Concern about alcoholism historically involves concern about the social thought of alcoholics. Alcoholics Anonymous "works" by changing the social thought of its members. Yet also for historical reasons, large differences exist between the wisdom-orientation of the social thought of Alcoholics Anonymous and the knowledge-orientation that characterizes the social thought of modern professionals. Empirical testing of these historical generalizations suggests that understanding those differences is essential to establishing rapport between treatment professionals and A.A. members.

Despite abundant attention to alcoholism, most social thought on alcoholics tends to be monothematic regarding the social thought of alcoholics. For it is precisely the social thought of alcoholics that commentators on the phenomenon of alcoholism consistently condemn - whether explicitly or implicitly, whether in theological or in psychological terms.

After establishing that context, what follows will detail its development within the history of American social thought on alcoholism. Exploring that development will suggest the thesis that the fellowship and program of Alcoholics Anonymous not only represents the first clear articulation of the social thought of alcoholics, but that A.A. "works" precisely by changing the social thought of its alcoholic members. After examining that cognitive change and its foundation, and after noting recent apparent threats to the A.A. process, this paper concludes by reporting research that investigates the extent of conscious ideological conflict between members of Alcoholics Anonymous and community mental health professionals who work in the field of alcoholism treatment.

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Historical Context
First, to establish the context - the pattern of condemnation of precisely the social thought of alcoholics. Examining only the American history of this topic reveals that from colonial times to the present, the alcoholic has been denounced as "lacking all concern for others," as "Exquisitely individualistic," and as "morbidly self-centered" (Mather, 1673; Whitefield, 1740; Strecker, 1937; Alcoholics Anonymous, 1955; Armstrong, 1958; Bateson, 1971). A deep instinct, both scholarly and popular, insists that the alcoholic's problem - whether understood as weakness or as perversity, as "sickness" or as "sin" - consists not only in the failure to control his or her drinking but more deeply in some inability to relate to other human beings. The list of character traits commonly predicated of alcoholics amply bears out this understanding: "Proud," even "grandiose," in their "infantilism" alcoholics consistently demonstrate that they are "incapable of mature relationships" (Knight, 1937; Strecker, 1937; Armstrong, 1938; Keller, 1972).

Within this usual understanding, two fundamental paradigm shifts have nevertheless occurred, marking the historical phases of American society's understanding of alcoholism (Levine, 1978:143-144, 161-162). The first, which took place in the Revolutionary epoch and is associated with the name of Dr. Benjamin Rush, reflects the beginning of the application of modern scientific thought to the phenomenon of alcoholism. The second, inspired by Alcoholics Anonymous, represents a reinterpretation and reinterpretation of elements of the earlier understanding that hindsight experience suggests had been to cavalierly jettisoned. Much confusion in the field today arises largely because the modern model, which is still very much alive and even dominant, finds itself confronted by a complementary understanding that is at the same time pre-modern and post-modern. The story of how this came about merits rehearsal.

Attitudes Rooted in Theology

Until the very end of the eighteenth century, the main body of thinkers who addressed the phenomenon of alcoholism were the clergy. Pre-modern in their assumptions and approach, colonial clerics defined the problem as "habitual drunkenness." Their generally Calvinist world-view interpreted that condition as "sinful," for it involved the misuse of one of "God's good creatures....alcohol" (Lender & Martin, 1982:1-19).

Two aspects of habitual drunkenness rendered it especially fascinating, and especially fearsome, to these clerical observers. Theologically, as "habit," it clearly involved a key Calvinist concern - the freedom of the will (Edwards, 1754; Levine, 1978:147-151). Socially and politically, habitual drunkenness evidently endangered the ideal of community that Calvinist thought sought to establish in its role as mediator between the medieval corporate mentality and the modern ideology of liberal individualism (Cotton, 1648; Miller, 1941 & 1956; Hartz, 1955; Heimert, 1966; Neenell, 1967; May, 1976). Both aspects of Calvinist concern require deeper examination if we would understand current attitudes toward alcoholism.

