

**The Ideology of a Therapeutic Social Movement:
Alcoholics Anonymous**

By Leonard Blumberg

Getting drunk isn't regarded as a crime in Minnesota. It's a disease, like heart trouble or diabetes. Public officials, businessmen, attorneys, plumbers and clergymen have admitted they are recovered alcoholics and encouraged others with a problem to ask for help." So wrote Richard McFarland in a United Press International dispatch from St. Paul, Minnesota's alcoholism treatment program and quotes Minnesota's Governor to the effect that: "Drunkenness is not a crime in this state. A few years ago public drunkenness was a crime and people were put in jail for a few days. Now, we recognize alcoholism as a disease and it's a credit to the community that it is people-oriented and does something to solve the problem."

Those who have followed the course of attitudes toward drunkenness and "alcoholism" in the last three decades will recognize the key phraseology of Alcoholics Anonymous ("alcoholism is a disease" and "recovered alcoholics") in McFarland's dispatch. It is not much of an exaggeration to observe that the development of a publicly funded alcoholism burcaucracy and of a community of treatment personel, with associated multidisciplinary researchers and centers for the study of "alchology," is a measure of the success of A.A. as a social movement. The wide acceptance of A.A. as an adjunct to the outpatient treatment of alcoholics (and frequently the inpatient programs as well) is further measure of its institutionalization as a social movement. A.A. has been the model for popular, lay-managed programs of treatment for drug abuse, compulsive gambling and obesity. The Classified Abstract Archive of the Alcohol Literature, maintained by the Center of Alcohol Studies, Rutgers University, has over 100 items in its list of selected references on A.A. Clearly, A.A. is a social movement whose time has come.

Every social movement has a story of origin promulgated by its leaders and accepted by its followers. Usually the promulgators claim to have discovered the principles of the movement (which they say are but re-enunciations of sacred principles from the past), or they claim that the principles of the movement were gifts from a divine source. Usually the actual origins of the movement, being unrecorded, are difficult if not impossible to reconstruct. Fortunately, this is not the case for A.A. Rarely does the leadership of a social movement take the pains that Bill W. - William Wilson - took to explain the immediate sources of A.A. If inventions are unique syntheses of previously existing elements, and if one accepts the concept of social inventions, then Bill W. and his associates clearly invented the ideology and practices of A.A. (By "ideology" is meant the central governing set of beliefs or assertions which explain the predicament in which people find themselves, which provides a focus for the behavior of those who subscribe to this set of beliefs, which justify one set of practices rather than another, and which form the basis for the program advocated to others.)

The present discussion is an exposition of the elements of this ideology. It explores several "sources behind the sources" of A.A. The hope is to gain a better understanding of the origins of one of the most persuasive and widely accepted therapeutic social movement of our day.

For purposes of discussion, the "roots" of A.A. may be arbitrarily divided into medical, psychological and religious sources. Within each major source, there are a number of possible influences which vary in their significance. These are considered in turn. Attitudes and information that have a reasonable likelihood of having been influential during the formative period of A.A., rather than all possible influences on Bill W. and his associates, are examined.

Medical Sources

In *Alcoholics Anonymous Comes of Age*, Bill W. acknowledged the importance to A.A. of William D. Silkworth, M.D., "the benign little doctor who loved drunks....He supplied us with the tools with which to puncture the toughest alcoholic ego, those shattering phrases by which he described our illness: the obsession of the mind that compels us to drink and the allergy of the body that condemns us to go mad or die" (1,p.13). When Bill W. was discouraged because in the first six months he had not converted anyone, it was Silkworth who quoted William James's statement that "transforming spiritual experiences are nearly

always founded on calamity and collapse" (1,pp.13, 64). Dr. Silkworth also advised Bill W. to stop preaching and to start with a medical discussion. If "drunks" realize the medical consequences of alcohol, Silkworth argued, they may become desperate enough to accept Bill W.'s spiritual approach (1, p.13). That Bill W. was deeply grateful was evident in the appeal that he and his associates made in 1951 to raise funds so that Dr. Silkworth could retire to New Hampshire. Dr. Silkworth died in 1951, not very long after that solicitation was made. Bill W's sense of affection and personal loss is expressed in a notation on a copy of their appeal for funds (found in the archives of the General Service Conference of A.A.): "Thank Heaven we started this before Silkie went!"

Dr. Silkworth graduated from Princeton University, took his M.D. degree at New York University and interned at Bellevue Hospital in New York City. A specialist in neuropsychiatry, he was a member of the psychiatric staff of the U.S. Army Hospital at Plattsburgh, New York, during World War 1. From 1919 to 1929, he was an associate physician at the Neurological Institute of Presbyterian Hospital in New York City. From 1932 until his death, he was physician-in-charge and then medical superintendent of the Charles B. Towns Hospital in New York City, and from 1945 he served also as director of the alcoholism treatment center of Knickerbocker Hospital.

