which a conventional conceptualization necessarily excludes.

Here Geertz's distinction between "models of" and "models for" (5) is crucial. A.A., through the life story, presents a series of "models of" the individual past, models which contain a variety of conceptual categories which analyze and explicate the past. Members must accept these with their encoded categories for use as "models for" the reanalysis and recreation of their lives. In a real way A.A. members, more than most people, seem to implicitly recognize that the past never merely exists. Instead, it is created through the use of "models of" and "models for" to define patterns for selection and contextualization of significant events and to specify their meaning and implications for subsequent behavior.

But more significantly, these models become models of and for the creation of a future, a future which is no more automatically "given" than is the past. Certainly one message encoded into the life stories is that the past-and, with this, the future-was only determined if one analyzed it using faulty models. The A.A. model suggests that alcoholics were not made alcoholics but brought their condition upon themselves, if only for no other reason than because they failed to accept and honestly understand their condition. That is, they used inherently rationalizing analytic models.

It is no accident, then, that new members are explicitly told to listen at meetings some weeks or months before beginning to participate actively. New members' thinking, understanding of alcoholism and "insight" into themselves are supposedly so "confused" and "fuzzy" that they must assimilate something of the

*The important relation between the logical and the temporal is worked out more fully in Burke's important discussion of the "temporalization of essence" (4).

"insight" of the program before they can say, even think, anything that "makes sense." The general (but never explicitly stated) feeling seems to be that new members should avoid speaking until they have begun to learn the concepts and assimilate the models necessary for a "correct" analysis of their present state and past history. It should not be surprising that individuals whose pasts are significantly different from the model experience difficulty in adjusting to the program. Yet it is these seemingly deviant pasts which provide the clearest demonstration of the argument presented here.

If the program is to be available to them, members must establish some form of congruence between their life history and the group model. Frequently in such circumstances the individual will suggest that while his past thus far failed to fit the model, had he not altered his lifestyle it shortly would have become all too similar to the stereotype. Or such individuals may suggest that their past did not fit the model only in appearance; in essence, unobscured by superficial differences of appearance, it did. This strategy of depreciating superficial appearance in favour of an underlying and hidden but true meaning is frequently employed by younger members who began attending the program before they suffered the more serious debilitating effects of alcoholism.

As with more typical life stories, here too the individual isolates, recontextualizes and reinterprets behavioral and thought patterns not previously recognized. Again it is not so much a falsification of the past, any more than any other autobiographical creation is a falsification, as simply the application of a new model for conceptualizing it.

And these seemingly deviant cases warn that if we are to understand the program, we must recognize that A.A. requires a constant avoidance of too clearly locating the essence of alcoholism within any specific symbolic formulation, temporal or otherwise, despite the fact that the program uses a number of specific concrete formulations for illustrative purposes. In the life history, A.A. presents a temporalized vision of alcoholism, but only in order to warn us of the fundamental need to detemporalize our understanding of it. It associates alcoholism and alcohol, again for illustrative purposes, but only to warn that the essence of alcoholism does not lie within alcohol. And it presents the model alcoholic life story in order to show that the essence of alcoholism is not to be found within any behavioral sequence.

But, of course, A.A. simultaneously seems to assert the opposite. Within any alcoholic's life, no matter how normal it may seem, there is a temporalized picture of alcoholism. Alcohol and alcoholism are intimately related, although the precise nature of the relation is always left problematic. And, finally, it demonstrates that alcoholic behavior patterns can, in fact, be discovered even within the seemingly normal and "cured" alcoholic. Through participation in meetings members learn that both meaning and appearance are problematic and are usually not what they seem to be. They learn to look behind appearance by viewing it through new models, thereby leading them to discover in it new meanings. But, of course, and this is crucial, with the newly discovered

meanings the old appearance can no longer be seen and the vision of a new appearance is inevitable.

Both the "subjective" perspective on the world of the active alcoholic as seen from his viewpoint and the "objective" perspective on it as seen by the A.A. member using his new "insight" receive central importance within the program's treatment regimen. The abstinent alcoholic, if he is to remain abstinent, must learn to identify patterns of thought or behavior representing a slip back into the world of the active alcoholic. That is, he must learn to analyze "objectively" (according to the group canons of "objectivity") not only the "objective" world as such but also the "subjective" but phenomenologically real world in which he exists. Condensed with the life story is just such a double analysis of the objective and the subjective, performed from what is claimed to be an objective position. The immediate juxtaposition of these two perspective provides a means through which alternative visions of reality may be compared as their implications for behavior develop.

As a number of theorists have noted, any radical secondary socialization, involving acceptance of a reality substantially different from that which was previously lived, necessarily renders both the old and the new problematic (6). Since the new reality is viewed initially from the perspective of the old, it is easily rejected as being the product of erroneous thinking or perception. Even if initially accepted, it is all too easy for an individual to slip back into the more familiar earlier orientation.

A.A. members are well aware of this tendency toward reversion. Most report initial hostility toward the demanded changes and general doubt about the validity and usefulness of the concepts presented. They commonly describe an initial unwillingness to see themselves, others and the world "correctly" rather than the way their confused alcoholic thinking "believed" they were.

