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Alcoholics Anonymous (AA)

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According to the presentation of itself read at the beginning of most meetings of Alcoholics Anonymous:

> Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.
>
> The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions.
>
> AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy, neither endorses nor opposes any causes.
>
> Our primary purpose is to stay sober and to help other alcoholics to achieve sobriety.

Beginnings: 1935-1950

Alcoholics Anonymous (AA) began on 12 May 1935, when a recently sobered broker's representative from New York, while visiting Akron, Ohio, experienced a craving for alcoholic refreshment and, to stave it off, sought out an alcoholic local surgeon. The visiting New Yorker was William Griffith Wilson; the surgeon was Dr. Robert Holbrook Smith. Eventually, they would be known as “Bill W.” and “Dr. Bob,” cofounders of Alcoholics Anonymous.

But not immediately, for Dr. Smith, attending a medical convention in Atlantic City, New Jersey, went on “one last toot.” Dr. Bob's sobriety date is usually given as 10 June 1935, which has become known in AA as “Founders’ Day,” despite recent evidence that Dr. Smith took his last drink on 17 June 1935. The exact date makes little difference. What was important about the first meeting between Wilson and Smith were three discoveries made by the two men in the course of that meeting.

First, they discovered the role of “the spiritual.” Bill Wilson located Dr. Bob Smith through a “spiritual” connection. Wilson was introduced to Smith by Henrietta Seiberling, a member of the Oxford Group. Seiberling’s name had been given him by an Oxford Group-oriented minister. Bill had joined the group after his own “spiritual experience” while sobering up in Towns Hospital in New York City in December 1934. The message underlying that experience originated with Dr. Carl Gustav Jung's observation that those in the second half of life could recover from alcoholism only through some kind of “spiritual conversion.” The Oxford Group was the leading vehicle for such conversion among middle-class Americans in the 1930s. Although much extended in meaning, the centrality of the “spiritual” has always characterized Alcoholics Anonymous.

The second discovery was the need to “carry the message.” Wilson had tried to carry the

message to other drunks in New York, but he found no one interested. His meeting with Dr. Smith, soon reinforced by their approach to "AA #3," Bill D., was different because in these cases they made the approach for their own sakes, not primarily to help the person they approached. The only way to keep their own sobriety, they discovered, was to give it away.

The third discovery was the importance of identification by way of story. Just before Wilson left for Akron, his physician, Dr. William Duncan Silkworth, cautioned him to stop emphasizing his "spiritual experience" when he approached other drunks. Silkworth, who viewed alcoholism as an allergy, urged Bill to "Give them the medical business." "Fine idea," Bill thought some weeks later in Akron, but how could he teach medicine to a physician? So Wilson fell back on telling his own story—the story of his life as it was affected by alcohol and the story of his recovery without alcohol. And Dr. Bob Smith identified; he recognized his own experience in Bill's autobiographical tale. The only way an alcoholic could get through to another alcoholic was by identification, and the only way to achieve that was by the mutual sharing of stories.

The Writing of the AA Big Book

Although the Oxford Group was the womb within which Alcoholics Anonymous came into being, AA left those auspices in 1937 in New York and in 1939 in Akron. The departure came mainly because of the Oxford Group's intrusive spirituality in such practices as group "guidance," and the group's focus on "the four absolutes" of honesty, unselfishness, purity, and love. Those virtues, Wilson later wrote, "are sought and practiced by members of Alcoholics Anonymous as much as by any other people, but if you put the word 'absolute' in front of them, alcoholics just couldn't stand the pace [and got drunk again]." In New York, those who left began to refer to themselves as "a nameless bunch of drunks"—a term that would be transmuted into "Alcoholics Anonymous" as the group later sought a title for its book.

In the early enthusiasm of their separate existence, some members proposed large projects such as hospitals. Largely due to Dr. Smith's urging to "Keep it simple," all designs other than writing a book detailing their method were discarded. Wilson began drafting what would become the book *Alcoholics Anonymous*, and the "alcoholic squadron" of the Oxford Group in Akron and the newly dry who met weekly at the Wilson residence in Brooklyn offered comments and suggestions. When published, the tome became known as the "Big Book" because the New Yorkers urged their printer to use the thickest paper available for the first edition so that it would seem worth the price to the generally impecunious alcoholics at whom is was targeted.