Dr Silkworth, alone or with others, wrote and had published eight articles, including the anonymous introduction to Alcoholics Anonymous (1, p.168;2), the first book-length statement by Bill W. and his associates. The earliest of Dr. Silkworth's writings was published in 1937 and the latest in 1950. Five were about A.A. and the other three approached drunkenness and alcoholism as organic problems. "Alcoholism as manifestation of allergy" (3) stated his position: "The physical treatment of these patients has heretofore been unsatisfactory. But if we recognize the condition as a species of anaphylaxis occurring in persons constitutionally susceptible to sensitization by alcohol, the problem resolves itself into two factors. First, the revitalizing and normalizing of cells, and second, the energizing of the normalized cells into producing their own defensive mechanism....On the mental side, from our point of view, the situation is a practical one and must be met through the medium of intelligence and not emotion. Nothing is to be gained by substituting one emotion for another. The patient cannot use alcohol at all for physiological reasons. He must understand and accept the situation as a law of nature operating inexorably. Once he has fully

and intelligently grasped the facts of the matter he will shape his policy accordingly." Thus, Dr. Silkworth was thoroughly imbued with a medical approach while committed to total abstinence as a part of therapy.

One may speculate about the reason for Dr. Silkworth's departure from Presbyterian Hospital in 1929. The most probable one is that he was laid off during a staff cutback following the stock market crash. From a financial point of view, things could not have been easy for him when he became physician-in-charge at the Charles B. Towns Hospital. Nor is it probable that the professional adjustment was easy, since he was 59 when he began his full-time commitment to treat alcoholics.

It seems likely that Dr. Silkworth's professional activities were considerably circumscribed at Towns Hospital. The hospital, which was owned by the man whose name it carried, apparently was begun by Towns in 1901. It was essentially a detoxication facility for the well-to-do, and while Towns was willing to lend money to A.A. so that it could publish its first book (after Silkworth had gone to bat for the group), Towns was running a business and was interested in whatever favorable publicity he could secure that would bring in new patients. Towns had his own theories of alcoholism and its treatment, defended them vigorously, and enlisted prestigious medical support for them. It is unlikely that he would allow Dr. Silkworth to operate at radical variance from his long-standing position in the years before Bill W. had his conversion experience there. Bill W.'s conversion and the early years of A.A. seem to have been a period of loosening up. In 1936, as Towns suffered through the Depression, he was almost ready to give the hospital's program to A.A. if in return it would save the institution financially (4, pp.257-260). In 1937 Silkworth published the first article in which he advanced the theory that alcoholism was a manifestation of an allergy (3).

The treatment which Bill W. received at Towns Hospital before his conversion experience was set by Towns and his chief medical sponsor. Towns's thinking, as revealed in his published work, shows no evidence of Washingtonian ideology or practice but reflects a medical approach - although he sharply criticized current medical care of alcoholics.

Towns justified his hospital with the argument that the treatment centers operated by physicians were simply places to sober up alcoholics and little else. He argued for an initial course of medical treatment, developed his own treatment

formula, and persuaded Dr. Alexander Lambert to accept and advocate it.

"The treatment which was given to me by Mr. Charles B. Towns, and which I have published, I frankly admit is the one which seems in my experience to more quickly and thoroughly unpoison the mind and system from alcohol than any other treatment I have yet encountered. It hardly seems necessary to go into the details here. Briefly stated, it consists in the hourly dosage of a mixture of belladonna, hyoseyamus and xanthoxylum. This mixture is given every hour, day and night, for about fifty hours. There is also given about every twelve hours a vigorous catharsis of C C pills and blue mass. At the end of the treatment, when it is evident that there are abundant bilious stools, castor oil is given to clean out thoroughly the intestinal tract, and the reconstruction treatment of tonics is begun. . . . [H]ow this mixture of belladonna, hyoseyamus and xanthoxylum acts, I frankly do not know. If you leave any of the ingredients out, the reaction of the cessation of desire is not as clear-cut as when the three are mixed together. The amount necessary to give is judged by the physiologic action of the belladonna it contains. When the face becomes flushed, the throat dry, and the pupils of the eyes dilated, you must cut down your mixture or cease giving it altogether until these symptoms pass. You must, however, push this mixture until these symptoms appear, or you will not obtain a clear-cut cessation of the desire for the narcotic. . ." (5, p. 186).

It was this exacting medical regimen that required Dr. Silkworth's skills as a staff physician rather than as a neuropsychiatrist.

After the medical regimen came hard physical exercise, hydrotherapy, electricity and massage. "Get him 'into shape' physically," Towns thought, "and you will then be able to get a definite line on both the physical and mental man" (6, p.18). Components of this type of medical and physical therapy were discussed extensively for many years in the Quarterly Journal of Inebriety, and can be traced as far back as Dr. J. Edward Turner's agitation over the founding and control of the United States Inebriate Asylum in Binghamton, New York, which was chartered in 1855 and actually opened after the Civil War (7). The big task according to Towns, was to deal with the alcoholic's sickness - physical, mental and moral.