Theologically, the Calvinist conception of "Original sin"
involved acceptance of innate human flawedness. A propensity for evil lurks deeply rooted in human nature - a satanic inclination to challenge divinity itself. This tendency expresses itself most often in the misuse of one of "God's good creatures"; and such abuse at least implies the claim to be "God." In the Calvinist world-view, alcohol seemed ironically liable to such abuse. A benevolent God had intended it to ease the pain of being human, itself a penalty of original sin. But consumed in excess, alcohol treacherously rendered drinkers less than human even as it promised to make them more than human, thus replicating original sin itself. (Lender & Martin, 1982:1-19.)

Such a theology did not lack an understanding of "addiction." In choosing thus to misuse alcohol, the willful drunkard weakened his will to resist later such choices. Although bitter remorse was an inevitable penalty of drunkenness, that "bite of conscience" could be itself eased by alcohol. The drunkard thus stood on a most slippery slope: opening the door to sin, he readily became dominated by it. His will, closed God's grace, inevitably and increasingly chose evil (Mather, 1673; Danforth, 1710; Whitefield, 1740; Edwards, 1754; Levine, 1978). The phenomenology of alcoholism fit well American Calvinism's theological assumptions concerning human nature.

Within the Calvinist world-view, of course, the social and the political were the woof to theology's warp: their interweaving constituted the very fabric of society. And again, colonial experience with alcohol use and misuse seemed to validate that understanding. Just as the Calvinist insight understood what moderns term "addiction," it recognized also the paradox of sociability - the need of human beings to be both individual and social, both separate and connected. Calvinists stood before God and among each other not only as individuals uniquely redeemed but as members of covenanted communities (Winthrop, 1630; Cotton, 1648; Miller, 1941 & 1956).

To lose sight of either aspect of the paradox was dangerous. Especially in America, colonial Calvinists became almost obsessed with the problem of community - with sustaining the paradox. Their communities were extremely vulnerable. Both Native American resentment of the white man's ongoing exploitation and the constant danger that European rivalries would be fought out on American shores impelled thinkers already so inclined by their theology to insist upon the value and virtue of community. They therefore sought to protect and to foster the kind of relationships that enhanced each individual's ability and willingness to contribute value and virtue to the community.

Alcohol itself seemed to serve the purposes of community. Consumed in moderation, it enabled work by alleviating the pains of toil; it also fostered sociability by warming and opening the hearts of men to one another (Keller, 1979; Lender & Martin, 1982). Consumed to excess, however, as by the habitual drunkard, alcohol produced the opposite effects. The drunkard, if not unable to labor at all, produced shoddy work. Even more threatening to community were the drunkard's bellicosity and abandonment of inhibitions. The line between warmth and heat in social gatherings may be thin and ill-defined, but colonial observers had ample evidence that
drunkenness did not promote the deeper purposes of community. Habitual drunkards, then, jeopardized not only their own salvation but their community's very survival.

**Shift from the Theological to the Secular**

The dawn of the Revolutionary epoch brought changes in both theological and social assumptions. Two names signal their import. Anthony Benezet, a Quaker reformer, published in 1774 the first American pamphlet urging total abstinence from distilled beverages (Benezet, 1774). Quaker theology, although Calvinist in origin, contained the seed of greater trust in human goodness: sufficiently enlightened, an individual could abstain. An even deeper theological revolution as well as a more profound shift in social thought appears in the thought and writings of Dr. Benjamin Rush (1784).

Rush, signer of the Declaration of Independence and "the father of American psychiatry," is generally hailed also as the formulator of the modern disease concept of alcoholism (Levine, 1978:151-153; Lender & Martin, 1982:37-40). He is correctly credited with creating a new paradigm that gave birth to the modern understanding of "habitual drunkenness" - identifying the causal agent as spirituous liquors, describing the drunkard's compulsion as loss of control over drinking behavior, declaring the condition a disease, and prescribing total abstinence as the only cure (Levine, 1978:152).

