

ALCOHOLICS ANONYMOUS AS A CRISIS CULT

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Throughout history deprived members of society have frequently banded together in movements aiming to improve their lot or to seek "justice" as they perceive it. This phenomenon is prevalent in contemporary American society, with Indians, blacks, and Chicanos among others forming such movements. In a manner of speaking, Alcoholics Anonymous may also be viewed as a minority movement, one that seeks a better way for its members in a society that has been largely indifferent or openly hostile to the alcoholic person. Unlike most minority members however, many alcoholics suffer their deprivations as a private ordeal, only coming to realize that they are part of a like group after their first contact with A.A. The active alcoholic person's anguish may be harder to bear than most other persecuted groups, for he is rarely able to share it meaningfully with fellow sufferers. After affiliation with A.A., however, the alcoholic person discovers that he is not a unique phenomenon and that there are others like him who are not only willing to help but have shared his feelings of hopelessness, alienation, and terror. Within A.A. the strong union of A.A. members produced by a common history of emotional and social deprivation has led to the belief that only one alcoholic person can understand another - similar to the feeling in the black movement that the black experience cannot be communicated to whites.

A spiritual or supernatural tone in such movements is not uncommon. The more hopeless a situation seems, the more frequently will the sufferer seek help from "a power greater than himself"(1). As Bronislaw Malinowski (1948) has pointed out, one function of a belief in the supernatural is to give the believer the feeling that he can gain control in a situation that otherwise seems uncontrollable. Many minority movements in seemingly hopeless situations have therefore sought aid and sanction from the supernatural. Such movements have in the past frequently represented a last desperate effort by conquered aborigines to negate the destructive power of their conquerors. Famous examples of these are the Ghost Dance of the American Indians (Mooney 1896) and the Cargo Cults of Melanesia (e.g. Belshaw 1950; Worsley 1957). In the same manner, however, deprived and alienated members of powerful and complex societies have been offered a means to power and justice by such saviours as Buddha and Christ. Anthropologists have coined a variety of labels for such religiously inspired community movements. These include: "messianic

(1)The second of the 12 Steps of AA states that "we came to believe that a power greater than ourselves could restore us to sanity."

movements" (Barber 1941), "nativistic movements" (Linton 1943), "revitalization movements" (Wallace 1956), and "crisis cults" (La Barre 1971).

Typical of such crisis cults is the emergence of a leader who gained the strength and confidence to rise above his own helplessness through a vision. Such was the origin of the Ghost Dance and each of the Cargo Cults. AA also began with a vision by one of its cofounders, Bill W. In retrospect, Bill acknowledged that his vision may in part have been preconditioned by his awareness of Jung's statement that seemingly hopeless cases of alcoholism are occasionally rehabilitated following a transcending religious experience. Nevertheless, Bill's rehabilitation began with his vision while he was an alcoholic patient in a New York City hospital in 1934. In the absolute depths of alcoholic despair, Bill first experienced a type of anguish which Assagioli (1971) has called the "crisis preceding a spiritual awakening." The religious experience took place and Bill suddenly felt himself freed of the alcoholic drive (Anonymous 1957).

Origins of AA

Bill's vision could be defined as a fairly typical conversion experience. Whatever the psychological dynamics involved, Bill was given a source of power greater than alcohol. He also felt the deep need to carry his message of hope to other alcoholic persons. He shared his story with another fellow alcoholic, Dr. Bob, in Akron, Ohio, and out of the relationship between the two men grew the first AA group. From those original two members, AA has grown to an estimated 500,000 today.

With very few exceptions, each alcoholic person has joined because of an individual crisis. (There are a few people in AA who are not alcoholic, but who find the fellowship an ad hoc religion that helps them live useful, human lives.) The movement itself is the product of a grave social crisis: the failure of other therapies to handle the alcohol abuse problem adequately. As one young alcoholic person explained to me: "AA represents a revolt against the imperialistic claims of the psychotherapists to our minds and problems. They are good at taking our money and writing quaint books about us. But they can't help us, and they certainly don't cure us."

Our failure to adequately treat alcoholism must reflect some basic misconceptions in those sciences that deal with human behavior. Unlike science, Alcoholics Anonymous is a form of folk psychotherapy, relying solely on the empirical evidence of its members' shared experience. It makes no claim to scientific validity, nor does it use scientific concepts or scientific methods. Yet, AA has rehabilitated more alcoholic people than the combined efforts of medicine, psychology, and psychiatry (Maxwell 1967).