The trouble was that the "alcoholic sickness...generates an overpowering craving for the thing that causes the sickness" (8, p.101). This problem of alcohol craving evidently troubled Towns because he kept coming back to it. He never developed an answer that was completely satisfactory and was even able to adopt apparently contradictory positions. In 1916 and 1917 he insisted, "The

cause (of a relapse) may have been psychic-business troubles, a quarrel with his wife or what not! - But, it is not alcoholic craving as such" (6, p.27). There is, therefore, no "cure" for alcoholism because there is nothing to prevent a person from using alcohol again if he wants to. On the other hand, Towns subscribed to a biochemical explanation when he argued that spree drinking is merely phenomenal or symptomatic because "its real causes must be looked for deep down in the tissues of the physiological organism, hidden away in the remotest cellular structure of man's physiological being" (9, pp.114-115).

By 1932 Towns was more or less convinced that total abstinence was the answer to this craving for alcohol (10, p.35). Furthermore, Towns had come to a value-neutral position about alcoholism rather than a view of it as a symptom of moral and physical dependency. There was "no more disgrace in being treated for alcoholism than in being treated for pneumonia. The person who is an alcoholic must be impressed with the fact that he is a very sick person and that he should feel no stigma attached to his going to a reputable hospital for help" (10, pp. 38-39). The need for total abstinence in the treatment of alcoholism and the value-neutral view of alcoholism are essentially the positions taken by A.A.

Towns rejected the idea of alcoholism as a disease. Rather, he said, "There are diseases engendered by alcoholic poisoning - there are degenerative conditions of both body and mind brought about by alcohol - but there is no such thing as the 'disease of alcoholism.'...Delirium tremens is a disease, alcoholic insanity is a disease; but these are due to nothing more or less than alcohol poisoning. If the man can be medically unpoisoned, he cannot experience any of these diseased conditions. Nor can the unpoisoned alcoholic have any physical or mental craving for alcohol..." (8, pp.77-78).

It was a common procedure in facilities for alcoholics to have someone other than the patient guarantee that his bill would be paid and that he would be cooperative and not defy institutional regulations. Towns insisted that if a person came to treatment with a "backer" he must make arrangements to repay the friend, even if only in small payments. By making patients accept responsibilities, Towns engaged not only in medical treatment but also in social treatment: "You have not only got to treat a patient, but deal with a man!" (6, p.29).

Dr. Silkworth could easily satisfy the professional requirements of his job while disagreeing with Towns about the disease concept of alcoholism. Dr.

Silkworth substituted the the psychological concept of "obsession" for the more vague concept of organic "craving." Yet Silkworth accepted Towns's and Lambert's speculations about the organic nature of alcoholism when he taught Bill W. that alcoholism was the consequence of an allergy.

For many years the dominant medical influence at Towns Hospital was Dr. Alexander Lambert. Towns often cited him in his writings. Lambert was an attending physician at Bellevue Hospital from 1894 to 1933, and also served for a long time as head of the alcohol and drug addiction ward at Bellevue; he was president of the American Medical Association in 1919-20, a member of the Committee on Narcotic Addiction of the Mayor of the City of New York in 1927, and was a member of a similar State commission. During the course of an extremely active professional career he wrote at least 75 articles or chapters in books, of which a handful dealt with alcoholism and the treatment of alcoholics. Lambert accepted a disease concept of alcoholism, not an unusual point of view for the period.

It is highly probable that, as a professional in the field of alcoholism, Dr. Lambert was familiar with the Quarterly Journal of Inebriety published by the American Association for the Study and Cure of Inebriety and its successor organization, the American Medical Society for the Study of Alcohol and Other Narcotics. The American Association for the Study and Cure of Inebriety was formed in 1870 to advocate the disease theory of alcoholism. In its earliest declaration of principles its membership, largely physicians, asserted that alcoholism is a disease and that alcoholism is curable "in the same sense that other diseases are." A number of meanings were given to the term "disease" as it was discussed in the Journal, which was published from 1876 to 1914. As far as the Association's leadership was concerned, the disease theory may more nearly be referred to as a disease ideology (as the term ideology is used in the present report). There can be little doubt that by Lambert's time the disease concept of alcoholism had penetrated into the medical care of alcoholics. Although the disease concept was still obscure generally and rejected by the Prohibitionist Movement, a nascent treatment specialty had developed and was practiced in designated residential institutions managed largely by physicians and in specialized hospital wards such as Bellevue's.

For reasons that are obscure, Lambert made no mention of the Association and its Journal when he discussed the disease concept of alcoholism. Instead, he

referred to Anstie's study, which was published in 1868, as the turning point in medical classification (11, p.121). Anstie defined alcoholism as "a disease of the general nervous system, induced by continued excesses in the use of alcoholic liquor" (12, p.63). This organic condition spread throughout the entire body but had its origin in the nervous system and the degenerative effects of prolonged and heavy use of alcohol. Anstie argued that alcoholism, "the form of the disease, which we have so far considered, is decidedly curable, tending in fact to right itself on the simple adoption of a plan of complex abstinence from the exciting cause of the mischief, combined with a nourishing and supporting diet" (12, p.74).