But Dr. Rush's contribution signified more. His new paradigm for habitual drunkenness was but a corollary of a deeper ideological shift that occurred at the end of the eighteenth century: the transition from an inherently religious to an explicitly secular paradigm (Gay, 1969). Although prolonged in its development and uneven in its dominance, the germ of this new world-view was securely in place by the time Rush Wrote. Two aspects of it, patent in Rush, are relevant to the change in social thought that he reflected and furthered.

The theology of the Age of Enlightenment tended to view human nature as essentially good, as corrupted only from the outside (Gay, 1969; May, 1976). Although generally accepting human perfection as unattainable, it emphasized the perfectibility of human individuals. Socially, Enlightenment abolition of class-based distinctions and rejection of hierarchical ideas of "Proper place" vaunted the individual over the community in a way that resolved the ancient paradox of sociability by sacrificing any concept of community that viewed it as more than mere aggregation. Liberal individualism became the cornerstone of all subsequent social thought, especially in America (Unger, 1975).

Society-wide adoption of the new philosophy of course proceeded slowly and unevenly. Glimmerings can be detected as early as 1662, but it attained hegemony only in the Jacksonian era - the period beginning in the 1830s that has been aptly labelled "Freedom Ferment" (Tyler, 1944; Meyers, 1960; Douglas, 1977). During that decade, as Levine (1978:154-157) has cogently demonstrated, virtually the whole of the modern understanding of alcoholism that would a century and a quarter later be associated with the name of Jellinek (1960) was developed and established.
That understanding fueled the nineteenth-century Temperance Movement at least until the advent of the Anti-Saloon League in the 1890s (Gusfield, 1963:99-110; Timberlake, 1963; Sinclair, 1964:83-105; Lender & Martin, 1982:126-128). Physicians, following the lead of Dr. Rush, were among its most prominent adherents. Insofar as any identifiable group opposed the understanding, it was found among a minority of the clergy (Levine, 1978:158) (2) - their minority status reflecting the strange anomaly that was nineteenth-century American mainstream religion.

As many commentators have noted, nineteenth-century American Evangelicalism, severed from its Calvinist roots by frontier revivalism no less than by the Jeffersonian revolution, entered into a strange marriage with modern liberalism (Smith, 1957; Mead, 1963; McLaughlin, 1968 & 1978; Boles, 1972). Although retaining some Calvinist trappings, this new ideology tended to blend secular and religious assumptions in a uniquely modern way. Evil existed in the world, perhaps at times even infecting human beings; but the task of the American Christian - both as a American and as Christian - was to triumph over that evil by fostering Reform that carried on the redemption of Christ. "As He died to make men holy, let us live to make men free" (3). The Battle Hymn of the Republic aptly summarizes this insight and its thrust, up to and including even parts of the early twentieth-century "Social Gospel." (Howe, 1862; Rauschenbusch, 1907; Hopkins, 1940; Handy, 1966; Ahlstrom, 1967.)

Largely because of its Christian gilding, the Reform orientation emphasized an attitude that had remained only implicit in Dr. Rush's understanding: "an essentially sympathetic view of the drunkard's plight" (Levine, 1978:159). The fraternal-group style of organization, pioneered by the Washingtonians but continued by others after that association's demise, facilitated and guaranteed such an approach - even in an increasingly individualistic society (Maxwell, 1950; Brown, 1976; Lender & Martin, 1982:74-79). That sympathy represented a carryover from the pre-modern, even pre-Calvinist understanding. It marked acceptance of the "sinner" even while decrying the "sin" - an acceptance rooted in the sense that all were, at least potentially, "sinners" (Przywara, 1958).