No groundswell of welcome greeted the publication of AA's book. Medical journals panned it. Attempts at publicity, such as a massive mailing of postcards to physicians, fell flat. But slowly, through newspaper coverage, most importantly through a 1941 article by investigative reporter Jack Alexander in *The Saturday Evening Post*, the public—and especially some drinking alcoholics—heard of AA. Some of those who heard contacted the listed New York office to purchase copies of the book.

Early Outcomes

The members' original intention was that individual alcoholics would read the book, "make surrender," and carry the message to other alcoholics. Meetings were for newcomers: "We meet frequently so that newcomers may find the fellowship they seek." Another purpose of the weekly meetings, now in Cleveland as well as in New York and Akron, was to provide a forum for answering the questions of newcomers. Alcoholism was a puzzling malady to those who suffered it. Their earlier attempts at sobriety had failed. Why did AA work? And what

about…whatever? But meetings did not become question-and-answer sessions—most of the early sober alcoholics were acutely aware that they had no "answers." There developed, rather, a practice that would be enshrined in the Preamble as "sharing their experience, strength and hope." Questions were answered by someone who identified with the questioner; the "answer" consisted of telling how a similar situation had worked out in his life. ("His" is used here because at this point, there was only one female member each in New York, Washington, and Chicago.)

Meanwhile, another need surfaced—the need for detoxification rather than what would later be termed "treatment." Alcoholics who could get to Akron were hospitalized for detoxification under the care of Dr. Smith. But not all drunks could go to Akron. Some few did not require large medical intervention, but most who approached Alcoholics Anonymous in those early years had severely damaged their health during their drinking. These people obviously needed hospitalization, but in those days, most hospitals did not admit alcoholics, mainly because they rarely paid their bills. This was how the practice of "sponsorship" began within Alcoholics Anonymous, first in Cleveland, then more widely. The "sponsor" was someone who promised to pay the detoxification hospital bill if the new recruit failed to do so. Sponsorship soon evolved into a more comprehensive concern for the individual newcomer's sobriety.

Following the example of the program devised by Dr. Smith and Sister Ignatia at Saint Thomas Hospital in Akron, a five-day hospital program opened at Knickerbocker Hospital in New York City by 1945. After the war, this type of program became available in other cities as well. Usually, a local physician, impressed with the success at sobriety of former patients, helped them set up an "AA ward" in the hospital. The medical care consisted of detoxification and nutritional buildup, and the usual program ran five days. During that time, the patient was allowed no outside distractions but was visited virtually around the clock by members of AA. Early on, a truism was discovered: "AA is for those who want it, not those who need it." Many who patently needed AA did not want it, and so did not get it. This observation led some Philadelphia physicians to begin keeping track of AA success. In 1937, Dr. Silkworth and Bill Wilson had both expressed the opinion that AA was unlikely to work for more than "about half" of what were then generally termed "chronic inebriates." The Philadelphia study suggested that AA was actually more successful. Among "those who really tried," it was found, about 50 percent achieved dryness almost at once, within a period of about 90 days, while another 25 percent did so after going out and drinking again but then coming back to AA. The final 25 percent seemed beyond AA's help.

These are important figures. In later years, when the popularity of "treatment" and the practice of employer coercion and court mandates forced more individuals to attend AA meetings, it appeared that less than 5 percent of those who attended an AA meeting got sober. What had been forgotten was the "really tried" part. Although never spelled out in detail, "really trying" was generally understood to consist of at least 90 days of fairly regular attendance at AA meetings, getting a sponsor, reading the literature, and attempting to work the Twelve Steps. Of that population, the 50-25-25 ratio first found in Philadelphia in 1946 still holds true in the opening years of the twenty-first century.

The End of the Beginning

The World War II years saw the debut of AA's "unofficial" but significant publication, *The AA Grapevine*. Begun in June 1944 as a means of keeping in touch "with our boys in the armed forces," this journal has to this day continued monthly publication of members' sharing of their "experience, strength and hope." The magazine soon began to serve another purpose in the

great postwar expansion into sprawling new suburbs and a vibrant new consumer economy. From the beginning, given its Akron and New York City origins, a keynote of Alcoholics Anonymous was *variety.* As meetings developed more widely, they took on different formats: speaker, several speakers, one topic discussion, open discussion, and so forth. Similarly, the attitudes of groups and members toward such topics as "the spiritual" and "other drugs" varied. *The AA Grapevine* offered a forum in which these various approaches could be presented and discussed. The *AA Grapevine's* welcoming of such diversities marked the culmination of AA's first decade of existence. Between 1935 and 1945, the fellowship grew from 2 members to 12,986 members, organized into 556 local groups.