Anstie regarded alcoholism as a kind of "narcotic," or chemical, poisoning, and the treatment, therefore, was to remove the poison and build up the depleted organism with a high protein diet. His position was not much different from those of the American Association for the Study and Cure of Inebriety and Towns and Lambert. The problem with abstinence, said Anstie, is not physical but moral. "The danger of pursuing this course is not a physical one, but a moral one: All kinds of pledges which, as it were, bind the individual, have a tendency to lessen the force of such motion of personal responsibility as he may retain; he is apt to rest his confidence on the oath or formed resolution which he has taken, instead of teaching himself the virtue of self-restraint, as he would have to do if he were to accustom himself to the moderate use of alcoholic liquors" (12, p.86). Anstie, in the terminology of our own day, viewed the means of preventing a relapse as psychological, while he viewed its clinical treatment as medical.

It seems evident that Dr. Lambert subscribed to a disease concept and that his orientation was distinctly medical; Dr. Silkworth aligned himself with his medical background when he took the position that alcoholism was a disease. It is this medical categorization that found its way into the ideology and practice of A.A. Although it does not necessarily follow that Dr. Silkworth's thinking was influenced by Dr. Lambert's, the fact that he studied at Bellevue while Dr. Lambert was in charge of the alcohol and drug addiction ward is highly suggestive.

Psychological and Religious Sources

Bill W. was in and out of the Charles B. Towns Hospital. One day an old drinking buddy, Ebby, told Bill W. how he had "gotten religion" with the Oxford Group Movement, the evangelist campaign started by Frank Buchman in the 1920s. Ebby has been influenced by a fellow Oxford Grouper, Roland H. (Mr. R.), a businessman who had had conversations with Dr. Carl Jung. Jung had told Roland H. that he could not help him because Roland H. was in the grip of an uncontrolled disease; the only likely route to cure was a radical religious experience. Since Dr. Silkworth had recently told Bill W. that his case was hopeless, Ebby's message hit a responsive chord. Bill W., drunk again, went to Towns Hospital, was sedated and detoxicated. As he lay in bed during the recovery period he prayed for a demonstration of the Divine Presence: "If there be a God, will He show Himself! The result was instant, electric, beyond description. The place seemed to light up, blinding white. I knew only ecstasy and seemed on a mountain. A great wind blew, enveloping and penetrating me. To me, it was not of air, but of Spirit. Blazing, there came the tremendous thought, 'You are a free man.' Then the ecstasy subsided. I now found myself in a new world of consciousness which was suffused by a Presence. One with the universe, a great peace stole over me" (13, p.10).

When he had had a little time to reflect on this experience, Bill W. began to test it. Was he hallucinating and on the verge of madness or was this a genuine religious experience? Dr. Silkworth assured him that he was not mad, that conversion experiences sometimes were reported by "hopeless alcoholics" who had then been "turned around" and recovered from their alcoholism. He referred Bill W. to William James's Varieties of Religious Experience (14), and Ebby gave him a copy of the book to read.

That Bill W. and his early associates carefully studied James's Varieties of religious Experience, there can be no doubt. Special attention was probably given to Lectures IX and X, which deal with conversion and were the ones to which Dr. Silkworth had referred Bill W. on several occasions. Lecture VIII, "The Divided Self," may also have been influential because it describes the condition before conversion: "To be converted, to be regenerated, to receive grace, to experience religion, to gain an assurance, are so many phrases which denote the process, gradual or sudden, by which a self hitherto divided, and consciously wrong,

inferior and unhappy, becomes unified and consciously right, superior and happy, in consequence of its firmer hold upon religious realities" (14, p.189). In this opening sentence of Lecture IX, William James aptly described Bill W.'s conversion experience in Towns Hospital.

Lectures IX and X are replete with examples of conversions, but only two clearly involved alcoholics. The story of one of the converts, an Oxford University graduate, might have given reassurance that educated middle-class people could not only have alcohol problems but could subsequently be converted, finding not only a solution to their alcohol problems but also a general orientation of their lives. The second case was probably more relevant to the experience of Bill W. and his associates, for it dealt with the conversion of Samuel H. Hadley, "who, after his conversion (and as superintendent of the Jerry McAuley Water Street Helping Hand Mission), became an active and useful rescuer of drunkards in New York" (14, p.201). In footnotes, James referred to a publication of the McAuley Water Street Mission that discussed other examples of the conversion of alcoholics. Lectures IX and X also alluded to John B. Gough, an alcoholic who was converted during the Washingtonian Movement and became a prominent Prohibitionist lecturer (15).

The significance of the Varieties of Religious Experience is that it generalized discussion of the conversion experience, which had been limited to adolescent conversion, and in that more generalized form attracted wide interest and attention. The influence of Carl Jung on Bill W. is well-documented (1, pp.6-7; 4, pp.231-232, 362-364) but more indirect. Jung's interests were far broader than alcoholics and their treatment. One can only speculate on the source of his observation that conversion might be a cure of last resort for alcoholics. It may be that he had read Varieties of Religious Experience, which was published in German in 1907 (16).