Because it derived from a pre-modern understanding, because it apparently denied individual responsibility for control, such a "Sympathetic view of the drunkard's plight" could not survive the onslaught of Progressive thought that signalled the penultimate modernization of American society (Kolko, 1963; Wiebe, 1967; Buenker, 1973; Berman, 1982). Led by the Anti-Saloon League, the Temperance Movement shifted from a concern for "assimilative reform" to the imposition of legislative coercion (Gusfield, 1963; Lender & Martin, 1982).

Although aspects of it were to prove ironic, the shift itself was hardly subtle. The pragmatic politics of the time seemed to require holding up to scorn not only alcohol the substance and the places and persons who dealt in its trade, but also the drinker and especially the alcoholic (Levine, 1978:161-162; Wittet, 1979). Physicians, engrossed not only with the recent discovery of germs and with newly developed medical technologies but also by the
imperatives of establishing a protective monopoly over the practice of medicine, lost patience with "diseases" not amenable to their newly emerging skills (Starr, 1982:112-144, 166-169). At precisely the time when Progressive Federal agencies were discovering a whole host of new addictive drugs, the Temperance Movement lost the sense that habitual drunkenness involved an addiction - the insight that had been its main contribution to social thought on alcoholism (Clark, 1976).

Despite the apparent ironies, that outcome seems inevitable in historical hindsight. The modernizing thrust of Progressivism, of which the movement that led to the eventual passage of the Prohibition Amendment was a part, marked the triumph of liberal individualism in American society. The virtual omnipotence of human will was an essential assumption of this ideology (White, 1957; Noble, 1958; May, 1959; Cawelti, 1965; Marcell, 1974; Gilbert, 1977; Rothman, 1978). To phrase it in the moralism so characteristic of the Progressive world-view: because some human beings so obviously could control their drinking, all humans should do so. If some as obviously could not exercise such control, then all should not drink alcohol at all. The totalitarian monism inherent in the world-view of Progressive liberal individualism renders any other conclusion impossible. If all humans could not drink equally, then equality required that all should not-drink equally. The logic of the Eighteenth Amendment, from this point of view, was irrefutable.

The Great Depression and the 1930s brought not so much different assumptions as a change in some social implications of political reality. Both domestically and internationally, events challenged the very foundations of the ideology of liberal individualism. It is impressive testimony to the bankruptcy of thought in the United States of the time that the leaders of the Association Against the Prohibition Amendment became the bellwethers of the most virulently conservative opposition to Franklin D. Roosevelt's New Deal (Englemann, 1979; Kyvig, 1979). Irony wears many faces.

For the modern philosophy of liberal individualism did not die in the 1930s. Aptly, given the sources and the nature of many of the attacks upon that ideology, a new generation of intellectuals joined an older established coterie of professionals as its primary adherents and defenders (Bledstein, 1976; Lasch, 1977 & 1978; Rothman, 1980). Two occurrences of the mid-1930s thus combine to signal the continuing ambivalence rooted in all American social thought on alcoholism. Even as professionals were dedicating an institution to furnishing the social scientific approach to alcoholism, a fellowship of alcoholics was formulating a program that marked recovery of the older tradition that attended to the social thought of alcoholics.

Both the Research Council on Problems of Alcohol, which later became the Yale and in time the Rutgers Center of Alcohol Studies, and what we have come to know as "Alcoholics Anonymous" date from this period. The first, having recaptured and validated the understanding of alcoholism pioneered by Dr. Rush and prevalent in the 1830s, continues to explore with all the tools of modern science the phenomenon of alcoholism (Wilkerson, 1966; Levine,
1978: 162; Keller, 1979:2826-2827). Alcoholics Anonymous, while grateful for that knowledge of which it at times makes use, focuses its direct attention and concern upon the alcoholic. In doing so, A.A. embraces aspects of the pre-modern understanding that reflects modern wisdom.

That division of labor and diversity of ideology has in general proven fruitful. Whether it can continue to be so, however, has become a real question. Before exploring that question and the problems perhaps inherent in the diversity of focus and ideology that distinguish the professional and the A.A. approaches, it seems appropriate to review what the historical background just outlined might teach concerning the significance and implications of the present context.