The trial-and-error development that took place in each new location led to a desire to learn from the experience of other groups. An attempt to produce a general handbook failed in the mid-1940s, though many locations developed their own guides, setting forth the practices of the locality for the edification of new groups. By the late 1940s, Bill Wilson began to review the growing correspondence in which members told of what worked and what did not work in their situations. When some wrote asking advice on a matter, Wilson and others in what became AA's General Service Office developed a practice of telling what had happened in similar circumstances in other settings. There thus emerged the "Twelve Traditions of Alcoholics Anonymous," first promulgated in 1950 at the fellowship's first international convention held at Cleveland, Ohio. The traditions emerged during a period of explosive growth for AA; by 1950, membership exceeded 96,000 and local groups numbered more than 3,500. Though this would not become apparent until much later, AA's Twelve Traditions became to the existence of the fellowship what the Twelve Steps are to the sobriety of its individual members.

Coming of Age: 1951-1970

The promulgation of its Twelve Traditions in 1950 marked the beginning of AA's "Coming of Age," though that would not be formally celebrated until its 1955 Saint Louis convention. The 1950 convention marked Dr. Bob Smith's last public appearance before his death in November of that year. Two significant developments marked the early 1950s, developments that would continue to unfold in the following two decades. The first was the large social acceptance bestowed on Alcoholics Anonymous in the United States. Second, during this half-decade, Bill Wilson produced a book, *Twelve Steps and Twelve Traditions,* that guided many members' understanding of "the spiritual" during the changing times of the 1960s and 1970s.

From its earliest days, Alcoholics Anonymous had won support from many physicians and members of the clergy. The medical and religious professions generally welcomed the new fellowship and its program, which honored their contributions and even claimed a kind of joint origin from them. The Eisenhower decade of the 1950s proved an ideal setting for "the spiritual rather than religious" program of Alcoholics Anonymous to attain wide acceptance. Practically as well as symbolically, that acceptance came less with AA's winning of the 1951 Lasker Award or the congratulatory telegram President Dwight Eisenhower sent AA on the occasion of its twentieth-year "Coming of Age" convention than in the regular recommendation of the fellowship by advice columnists Ann Landers and Dear Abby. Reinforcing this acceptance were the movies *Smash-Up* and *The Lost Weekend,* eventually followed by *Days of Wine and Roses* and references that, though less focused on Alcoholics Anonymous, by that very fact attested to the broad basis of its cultural acceptance.

Throughout this period, AA's Twelve Traditions offered guidance that helped the fellowship resolve many troublesome issues, though not always unanimously. The establishment of "a desire to stop drinking" as "the only requirement for membership," the exclusion of "outside issues," the "one primary purpose" of carrying the AA message "to the alcoholic who still suffers"—each in time would be challenged, and following the principle of "group autonomy," some groups would opt for broad interpretation. But at least until the impact of

commercialized “treatment,” AA remained not only recognizably but unambiguously the AA that had been founded in 1935.

As the 1960s progressed, AA cofounder William Griffith Wilson suffered increasing health problems, especially emphysema. Wilson’s last public appearance was at the Alcoholics Anonymous thirty-fifth annual convention at Miami Beach in 1970, where he had to be physically propped up to appear momentarily before the cheering throng. He died on 24 January 1971. At his death, there were more than 16,000 local AA groups and more than 310,000 members.

Few organizations led for so long by a charismatic leader survive his or her demise. Alcoholics Anonymous both refuted and bore out this generalization. AA refuted it in that, given its reverse-pyramidal, bottom-up structure, the individual groups and most members kept on functioning as they always had: carrying the message, living out the Twelve Steps of their program. Few people dropping into an AA meeting in the mid-1970s heard mention of Bill Wilson. But on a deeper level, the vacuum of leadership occurred at the dawning edge of a monumental change in cultural attitudes toward alcoholism, a change for which AA was partially responsible.