Substantively, James's lectures on conversion drew heavily on the work of James H. Leuba (17) and Edwin D. Starbuck (18). That part of Starbuck's book that is most relevant for the present discussion appeared in an article in 1897 (19). It is a reasonable possibility that Bill W. consulted Leuba's and Starbuck's works, which were cited frequently by James.

Leuba referred to John B. Gough as "the famous temperance orator, who is moved to renovation by his misery, by nothing else" (17, p.325); Leuba quoted sections of Gough's Autobiography describing the depressed condition of the

alcoholic. As Dr. Silkworth pointed out to Bill W., William James made it clear that "transforming spiritual experiences are nearly always founded on calamity and collapse" (1, pp.13, 64). Leuba emphasized this reversal, and also pointed out that a second precondition to conversion is self-surrender. (The Third Step of A.A. is, "We made a decision to turn our will and our lives over to the care of God as we understood Him.") Leuba also quoted S.H. Hadley and commented: "In this record the approach towards complete surrender can be followed step by step. He has laid aside pride enough to respond to the invitation and thereby confess publicly his inability to cease drinking. Old crimes, and that which the settlement of them will require of him, pass before his mind; for a moment he hesitates to accept the attitude towards them which submission to god would demand. His humble prayer for succor, and its effect, indicate that all the resistance of which he was conscious had given away, and that, as he called upon Christ, he threw himself unreservedly at his feet" (17, p.332).

At the end of his article, Leuba summarized the conversion experiences of 17 people, including the Oxford graduate to whom James had referred; of these, 7 were clearly alcoholics who stopped drinking after their conversions. Leuba said of 2 of these cases: "G. and O. had repeatedly signed abstinence pledges, and had made desperate, but vain efforts to keep them. It was only when all hope of succeeding by their own strength had gone that redemption came" (17, p.367).

Starbuck graphically described the phenomenon that A.A. people refer to as "hitting bottom" and the subsequent conversion experience. The crisis comes when "the divine urging has become imperative and irresistible. Here is the critical point, the tragic moment. The subject resorts to evasion of good influences, pointing out the perfection of the present self, the imperfection of others, and anything to preserve the old self intact. It is more often a distress, a deep undefinable feeling of reluctance, which is perhaps a complex of all surface considerations which a thorough break in habits and associations would involve. He continues until complete exhaustion takes away the power of striving; he becomes nothing; his will is broken; he surrenders himself to the higher forces that are trying to claim him; he accepts the higher life as his own" (19, p.305). Insofar as Starbuck influenced James's discussion of "The Divided Self" (Lecture VIII) and its subsequent unification through conversion (14, pp.166-188), Starbuck influenced the development of A.A.

Hadley and the Jerry McAuley Water Street Helping Hand Mission had a strong effect on James's and Leuba's thinking about conversion. McAuley was "a river

thief, con man, and drunk. Then he had a vision of God and was transformed" (20, frontispiece). He was converted in 1871 at the Howard Mission at 37 New Bowery Street, in the heart of a New York City slum. In the summer of 1872, he went to a camp meetings to tell his story and ask for money to open a mission on Water Street. With the \$450 he raised in that fashion, McAuley went to the owner of 316 Water Street and persuaded him to let him have it for his mission. McAuley's mission became the model for Skid Row missions.

McAuley's mission was not the first in the area. Until he opened up his own facility, McAuley went to the Howard Mission, located in what had formerly been John Allen's saloon and house of prostitution. Allen was converted in 1868 by moral reformers. Alfrederic Hatch, a banker, bought the building and turned it over to the New York City Mission and Tract Society, which operated a lodging house and chapel on the premises until 1872. In that year the Society relocated Carmel Chapel at 134 Bowery, and since Carmel Chapel was better received and was more successful than the Water Street location, the Society was easily persuaded to give up the building, which Hatch then turned over to McAuley.

The Howard Mission building had been Kit Burns's rat-fighting pit and saloon. Burns was bought out by moral reformers and his place was converted to a home for reformed prostitutes with a chapel for the residents of the home and of the area. In short, it was a Skid Row mission. Henry Little, the missionary who ran Sunday services at the Howard Mission and passed out tracts in the lodging houses in the area, met McAuley, took him to the mission, persuaded him to sign the pledge, and undertook to find him a respectable job (20). The moral reformers who had changed Kit Burns's place into a mission station were from the wealthy social classes of New York City, and the mission was an example of their evangelical approach to improving the conditions of the poor (21, pp.70-96, 187-203).

The Howard Mission, the City Mission and Tract Society's chapel on Water Street and the religious meetings and revivals of the period were the most important influences on the conduct of Jerry McAuley's mission. Public confession ("telling experiences"), conversion and concern to help other drunkards, all characteristic of A.A. as well as of the earlier Washingtonians, were found in McAuley's Helping Hand Mission and its predecessors. What was special about McAuley was that he had been a vagrant and alcoholic like the people he preached to and whom he sought to convert; that is, he felt constrained to continue with alcoholics (and others) in a manner analogous to that of the Washingtonians

before him and A.A. after him. It is of passing interest to note that the signing of pledges was characteristic of 19th-century reform movements; the Peace Movement of the time also used pledges. And it is also worth noting that "telling experiences" was characteristic of evangelistic church meetings during the 1830s and 1840s as well.