Two Paradigms

The fundamental paradigm difference in American social thought on alcoholism may be conceptualized variously. If "focus on alcoholism - focus on the alcoholic" seems too glib and even fuzzy, as it no doubt is, then our historical review proffers another suggestion. There are available two models. Neither is "pure" nor clearly defined, and the attempt to name either is fraught with hazards - but let us try. At least part of the colonial insight, which lasted well into the nineteenth century and has been resurrected by Alcoholics Anonymous, seems most aptly labelled "pre-modern," "traditional," "perennial," or even "religious." Dr. Rush's understanding, as honed by Channing (1836) and Woodward (1838) and refurbished in contemporary dress by Jellinek (1960) and his multitudinous successors, is by contrast "modern," "secular," "scientific," and imbued with the assumptions of liberal individualism (Levine, 1978:166; Lender & Martin, 1982:186-190).

But labeling, even if it be understood as other than sophisticated name-calling, by itself sheds little light on the issues involved. We must look to the content of these two fundamentally diverse paradigms and especially to the two very different understandings that lie at their roots.

The first concerns the relationship between the individual and community. The pre-modern understanding viewed the individual first, but not only, as a part of some larger whole (Huxley, 1938; Berman, 1981; Wilber, 1983; Whitfield, 1984). Its insight might be phrased: "There is something greater than the self, of which the self is or yearns to be part." The modern scientific understanding is first and ultimately individualistic. Self as essentially discrete is its starting-point; and self attains individual fulfilment only over against all that is outside the self, over against community. There is little room in the modern world-view for "a power greater than the self" with which one has a complementary relationship (Bateson, 1971).

The second facet of content significant in this context concerns each paradigm's understanding of human nature - that is, of the meaning of being human. The modern world-view regards the human individual as inherently "good" - or at least in no way inherently "bad." Trusting one's self is the hallmark of modern thought (Kant, 1784; Lash, 1978; Hartle, 1983). Although value terms are explicitly eschewed, moderns understand to-be-human as to
be, at least potentially, "good." If humans act badly, it is because of the influence of something that remains essentially outside the core itself. The Rush-Jellinek "disease concept of alcoholism" well replicates and conveys this understanding, as do all efforts that assume the desirability of "controlled drinking" (Heather & Robinson, 1981).

The pre-modern or perennial tradition embraces a vision that sees the human as essentially limited and therefore as mixed. It views "Being human" as being both "beast" and "angel," as participating in infinity while remaining essentially finite, as an ultimately mysterious mixture of "not" and "God." This perspective sees being human as a paradox (Goldmann, 1964). Rejecting the distinction between fact and value (MacIntyre, 1981; Kolakowski, 1982), traditional thought presents the reality of "being human" as precisely the conjunction of "good" and "evil" in the same "self." In this understanding, alcoholism is a "sickness" in the same way that "sin" is a sickness: the alcoholic does not "have" it - he is it. To be an alcoholic, then, is not to "have alcoholism"; it is to be an alcoholic (E. Kurtz, 1979 & 1982).

From that brief sketch of the deeper philosophical differences involved in the two paradigms, it seems clear that the modern disease-concept of alcoholism and the traditional understanding of alcoholism as "sickness" barely touch. That does not, of course, mean that both may not be valid. Indeed, it is one thesis of this paper that each is legitimate, within its own assumptions.

But the difference between those assumptions, combined with the similarity of their vocabularies, means that misunderstandings and conflict can all too readily occur between their adherents. It is perhaps a wonder of our time, and it certainly says much about the nature of social thought on alcoholism, that the Center for Alcohol Studies and many researchers into alcoholism work so productively - albeit warily - with members of Alcoholics Anonymous whose primary and indeed only concern is the alcoholic.