The Treatment Era: 1970-2000

From their beginnings, local AA groups carried their message of hope to alcoholics in missions, general and psychiatric hospitals, prisons, halfway houses, sanatoria, and various “drying out” facilities. During the middle decades of the twentieth century, AA members created sober sanctuaries (“AA farms,” “AA retreats,” “Twelve Step houses”) in communities where institutional support for recovery was lacking. AA members—as individuals, not as representatives of AA—were also heavily represented among the leaders of newly forming alcoholism councils, who advocated the establishment of local alcoholism information and referral centers, detoxification facilities, and rehabilitation programs. Under the leadership of the National Council on Alcoholism (NCA), this sustained advocacy campaign culminated in passage of the 1970 Comprehensive Alcoholism Prevention and Treatment Act, the landmark legislation that launched the modern alcoholism treatment field. With this infusion of federal funding, alcoholism treatment facilities in the United States grew in number from less than 200 in 1970 to 4,200 in 1980, to more than 9,000 in 1990.

Directly, this new social development had nothing to do with AA, but many AA members played roles—as alcoholism counselors, nurses, physicians, and administrators—in the emergence and evolution of modern alcoholism treatment. Most of these new institutions also incorporated AA’s Twelve Steps into their treatment philosophies and recommended that their clients affiliate with AA during and following their professional treatment. This incorporation of AA philosophy was particularly pronounced in the “Minnesota Model”—a style of chemical dependency treatment that became the dominant approach to the treatment of addiction in the United States. By the mid1970s, professional concern was voiced about the inordinate influence AA was exerting on alcoholism treatment in the United States. Within a decade, there were equal concerns about the influence the treatment field was exerting on AA.

For as the treatment field grew into a treatment industry, it came to exert considerable influence on AA. The most immediate effect was growth. Between 1970 and 1980, AA membership rose from 311,450 to 907,575, and the number of local AA groups jumped from 16,459 to 42,105. By 1990, AA membership had further increased to 2,047,469 (93,914 groups). This dramatic growth was accompanied by the adaptation of AA’s Twelve Steps to every imaginable problem. “Recovery” became something of a cultural phenomenon as the concept of “addiction” became applied to processes as well as to substances, and twelve-step groups were inundated by people bearing an endless list of unmet needs. This popular invasion created a transience in AA that was masked within the raw growth figures.

The growing percentage of people who entered AA while in treatment and the growing

number of external bodies coercing people into AA combined to raise serious concerns within the organization. The fellowship did not remain passive in the face of such impacts. It reasserted the importance of its traditions on everything from anonymity to nonaffiliation; it issued guidelines for AA members working in the alcoholism field; and it published literature seeking to distinguish AA from treatment and to define the relationship between AA and treatment. These efforts, however, did little to stem the growing concern that AA's spiritual program of recovery was, through the influence of treatment and the criminal justice system, being watered down by "New Age" pop psychology at the same time it was taking on a coercive dimension. Many longtime AA members began to lament the secularization of AA, and several serious students of Alcoholics Anonymous began to distinguish between the elements of a "real" AA, characterized by the language of spirituality enshrined in the Twelve Steps, and an ersatz "twelve-step movement" employing the vocabulary of therapy, which—however helpful to some—marked an abandonment of the classic Alcoholics Anonymous insight and approach. There also developed a growing fundamentalist movement within AA itse1f, one that sought to regain the practices of AA's earliest generations, though often at the cost of confusing Alcoholics Anonymous itself with its Oxford Group parent. The effort to distinguish between AA and outside enterprises that in one way or another attempted to clothe themselves in its reputation became increasingly important as the alcoholism treatment industry experienced both ideological and financial backlash during the late 1980s and 1990s. All this led not only to visibility but also to a new vulnerability for Alcoholics Anonymous. By the early 1990s, more than 3,000 books and articles had been written about this "simple" program of recovery. But heightened visibility invited public and professional criticism.

