American Addict:
The Historical Emergence and Wanderings of a Human Kind, 1860-1960

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Introduction

> *The Holy Spirit will not visit, much less will He dwell with him who is under the polluting, debasing, effects of intoxicating drink. The state of heart and mind which this occasions is to Him loathsome and an utter abomination.*
>
> —Anonymous (1836: 46)

> *Addiction is not an abnormality in our society. It is not an aberration from the norm; it is itself the norm.*
>
> —Stanton Peele and Archie Brodsky (1975: 26)

From Sin to Sickness

Most nineteenth-century temperance reformers regarded drunkenness and drug use as sins. Habitual intoxication was both pitiable and wicked, and the inebriate often evoked a complex mélange of compassion and condemnation. Abstinence was a moral imperative critical to both individual salvation and collective progress. On the eve of the Civil War, temperance leaders routinely drew parallels between habitual intoxication and the Southern institution of slavery. Both drunkenness and human bondage, these reformers argued, arrested individual autonomy and self-determination. Especially to the progressive Bourgeois temperance advocate, the despotic relationship between "King Alcohol" and the alcohol drinker, like that between the slave owner and the slave, seemed to inhibit human flourishing and undermine the liberal foundations of a vibrant and stable democratic regime. In this view, habitual intoxication, like slavery and absolutism, represented a sinful archaism whose abolition would advance the march toward absolute self-possession and political freedom.

By the last quarter of the twentieth century, addiction appeared to be so ubiquitous that observers like Peele and Brodsky (1975) described it as an unremarkable facet of modern American life. Individuals now claimed to be addicted not only to psychoactive substances like alcohol, opiates, and cocaine, but also to various behaviors like work, gambling, and love. Beyond its encroachment into new dimensions of human experience, addiction increasingly appeared to transcend the social and cultural boundaries that had been central to temperance-era arguments. A common refrain by the middle of the nineteenth century, reformers claimed that habitual intoxication was particularly common among German and Irish immigrants and the urban poor, and insisted that moral uplift and legal reform were critical to the preservation of dominant cultural values. By the late twentieth century, however, all Americans, regardless of social location, appeared vulnerable to a psychophysiological disorder governed by indifferent natural laws.

The nineteenth-century *sin* of intemperance had given way to the twentieth-century *sickness* of addiction. As popular and academic interest shifted "from abusive substance to substance abuse" (Gusfield 1963: 199), concern for the rum drinker supplanted the temperance reformer's preoccupation with "Demon Rum." The habitual use of psychoactive substances no longer indicated social systemic disorder or the debasing consequences of a sinful institution like slavery. Rather, it was now symptomatic of an underlying psychosomatic disorder appropriate to empirical observation and scientific explanation. If the nineteenth-century reformer assumed that intemperance threatened the drunkard's sovereignty from without, then the late twentieth-century expert held that addiction proceeded from within. Significantly, the twentieth-century addiction sciences did not strip habitual intoxication of its

moral connotations; the new empiricism refracted the old normativity through the austere language of clinical and statistical normality. In light of these new representations, the twentieth-century addict called for *rehabilitation* rather than *reformation*. Moral suasion was inappropriate for the individual who suffered a psychophysiological disorder. Now, only medical treatment, psychotherapy, personal introspection, or incarceration appeared viable. Rehabilitation, as opposed to reform, demanded a private, rather than a public, politics.

The Wandering Addict

The transition from the sin of intemperance to the sickness of addiction was neither immediate nor direct, but in fact proceeded through a complex series of underlying shifts—some incremental, others radical. Since the middle of the nineteenth century, the seat of addiction seems to have "wandered" from the sinful substance (e.g., Demon Rum) to the inebriate's diseased body to the addict's disordered mind, back to his body, and eventually to the abnormal neurological processes of the addicted brain. Simultaneously, epistemic authority regarding the behavior and the person meandered among religious authorities, physiologists and inebriate asylum directors, psychiatrists and legal authorities, addicts themselves, and neuroscientists. As addiction wandered among these etiological loci and epistemic authorities, addicts were shepherded between various therapeutic sites: churches and temperance meetings, turn-of-the-century inebriate asylums and sanitaria, massive mid-century Federal Narcotics "Farms," and 12-step fellowship meetings, among others. This series of material and ideal shifts affected the ways that authorities treated addicts, how "normal" Americans related to addicts, and how addicts understood themselves, their pasts, and each other. In other words, between the temperance reformer's vitriolic condemnation and Peele's bland

resignation, the addict seemed to wander both objectively and phenomenologically. The present work concerns the meandering path that addiction cut across the United States specifically between 1860 and 1960.