What happens at the Center for Alcohol Studies, the nature and assumptions of modern research into alcoholism, need hardly be detailed for readers of this journal. What happens in the fellowship and program of Alcoholics Anonymous, on the other hand, likely requires precisely such detailed analysis. That has been attempted, at depth, elsewhere (E. Kurtz, 1982 & forthcoming). Here, the core of that analysis can perhaps best and most briefly be presented by suggesting that A.A. effects in its members precisely a cognitive change in their social thought. The social thought of alcoholics thus becomes the most important reality in the "therapy" of Alcoholics Anonymous.

As even sympathetic observers have frequently pointed out, Alcoholics Anonymous contains a "theology" (Bateson, 1971) or expresses an "ideology" (Blumberg, 1977; Taylor, 1979; Tournier, 1979). In its own terms, A.A. presents its program as a "way of life," and any "way of life" of course involves a way of thinking (Alcoholics Anonymous, 1953:15 & 1955:23).

The way of life and therefore the way of thinking taught by and fostered within Alcoholics Anonymous emphasizes perennial wisdom, preferring its insights to the approach that characterizes modern "knowledge" (E. Kurtz, forthcoming). Two understandings of
wisdom hold special place in the A.A. way of life: sensitivity to self-as-part and acceptance of "being human" as a mixed experience, a paradoxical condition. Undergirding these understanding rests the fundamental insight of wisdom: all human reality is essentially limited.

Wisdom's point of view is most evident in Alcoholics Anonymous in its corollaries: the centrality of "humility," the emphasis on "gratitude," and the modality of "telling stories." Each signals the core acceptance of fundamental limitation. Within Alcoholics Anonymous, members learn to think from and within this point of view of traditional wisdom. As the corollaries hint, this new way of thinking, although applied first to their relationship with alcohol, necessarily extends to A.A. members' relationships with all other reality - especially in that reality's human aspects. This is social thought."

The concept of wisdom as a "way of thinking" that has special reference to "social thought" can, of course, be only touched upon in this brief article. It nevertheless requires at least that brief mention; for the insight that "self" is part, that limitation is of the essence of the individual human condition, bears far-reaching implications for one's relationships with other human individuals. For members of Alcoholics Anonymous, then, it is a change in "social thought" that is the gateway to sobriety.

The distinction between "modern knowledge" and traditional "wisdom" may also prove useful in another way. Recent events have led to tensions that seem to be testing the A.A. insight. Their outcome may prove especially revealing of the possible limits of A.A.'s rooting in wisdom. Wisdom, recall, is conscious first and especially of precisely limits. For roughly a decade now, ongoing changes in the field of alcoholism treatment have increasingly impinged upon Alcoholics Anonymous, threatening A.A.'s own sense of limitation from two directions: the restriction of the fellowship to the single purpose of helping alcoholics and the acceptance enshrined in A.A.'s "Big Book" that its program "surely has no monopoly on" and indeed may not be "the last word" in helping alcoholics (Alcoholics Anonymous, 1955:xxi).

First came the problem of "other problems" - hardly new in A.A. history, but given new and different impetus by the development of the concept of "chemical dependency" (E. Kurtz, 1979). Can the "identification" required for recovery be achieved and fostered if, increasingly, more and more who attend meetings of Alcoholics Anonymous announce that their primary problem is not alcohol but other mood changing drugs? A.A.'s historic solution to this problem has been the encouragement of other groups, such as Narcotics Anonymous, to use the Twelve Step program within their own contexts. But where will this stop? Do abusers of the so-called minor tranquilizers identify most readily with those whose problem was with illegal drugs? If not, must they form "Valium-takers Anonymous"? The problem/opportunity of identification, its foundation and its limitations, is likely to be a critical one for Alcoholics Anonymous for some time to come.