AA Critics

Serious criticism of AA began with a 1964 magazine article by psychologist Arthur Cain and accelerated rapidly during the 1980s and 1990s. Such criticisms were often entwined with broader attacks on the disease concept of alcoholism (often erroneously attributed to AA) and the alcoholism treatment industry. Critics included philosophers, psychologists, and sociologists, as well as groups advocating alternative alcoholism recovery approaches. The latter included the first nationally visible alternatives to Alcoholics Anonymous: Women For Sobriety (WFS), Secular Organization for Sobriety (S0S), Rational Recovery (RR), and Moderation Management (MM). By the mid-1980s, extremist critics of AA coalesced into something of a countermovement with their own publishing genre, star speakers, and Internet websites. The growing acrimony toward AA was revealed in such book titles as *Alcoholics Anonymous: Cult or Cure?, How Alcoholics Anonymous Failed Me,* and *Twelve-Step Horror Stories,* as well as Internet websites bearing such names as AA Kills, AA Deprogramming, and Recovery Liberation.

The critics of AA argued that: (1) AA is not effective or (more conservatively) its effectiveness has not been scientifically established, (2) AA works only with particular types of alcoholics and may be harmful to other types, (3) AA's religious ideas and language discourage many alcoholics from seeking help, (4) AA is just a substitute dependence, and (5) AA has discouraged the scientific advancement of alcoholism treatment.

Helpfully, some researchers began to test scientifically the propositions within this debate. Keith Humphreys, for one early example, tested the proposition that AA was ineffective for women, people of color, and persons experiencing co-occurring psychiatric illness. Humphreys found that individuals from these groups affiliated with and successfully recovered within AA at rates comparable to white males.

Varieties of AA Experience

A trend within AA as important as AA's dramatic growth and its public attention is the continuing and growing variety of AA experience. Such variety is not new, as anyone familiar with the differences between New York and Akron AA in the 1930s realizes. Much of the quiet

humor within Alcoholics Anonymous is rooted in the realization that no one will ever lead alcoholics very far in any direction—an alcoholic is by definition one who cannot be led. And so, not only is AA membership diverse but so are AA rituals, meeting practices, formats, outside-of-meeting events, and understandings of anonymity. Such diversity is an enduring phenomenon in AA, and this theme of diversity continues to be reflected in AA membership, in the growing propensity of local AA meetings to be organized around special populations or needs, and in the wide range of styles through which people "work" the AA program.

Membership surveys portray this: the 1996 and 1998 surveys reveal a membership increasingly diverse in age, gender (34 percent women), racial composition (12-14 percent non-white), and occupational background. Most AA members attend more than two meetings a week and more than 70 percent have been sober more than a year, with nearly half having been sober more than five years. The major factors bringing people to AA are self-motivation and contact with another AA member, closely followed by referral by a treatment or counseling agency, or by court order. Surveys cannot fully convey the diversity of AA experience, but local meeting lists reflect the growing specialization of the process of member-to-member identification within AA, including meetings by gender (women only), age (young people, "old-timers"), language (Spanish, no profanity), sexual orientation (gay, lesbian, bisexual, transgender), relationship status (singles, couples), co-occurring problems (HIV/AIDS, psychiatric illness), and smoking status (nonsmoking), to name a few of the most common demarcations. But even these categories do not fully express the multidimensional character of AA groups—groups that differ dramatically in their degree and type of religious orientation (from Christian to nonbelievers), their meeting styles, their pre-and post-meeting rituals, their degree of emphasis on the steps and traditions, and their approach to service work. What this means is that AA in the opening years of the twenty-first century offers more potential varieties of recovery experiences than at any time in its history. All future efforts to summarize or categorize AA will need to address this enormous diversification of AA style and experience.

The Present and Future: 2001 and Beyond

Alcoholics Anonymous has become a worldwide phenomenon currently embracing more than 2.1 million members and 100,766 groups in approximately 150 countries. About 60 percent of AA's current groups and members are located outside the United States. Its literature is published in 39 languages, and more than a million copies of its basic text, *Alcoholics Anonymous,* are sold each year. AA's success can be attributed to many things, but the unique organizational structure and the operating principles set forth in the Twelve Traditions certainly top the list of contending factors. The latter have protected AA from many of the pitfalls that proved fatal to its myriad of predecessors.

AA's greatest historical significance may rest in its having found a way to convey an experience of community in societies where the connecting tissue of authentic personal relationships seems in danger of disappearing. AA is the core of a growing phenomenon of recovery communities: people across the world who have created sober sanctuaries of mutual support, the personal meaning of which far transcends that of alcoholism recovery. These communities that defy boundaries of geography, age, gender, ethnicity, and political or religious affiliation may be one of AA's subtle but most important legacies.

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