Bill W. acknowledged the religious influence of Rev. Samuel Moor Shoemaker and the Oxford Group Movement in the formation of A.A.'s ideas of self-examination, acknowledgment of character defects, restitution for harm done, and working with others (1, p.39).

Shoemaker, an active member of the Student Christian Movement and a Christian pacifist when he graduated from Princeton University in 1916, volunteered to work for the Young Men's Christian Association in Texas and later in England. He had been strongly impressed by the preaching of Sherwood Eddy, an evangelical leader in the YMCA, and when Eddy suggested that he go to China with him as a part of the Princeton-in-China program, Shoemaker agreed. As Mrs. Shoemaker tells it, he arrived on 29 October, 1917, and rapidly got down to a mixed job of teaching insurance to Chinese students and teaching Christianity to a group of interested persons - mostly Chinese government officials (22, p.25-27). In the next several months his small group of "inquirers" about Christianity dropped from 20 to 7. Sam was upset and discouraged. Then on 19 January 1918, he met Frank Buchman, a rising star with an evangelistic style of teaching religion, who "rang the changes" on the Four Absolutes: Honesty, Purity, Unselfishness and Love (22, p.24). Shoemaker had a conversion experience: "I felt only a sense of release as I went to bed that cold, crisp night. But - to change the figure - it was as if something that had been out of joint had slipped back again where it belonged. I felt forgiven and free. The ways seemed open to God through Christ" (22, p.25). The next morning he felt that he needed to talk to someone, and traveled from Peking's West City, where he was living, to the East City to visit a young Chinese businessman who was in his class on Christianity. He confessed to his student that he felt that fault was with himself, not with those who had come to learn from him. He then told his student about the experience of the previous night and assured him that he too could have a conversion experience if he would "let God in completely." The student had a conversion that very day.

Frank Buchman encouraged Shoemaker to appear before groups and to give public witness to his experiences; he introduced him to other converts, and in

the following weeks and months maintained a direct personal tie with Shoemaker through a heavy correspondence (22, p.26). With the help of Frank Buchman and others, Shoemaker developed a style of personal evangelism that he used throughout his career. Much later in life, for example, with the help of Admiral Ben Moreel, former head of the Jones and Laughlin Steel Corporation, he began a series of religious meetings in steel plants, country clubs, and other settings so that Gos might be "the same to Pittsburgh as steel is to Pittsburgh."

Sam Shoemaker came to New York's Calvary Protestant Episcopal Church, at 4th Avenue and 21st Street, in 1925. Organized in 1835, it had always had a missionary orientation - the Protestant Episcopal City Mission Society had four of Calvary's founders on its board (22, p.46). Its sixth rector, Rev. Francis Lister Hawks, who served from 1850 to 1862, founded the Missionary Association of Calvary Church and erected a chapel and lodging house for vagrants on East 23d Street (22, p.47). It is clear, therefore, that a home missionary orientation to housing for Skid Row people was a pre-Civil War phenomenon in New York City. Rev. Hawks had been rector of St. Thomas Protestant Episcopal Church in New York City from 1831 to 1843, but during that period he was busy with this church and various scholarly, literary and educational ventures. He may not have been aware of the Washingtonians, but he took no significant part in the movement.

In the post-Civil War period, Rev. Henry Yates Satterless reorganized the 23d Street facility as the Galilee Mission "to save needy men" (22, p.47). By the time Sam Shoemaker came to New York in 1925, the mission facilities had been boarded up and the program discontinued. The Olive Tree Inn, founded in the 1880s by Satterless, was still operating next door to the closed Galilee Mission, charging 25 cents a night for lodging (22, p.84). Shoemaker decided that he would reopen the 23d Street mission building as the Calvary Mission, using the approach of personal evangelism that had been shaped and influenced by Frank Buchman, and put Henry Hadley II in charge of it. Henry Hadley II was the son of the S.H. Hadley who had been director of Jerry McAuley's Helping Hands Mission and who was mentioned by William James; Henry had been converted three days after his father's death in 1906 and had since been traveling the country (22, p.188).

It was in the Calvary Mission, whose work came to be interpreted as a mission to alcoholics, that Roland H. and Ebby first encountered the Oxford Group Movement. Shoemaker saw the Calvary Mission as an effort to extend the principles and procedures of the Buchmanite approach to the down-and-out in contrast to the

well-to-do Princeton undergraduates with whom he had worked after his return from China. By 1932 Shoemaker felt the urgency of providing some leadership to the Oxford Group Movement (which had not attempted to expand in the United States), and was granted a six-month leave of absence from Calvary Church. Shoemaker was, in effect, the American head of the group during this period, when he led an Oxford Group from coast to coast in the United States and Canada.