Secondly, the increasing prominence of professionals of various sorts in the field of alcoholism treatment doubly menaces A.A.'s sense of limitation from the opposite direction. In settings
such as general hospitals, professional dominance threatens to co-opt Alcoholics Anonymous to the modern world-view by treating its program as simply another program of treatment (Pattison, 1977; Vaillant, 1983). Other professionals criticize A.A. as "obscurantist" and therefore an impediment to research in treatment and to the development of new treatments - certainly not a phenomenon in A.A. history, but one that appears currently on the increase (Cain, 1963 &1965; Kalb & Popper, 1976; Tournier, 1979).

Traditionally and from its very origins, Alcoholics Anonymous has welcomed cooperation with all professionals - if for no other reason than as sources of possible future referrals. Members also readily reply to professional criticisms by suggesting that they are misguided: because A.A. is a "program of recovery," it cannot be in conflict with any method of "treatment." Alcoholics Anonymous, this argument runs, stands ready to "cooperate" with any program of treatment (Alcoholics Anonymous, 1982). Increasingly, however, some professionals in the field seem to find it difficult to cooperate with the A.A. way of life (Demone, 1979; Goodwin, 1979; Moore, 1979; Rosenberg 1979; Sobell & Sobell, 1979; Tournier, 1979). Accurately even if obscurely, they recognize that the A.A. way of thinking is not that of science. The modern scientific approach to any problem values change: it advances by the testing of new hypotheses. Most A.A. members, viewing alcoholism as a matter of life and death for the alcoholic, understandably resist the testing of new strategies that seem too cavalierly to abandon approaches that experience has proven valuable. In this, of course, they are again reflecting the tradition of wisdom, which - in contrast with the approach of knowledge - gives the benefit of the doubt to that which has endured over time rather than to that which seems attractive mainly because, as new and different, it bodes well for promotions and grants.

Empirical Findings

A recent research effort undertook to investigate and to measure this potential for ideological conflict between members of Alcoholics Anonymous and professionals who work in the field of alcoholism treatment. The inquiry sought to establish an empirical base for evaluating the hypothesis that there exist two cognitive paradigms about alcoholism - one characterizing the thought of alcoholics who have adopted the A.A. way of thinking, the other deriving from the scientific approach that characterizes the modern professional.

The research design comprised two phases. The first involved sending questionnaires both to professionals who worked in alcoholism treatment centers and to members of Alcoholics Anonymous. The questionnaires sought to measure agreement or disagreement with statements that reflected ideological contrasts. The second mode of inquiry entailed interviewing members of both populations, basing the sample chosen for interview on diverse patterns of interaction between the two groups revealed by the questionnaires. In the course of these open-ended interviews, each respondent was asked whether he or she thought A.A.s and professionals had different "ways of thinking." Forty-two professionals and thirty-one A.A. members returned questionnaires;
fifteen professionals and eleven members of Alcoholics Anonymous gave personal interviews (L. Kurtz, 1983; L. Kurtz, 1984).

Construction of the questionnaire's Likert-scaled statements required defining clearly the characteristics both of the professional approach and the way of thinking implied in the A.A. way of life. Although the process is described more fully and in greater detail in another place (L. Kurtz, 1983; L. Kurtz, 1984), the considerations underlying the questionnaire's ideology can be summarized briefly here.

Values, beliefs and ideologies seem as implicit in professional thought were extracted from the sociological literature on professionalism (Vollmer & Mills, 1966; Lieberman, 1970; Bledstein, 1976; Larson, 1977). Further, because professionals have both informed and been formed by the values of bureaucratic organization - the organizational structure that dominates modern society - the scale also drew on the literature studying that phenomenon (Weber, 1921:983, 988; J. Rothman, 1974:160-174; Larson, 1977:xviii, Perrow, 1979:50-55). Based on these sources, the scale characterized professional ideology as valuing scientific investigation, rational (secular) knowledge, objectivity, social and hierarchical control, expansion, efficiency and rational-legal authority.