The scientific approach to alcoholism has been hampered in part by the extreme specialization in the sciences today. Increasingly scientists are trained to understand one small aspect of the human animal, and then, all too frequently, they try to

explain all of behavior by that reference point. This approach has led to a wealth of monocausal explanations of alcoholism - a fantasyland of conflicting interpretations. Too many professionals in alcoholism, when their position was questioned, used to retreat into a verbal ballet of logic to protect their stance. The result is a literature on alcoholism that frequently appears more mystical than scientific (Opler 1959; Watson 1972; Masden, forthcoming).

Fortunately, the atmosphere is changing. Some specialists in the field are beginning to be more sophisticated in their conception of human behavior. They are now more likely to favour multicausal explanations rather than the simplistic monocausalities of the various dogmatists. Those with adequate training and experience realize that alcoholism embraces biological, psychological, and cultural aspects (e.g. Alexander 1963; Berreman 1951; Catanzaro 1967; Fox 1967; Jellinek 1960; Landis and Bolles 1950; Mann 1958; Moore 1960; Myers and Veale 1971). Although many of these postulate the eventual discovery of a biological origin for the disease, they realize that, at the present level of our knowledge, alcoholism can only be treated successfully by a many-sided approach. Their interpretation thus agrees with that of Alcoholics Anonymous. However, AA gives the alcoholic person something the therapists cannot offer: the support of a group within which the alcoholic individual can feel normal while learning to live without alcohol.

The social bonding of AA is especially appealing to the primary alcoholic person (1) who invariably from early childhood has lived a life of loneliness fed by a sense of inadequacy. The personality of the primary alcoholic person resembles that of the anxiety-neurotic, and the two may share some biological correlates (Pitts 1969). For most primary alcoholic people, the first exposure to alcohol is a peak experience (Maslow 1961, 1964, 1965, 1971) when, for the first time in their lives, they finally have a feeling of adequacy and a new sense of power (Adler 1931; McClelland 1972) that allows them to finally interact freely with others. However, primary alcoholic people rapidly lose their tolerance for alcohol; a compulsion to drink increases, and within a few years, they are totally alienated, powerless, and confused.

Secondary alcoholic persons suffer these effects only after the onset of the disease, which may follow 20 or more years of social drinking. The delta alcoholic person (1) also usually functions well in society until his tolerance for ethanol is destroyed. When any of these persons approach AA, however, they suffer from acute alienation and a sense of being different and totally alone with their problem.

The relief experienced upon affiliation with AA is enormous. The alcoholic person finds that he is merely a "normal" member of the group rather than an idiosyncratic misfit in society. Most of

(1) Ruth Fox (1967) defined a primary alcoholic person as one who experiences an immediate dependence on alcohol from the first exposure to it. The delta alcoholic person, on the other hand, adapts to his dependence on alcohol and is able to control the amount he drinks.

the descriptions of the initial AA contact reflect the relief felt in this discovery. One person said "I'd always been a stranger on earth, yearning to find someone who understood me. When I found AA, it felt like coming home to a loving family I'd never known."

Having joined AA, the newcomer is no longer alone, and that very fact begins to engender self-respect, something he has sought for a very long time. His total experience in AA works to reinforce a positive image. The very alcoholism that had alienated him from society becomes the bond linking him to this loving primary group. Thus, his alcoholism is metamorphosed from a destructive force to perhaps the most positive identity he has ever had.

Total abstinence is the basis of success in AA. While some highly contrived and, I think, inadequate research (Madsen, forthcoming) is trying to demonstrate that there is no compulsion in alcoholism (e.g., Sobell, Sobell, and Christelman 1972; Gottheil, Murphy, Skoloda, and Corbett 1972), the AA member "knows" that "one drink is too many and a thousand are not enough." Despite the opposition of some professionals in alcoholism, I find the AA position obviously valid: The safest way to avoid alcoholic intoxication is to avoid alcohol.