Shoemaker continued to be extremely active with the Oxford Group Movement until 1941, when he broke with Buchman, charging that Buchman had become "dictatorial" and that Buchman's activities had become too divisive for the Christian Church. It is probable that Shoemaker had been uncomfortable with Buchman's style for some time. As to why he broke with him at this time rather than earlier or later, it is plausible, as Eister (23) suggests, that Shoemaker felt Buchman's public statements about Hitler and the Nazis were intolerable; Shoemaker may have found it necessary to dissociate himself so that he (Shoemaker) would not be discredited and could continue to perceive himself as religiously effective (23, pp.61-62). (We have the example of the discrediting of Lindbergh during the same period, and we know that he worked hard to achieve political rehabilitation.) In a larger context, however, Shoemaker's break with Buchman reflected Shoemaker's desire to continue to work within traditional Christianity while Buchman, who had been "divisive" from almost the beginning of his ministerial career, progressively moved away from traditional Christianity.

Over the years, Shoemaker moved from the Christian socialism that tended to permeate the pre-World War I YMCA-Student Christian Movement to a more conservative sociopolitical position. His early pacifism disappeared during the course of World War II. In the postwar years, he took a vigorous anti-Communist position, but called on Christians to be pro-Christian rather than anti-Russian. By the time Shoemaker broke with the Oxford Group - Moral Re-Armament Movement, A.A. had already passed through its formative period.

Insofar as A.A. is concerned, the critical influence on Shoemaker seems to have been Frank Buchman and his brand of Christian evangelism. There seems to be no evidence that the Washingtonian-like beliefs and practices of Shoemaker came from another source.

Frank N.D. Buchman, the progenitor of Oxford Group - Moral Re-Armament religious evangelism, was born and raised in the Pennsylvania Dutch country that is a major part of the regional ethnic heritage. From a Lutheran family, he was

educated partly in public schools and partly in the Perkiomen School, an academy operated by the Schwenkfelder sect of German pietists, before he went to the Lutheran-sponsored Muhlenburg College in Allentown, Pennsylvania. He studied at Mt. Airy (Lutheran) Theological School in Philadelphia and was ordained a Lutheran minister.

In 1902, Buchman accepted a call to the Lutheran Church in Overbrook, then an outlying and well-to-do section of Philadelphia. The experience in the parish ministry was not very satisfying for him, but during that period he offered shelter and hospitality to a number of young men who desperately needed help, and he found his calling in a ministry to young people in need. The ministerium apparently recognized his service, because in 1905 it announced that he would direct a new hospice to be opened some blocks west of the Philadelphia Skid Row.

Buchman gradually developed his skill in "personal evangelism" at that hospice, but quit in despair in 1907 because of his persistent conflicts with representatives of the ministerium; they could not tolerate his slipshod management of the hospice's finances, and he could not tolerate their insistence that he be up-and-about early in the day (even though he had been up half the night counseling one of the young men in his care) (24, pp.27-29, 34-35).

Buchman was angry and depressed by the conflict with the ministerium, and after some months of nursing his feelings he decided to go to England. In July, 1908, Buchman wandered into a chapel at Keswick, Cumberland, and chanced to hear a sermon by a woman evangelist. During that sermon he had a conversion experience. He was a changed man, of course, and returned to the United States to take a job as secretary of the YMCA-Student Christian Movement at Penn State College in 1909. He knew that he wanted to engage in personal evangelism, and at Penn State he was successful in organizing large numbers of young men into Bible study groups and in counseling them about the most intimate kinds of behavior. To individual counseling he added a group approach. He also found it effective to attract the "big men on campus" as models for the other students.

Buchman then moved to Hartford Theological Seminary, where his evangelistic approach raised a storm because it was perceived as divisive. By the spring of 1918, Frank Buchman had moved to China. It was there that he held the first "house party" in the home of a wealthy Chinese lawyer-diplomat (25, p.54). The house party involved a weekend of good food, plenty of talk, witnessing, soul-searching, personal counseling and conversion; originally held in the homes

of the well-to-do, house parties were later held in hotels and resorts frequented by the well-to-do. Buchman made valuable British contacts in China, and in 1921 he went to Oxford and Cambridge to conduct a campaign of personal evangelism. He made a sufficient number of converts there to give him justification for labeling his activities. "The Oxford Group Movement," again using the Oxbridge status to make his own religious approach respectable. Some years later, the name was changed to "Moral Re-Armament."

Eister (23, p.12), drawing on Clark (25, p.149), traces Buchman's personal evangelism to Professor Henry Drummond of Edinburgh, and says that Drummond's approach was practiced and perfected by a number of evangelists including Dwight L. Moody and Henry B. Wright. Of the two men, Moody was a more influential figure in late 19th-century Protestantism. It was a conference in 1885, called by Robert Wilder with the express encouragement of Dwight L. Moody, that the Student Volunteer Foreign Missionary Movement began. From this movement came the Student Christian Movement and the Inter-Varsity Christian Fellowship, all closely linked to the YMCA (26, pp.260-263). Moody was a major influence on Sherwood Eddy who, in turn, was important to the development of Sam Shoemaker (27, p.354).