As the first part of this article has discussed, the way of thinking encouraged with Alcoholics Anonymous differs from modern, bureaucratic ideology in several ways. A.A. members tend to view personal experience as more valuable than data acquired scientifically; for them, mutuality and identification supersede detachment and objectivity as desiderata enabling effective communication. Relationships between members are egalitarian rather than hierarchical; A.A.'s self-concept as "fellowship" signals an absence of and even an aversion to legal authority, and thus its members are controlled by their personal understanding of A.A.'s Steps and Traditions and by the "group conscience" of each individual A.A. group. Further, A.A. members deem efficiency, in the sense of maximizing output by serving greater numbers, less important than the identification gained by sharing one's own story with one other human being. The fellowship and its members also reject organizational expansion, choosing to limit their efforts to helping alcoholics and therefore avoiding all political involvement.

Questionnaire statements sought to assess the degree to which respondents valued the following contrasting dimensions of thought: efficiency (in the sense of maximization) as opposed to the optimization attained by individual identification; organizational expansion as opposed to single-purpose limitation; objectivity as opposed to mutuality; formal authority as opposed to relative anarchy; the benefit of expert leadership as opposed to participatory validation; valuing the new and different as opposed to the traditional and time-proven; the goal of achieving control as opposed to the desirability of giving up the effort to control.

The responses revealed significant differences in four of the seven contrasts. A.A. members highly valued limitation, mutuality, participatory validation, and the traditional. Intercorrelations of the scale item responses showed that only the reactions to the
efficiency and the control statements did not correlate with the other responses. Both A.A.s and professionals valued efficiency and control highly, as least as the questionnaire reflected those understandings (L. Kurtz, 1983:125-127,238). These findings led to a tentative conclusion that professionals and A.A.s hold somewhat antithetical views.

The second phase of the investigation sustained that conclusion. Interviews with fifteen professionals and eleven A.A. members in three communities inquired about cognitive differences in a more open-ended fashion. The question, "Do you think A.A. members and professionals think differently?" produced affirmative responses from ten of eleven A.A. members and from nine of fifteen professionals.

The interviewees offered varied responses about the nature of the difference between the two ways of thinking. Many in both groups spontaneously identified aspects of the A.A. and the professional paradigms that this paper has discussed. For example, one A.A. member replied: "Professionals are on top; they do all the helping. In A.A. we help each other." Another commented, "Professionals think alcoholism is a thing that can be cured. It's not; it's a way of living that comes from erroneous beliefs."

One professional with a theological background responded, "In some ways, [A.A.s] don't take the disease concept seriously. This is just a feeling I have, but in some ways I agree more with them than with the medical model." Another professional gave the most typical response: "Their suffering has made them [A.A.s] more spiritually aware. They live each day to the fullest instead of just pissing it away." Only one of the professionals who agreed that a different way of thinking existed expressed a negative attitude toward A.A. He said, "That's one of the complaints about them. They're locked into one rigid system [of thought]."

Conclusion

If their own stories are to be believed, the most outstanding differences between actively drinking and soberly recovering alcoholics consists precisely in their social thought - in the attitudes they display toward human relationships and especially in their interpretations of their own relationships with and obligations to others.

Cursory observation of that difference suggests a disturbing hypothesis: the ways in which the social thought of sober alcoholics differs from that of drinking alcoholics seem to parallel the ways in which the assumptions of members of Alcoholics Anonymous differ from the assumptions adhered to by many modern professionals.

Initial empirical research tends to validate that hypothesis. Whether this observation has more to say about the social thought of alcoholics or the social thought of modern professionals, it seems best to leave the reader to decide.
NOTES

1. Although especially the early literature refers most often to "Habitual drunkards" and "inebriates," this paper will use only the term "alcoholic" to signify the people concerned.

2. Although Levine's treatment and interpretation of the Reverend John E. Todd reveals insufficient appreciation of the complexity of the decline of Calvinist insight in the nineteenth century, his basic point at this place supports the argument developed here.

3. In the original version of this concluding line, the fifth last word read "die." The present paper is not the place to enter the argument over whether or not it was Mrs. Howe herself who changed the word to "live" at the end of the War of the Southern Rebellion.

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