Further, members are aware that no matter how many meetings they attend, ultimately they must live with people, most of whom, being nonalcoholics, will neither understand them or their problems, nor the new world in which they must live. Finally, they realize that the maintenance of the "plausibility" of the new reality becomes more difficult as the outward manifestations of alcoholism, the obvious and painful symptoms indicative of its presence, disappear, thereby depriving its victim of a confirmation of his condition.

A.A. members combat pressures to revert to old patterns by trying to understand them within life-history presentations. Indeed, one of the unique features about A.A. is the nature of its attempts to inform members about the world in which they live, the pressures they face, and the threatening temptation they can expect to encounter. There seems to be a real belief that therapy can hope for success only through continually informing members as explicitly as possible about themselves and their world.

Of course, a central element of this world is A.A. itself, a fact of which members are aware. Hence continual discussion of the program itself and of the position of the program in the lives of speakers and listeners is a prominent part of meetings. One of the unusual features of A.A. is that its members understand their

therapy more or less as it actually is. Indeed A.A. members would not regard this analysis as new or different from one they could provide. Although the language and structure of formalization would differ, most of the actual content would be familiar. Unlike other nonscientific therapeutic systems (e.g., faith healing of psychosomatic disease) which enjoy a demonstrable success, there is relatively little difference between the way A.A. is believed to function (and it must be believed to function if successful therapy is to be possible) and the way it in fact works.

Clearly the emphasis on the use of models derived from participation in the program is found here as well. Through the life story, A.A. provides a series of models through which members can organize, understand and evaluate their present experience within the program. Just as the drinking alcoholic inevitably constructs his past and present in such a way that sobriety is impossible, the drinking alcoholic approaches A.A. using models which define his relation to the program so that it does not threaten his continued drinking. These "faulty" models are the source of the paradoxical character of the program: it suggests simultaneously an association and a dissociation of alcoholism and alcohol which new members find so difficult to accept.

The life story offers an alternative model for understanding A.A. which will allow a successful use of the program. It presents the model for recognizing the dialectic of meaning and appearance—a model which demonstrates that both sides of the paradox are true and interrelated as meaning and appearance successively redefine one another. The paradox disappears once a member recognizes the relation of drinking and nondrinking alcoholism, terms which best define and structure the member's world, as a logical contrast, not a temporal distinction. And this in turn allows and forces members to look behind appearance and find "true" meaning.

This literality and atheoretical quality of the life history allows it to convey models for an approach to the self, the personal world and past, and experiences with A.A. For, by the fact that it is seemingly naive, literal and atheoretical, the life history can carry the most abstract presuppositions grounding the new approach to reality. If these presuppositions were explicitly articulated and presented they would not be understood or accepted. To be sure, members may come close to articulating them at times, but this is a secondary elaboration more for reflection or presentation to outsiders than for therapeutic purposes. The life history in fact has become the idiom, in many ways the metalanguage, through which members discuss and redefine the structure of reality. The seemingly literal idiom used, for example, when the logical is temporalized or the abstract is made concrete, allows assumptions and presuppositions to be presented and accepted without the need to deal with them in their most abstract and in many ways least meaningful form.

In other words, here we see a final dimension to A.A.'s therapy: therapy and its underlying assumptions are personalized through concretization within the life history, and specifically within one's own life history. Abstract depersonalized presentations thus lack meaning because, in the A.A. member's world, meaning only exists in a particularist personalized form.

Abstract, universalized meanings may exist, but that is a problem for the medical or academic world, and is irrelevant to therapy or life.

A.A. members do not say that the program leads to a cure. For it seems that we can of cure only where the presuppositions defining one's problem remain constant. Where the problem remains, but new presuppositions are provided, perhaps we can talk of therapy, but not of cure in the conventional sense. And, of course, this is why A.A.'s therapy must be a lifelong project. A permanent "cure" might be possible if the cause of the problem is removed, but because any body of grounding presuppositions is potentially problematic and contestable, a therapy based on their alteration can never assume that it has led to irreversible change.

Conclusion

A.A.'s "treatment," then, involves the systematic manipulation of symbolic elements within an individual's life to provide a new vision of that life, and of his world. This provides new coherence, meaning and implications for behavior. While the processes which have been discussed above clearly occurred in the groups investigated, the literature indicates that similar patterns exist in other A.A. groups. Indeed, any alcoholism treatment program must successfully demonstrate to the alcoholic that he is an alcoholic, or, more exactly, it must succeed in allowing the alcoholic to demonstrate this fact to himself. This seems possible only if the alcoholic himself can discover a new past to confirm what ultimately must be a self-diagnosis. I suggest that even in systems operating according to principles different from A.A.'s, one of the therapeutic requirements is the presentation of a new model which defines self and world.

These suggestions, however, should not be taken as contradictions of the conclusions reached by other analytic perspectives. Rather, they are intended to provide phenomenological perspective which complements other perspectives such as those offered by medicine, sociology and psychology. It is the summation of these different but clearly complementary perspectives, rather than academic arguments over which is true or which is formally or logically prior, that will lead to a more complete understanding of alcoholism and the mechanisms of therapy.

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