Moody was born in 1837 and died in 1899; thus, he was a small boy when the Washingtonian Movement swept the settled part of the country. As Findlay points out, while Moody was an "anti-liquor man" all his adult life, and cooperated with Frances Willard in a revival in Boston in 1877, he saw the temperance pledge as secondary: "Moody never mentioned the pledge. Instead, he reversed the order of precedence, always making the conversion experience primary, abstinence a manifestation of that experience. To preach temperance and no more was to go only halfway in solving personal problems. Salvation of men's souls was the only true cure for drunkards" (27, p.282). Thus, Moody was squarely in the stream of earlier 19th-century religious revivalism from which Washingtonianism drew some of its practices. Rather than focusing on the drunkard as such, he focused on sin; rather than the pledge, he focused on salvation.

The Washingtonian Total Abstinence Movement, began in Baltimore in 1840, was primarily therapeutic in the same sense that A.A. is therapeutic. It swept the settled part of the United States over the next several years and then rapidly declined; the 1845 annual report of the Executive Committee of the American Temperance Union observed that "if the Washingtonian Movement has in a considerable measure spent its force, still its results are mighty; and many

reformed men snatched from the burning, and standing upon their feet with true hearts and a right spirit, have become valuable aids in carrying forward the work of universal redemption." The movement and its successors were discussed in some detail by Maxwell (28,29) who outlined the following similarities and differences between the Washingtonians and A.A.:

Similarities - alcoholics helping each other; the needs and interests of alcoholics being central, despite mixed membership, because of the predominance of their numbers, control or enthusiasm; weekly meetings; sharing of experiences; fellowship of the group or constant availability of its members; reliance upon the power of God; and total abstinence from alcohol.

Differences - A.A.'s exclusively alcoholic membership; singleness of purpose, i.e., to stay abstinent; clear-cut program of recovery; anonymity; traditional practices to minimize hazard to the group.

The ideology of A.A. is clearly not traceable to the Washingtonians. It seems reasonable to conclude that the similarities of the two movements are based in part on the fact that they both faced alcohol as a problem and on their descent from the common ancestor of Protestant religious practice. Otherwise, the historical relationship between the two movements is remote.

But what of the differences? Bill W. and his associates came from diverse backgrounds and their discussions in the early days were fraught with controversy. One way to resolve controversy and to head off divisiveness was to limit the focus of the group to alcoholism; thus participants could differ on theology and politics and the group itself would not be threatened. Bill W. and his associates thereby incorporated the pluralist approach to social and moral reform that was common to the United States of their day - to attract a diversity of members and interested followers on the basis of a single purpose.

Beyond that pragmatic approach to their movement, the context in which Bill W. and his associates worked was sharply different from that of the Washingtonians. Thus, the Washingtonians and A.A. stand in almost opposite positions with respect to the Temperance and Prohibition Movements. The Temperance Movement was relatively unimportant in the late 1830s, and its members were sharply divided into advocates of moderate drinking and "ultras," who demanded total abstinence. The Washingtonians were ultraists in their pledge, and in the conflict within the Temperance Movement of that period they helped the ultras win out over the moderates. "Temperance" came to mean total abstinence.

Subsequently, the advocates of political action, the prohibitionists, drove out the Washingtonians, who were advocates of moral suasion: "temperance" then came to mean Prohibition. The growing political effectiveness of 19th-century moral reformers was evident when Prohibition became law in the United States. During the course of the agitation for Prohibition, the Washingtonians position of moral suasion was thoroughly discredited as a social policy with respect to drunkenness. Between the Civil War and World War I the disease concept of alcoholism became accepted among the physicians who had developed a nascent medical specialty based on that disease theory. The concept was ultimately transmitted through Dr. Silkworth to A.A.

By contrast, A.A. developed after the defeat of Prohibition. While organizationally the Prohibitionist Movement still exists, it is socially and politically impotent in the United States today. A.A. is closer to the mental health movement than to the Prohibitionist Movement. While A.A. is ultraist, it is not Prohibitionist; it advocates moral suasion, and it avoids political controversy in order to avoid the drinking population's residual fear of and hostility toward Prohibition. Given the fact that Prohibition became discredited as a social policy in the United States but that drunkenness has persisted, moral suasion, the rejected alternative of the Washingtonians, was rediscovered and reapplied in a new sociopolitical context.

What may occur is a challenge to the total abstinence (ultraist) component of A.A. ideology by those who argue that it is possible to resume social drinking. It is too soon to tell, but A.A.'s remarkable growth rate may slow down as the resistance to total abstinence builds up. Social movements often do not die; rather, they fade away through a process of ideological and organizational transformation. Can A.A. encompass the moderate as well as the ultraist positions? Again, it is too soon to tell, but it seems likely that if this transformation of A.A. takes place at all it will probably come through a more careful specification of the disease concept of alcoholism. If this takes place, then we can look forward to a period of vigorous debate of the findings of biomedical and psychological research. The question is whether A.A. can update Dr. Silkworth's theories of the early 1930s without setting loose too many schismatic tendencies.

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