The switch from uncontrolled alcoholism to total abstinence is drastic, and the alcoholic person is struck dramatically by the qualitative difference in his life before and after affiliation. In many ways this before-and-after contrast parallels the experience of religious converts. Many AAers describe their drinking years as a period when they were controlled by destructive forces they could not identify. One AAer explained to me: "Back when I drank. I felt like a puppet worked by an unknown master who hated my guts. Every worthwhile thing I tried he blocked by yanking on those lousy strings and getting me drunk." Other AAers visualize their drinking years as a period when an internal evil nature, aided by alcohol, dominated their real and good nature.

The realization that he can live without alcohol comes as an enormous relief to the alcoholic person. As one primary alcoholic individual said: "Every drinking bout was like a game of Russian-roulette, but I never really wanted to die or go mad. When I met AA and found that one can break away from drinking, I experienced rapture. It was too gorgeous to describe. I was free!" The double elation of a new freedom combined with the satisfaction of the group bonding usually produces a period of euphoria, which AA calls a "pink cloud." On his pink cloud, the newcomer is safe from alcoholic temptation. However, the euphoria will eventually dissolve and the "AA honeymoon" will end. The newcomer must be indoctrinated with the AA principles before this happens or he will slip and be off on another drunken binge.

Reliance on Sponsor

The strongest insurance against such a slip is to tightly integrate the newcomer into the group. As a basic step, he is urged to rely heavily on his sponsor - someone in the group whose sobriety is fairly long-term and who establishes a special relationship with the newcomer. The new member is also encouraged to attend meetings frequently, to read the literature, and to

socialize with AAers. He may also spend much time in so-called "dime therapy" - talking on the telephone with other AAers when he feels anxious. If the indoctrination is successful, when a crisis comes, he turns to AA rather than to the bottle for help. That help is always available without cost in AA.

The ever available help and understanding increase the alcoholic person's sense of loyalty to AA. As a result, he finds himself living up to AA's expectations of him rather than yielding to his own recurrent need for alcohol. His affiliation also helps him resist the usual social pressures to drink. At the same time, AA's own folk psychotherapy remolds the entire value structure of the alcoholic person through the influence of his sponsor, and the effect of attending AA meetings, and following AA's recommended steps to sobriety. The core of the person's being becomes the fact of his alcoholism and his need to avoid alcohol. Every decision for the rest of his life will be affected by this guidepost.

In terms that must confuse the psychologist, AA also tells the alcoholic person to get rid of his ego while improving his self-concept. In the jargon of AA, "ego" refers to the totally farfetched fantasies of self-worth and future promise that grip most alcoholic people between the periods of self-denigration. The alcoholic person is urged to realize his own limitations and set up appropriate goals, rather than to strive for the unapproachable ideals of total perfection. The blow of this so-called "ego destruction" is softened by the overt signs of approval from his group as he progressively recognizes his fantasies for what they are and develops a more realistic image of his abilities and talents. Further, through group support, he not only comes to accept his potential realistically, but he also develops a positive self-acceptance. With this new image he finds reasonable goals that he can strive for without submitting to excessive stress. He learns to seek serenity in his being and in his activities.

However, primary alcoholism is by any definition a stress-disease (Selye 1956) and its sufferers will forever experience periods of anxiety and despair. The psycho-physical syndrome of anxiety in the primary alcoholic person is easily triggered, and he then enters the psychic hell he once relieved by using alcohol. AA teaches him to hold onto his sobriety through these stressful periods with the knowledge that things will get better. It is at such times that the love, intensity, and tension-relieving laughter of an AA meeting are most effective.

If despite these measures, the alcoholic person slips back into drinking, he resigns from AA, but is always welcomed back when he again seeks sobriety. If he maintains his sobriety, he is rewarded by ever increasing prestige. Within AA he finds an integrated value system and the personalized caring relations that typify a folk society (Kroeber 1948). While his sobriety and self-confidence grow, he also learns to cope with the stresses of the larger society in which he must live. As his time in the program increases, he finds that the rewards for a mature and responsible life, which AA calls a "good sobriety," far outweigh those of a "bad sobriety" - which is seen as staying sober but failing to achieve personal growth.

The sober alcoholic person securely in the AA mode becomes

dedicated to a continual growth, which he takes "one step at a time" while trying to live "one day at a time," free from the shame of an unchangeable past and the fear of an unpredictable future. For those who "make it" in the program, life can be productive and fulfilling.

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