The Diseased Addict

In the decade following the Civil War, a small cadre of inebriate asylum directors, physicians, and biomedical researchers elaborated a novel theory of habitual intoxication that represented inebriety as a symptom of physiological disease. Against temperance ideology, which disregarded alcohol and drug use as either the baffling vice of immoral individuals (particularly immigrants and otherwise abnormal Americans) or evidence of vaguely-defined sociocultural disorder, this first generation of addiction scientists regarded the inebriate as a discrete "kind" of person appropriate to empirical observation and deductive nomothetic explanation. The asylum directors and scholars associated with this movement assumed that the same natural laws which governed other physiological processes determined also the inebriate's behavior. Drawing on proximal physiological discoveries and biomedical advances, they sought to provide naturalistic explanations for the addictive behaviors that they claimed temperance reformers had mistaken as evidence of immorality. Inebriety, they argued, constituted a physiological disease that was "curable in the same sense as other diseases" (PAACI 1870: 8). In short, the turn-of-the-century addiction scientists sought to medicalize the phenomenon and render the treatment field more humane, just as modern psychology had done for the insane during the nineteenth century.

In 1870, the asylum directors and scholars established a professional organization, The American Association for the Cure of Inebriety (AACI), and six years later, began publishing the organization's main organ of communication in the form of a scholarly periodical, *The Quarterly Journal of Inebriety* (*QJI*). They organized professional and academic conferences devoted to addiction research, collected and published statistics regarding the demographic composition of the inebriate population in the United States, and elaborated increasingly sophisticated typologies of inebriates and their behavior. The new scientific classifications drove new therapeutic modalities. Medical directors of public sanitaria, private inebriate asylums, and proprietary facilities began to organize their patient populations and therapeutic regimens around the new scientific classifications. Rather than sermons and religious tracts, by the turn of the twentieth century, addicts were more likely to receive chemical detoxification and hydrotherapy.

The Menacing Addict

By the mid-1910s, the optimism that addiction represented a curable physiological disease began to wane. Relapse appeared to be far more common than the first generation of addiction scholars predicted. Simultaneously, authorities in the United States grew alarmed at the emergence of underground drug economies and addict subcultures, and increasingly associated addiction with criminality. If addiction was a disease, as the first generation of scholars insisted, then it now appeared to be incurable in many cases. Further, the specter of a menacing and nefarious underworld of drug use seemed to suggest that some contingent of the addict population consumed substances for pleasure and integrated alcohol and drug use into deviant identities and counter-cultural lifestyles.

In response to these apparent behavioral and relational transformations, medico-legal experts began to shift resources away from the treatment of extant cases of addiction and toward the prevention of future cases. The most expedient solution to the social problem now appeared to be the separation of the American population from dangerous substances; this implied legal, not medical, intervention. By the early 1920s, with only a handful of exceptions, federal legislation prohibited the production, distribution, and consumption of alcohol, opiates, and cocaine. While the laws allowed for some legitimate medical use, federal authorities closely surveilled and strictly regulated physicians' and pharmacists' activities. Some medical practitioners worried that such juridical encroachment threatened professional autonomy. Many more welcomed the federal oversight and regulation as conducive to increased professionalization and cultural legitimacy. Regardless of their long-term ramifications within the medical field, by the mid-1920s, the new public policies had effectively alienated physicians and pharmacists from addicts.

The Psychopathic Addict

Meanwhile, epistemic authority shifted toward psychiatrists and psychologists who appeared better able than the earlier physiologists to account for the appearance of such anomalous behaviors and social relations. These scholars, whose research was often state-sponsored, elaborated novel theories and addict typologies that attributed both relapse and the capacity to derive pleasure from drug use to a congenital and intractable psychological disorder. Psychiatrists like Lawrence Kolb (1925a, 1925b, 1928) argued that, while addiction was not related directly to criminality, the "psychopath" was often predisposed to both kinds of behavior. By relocating the locus of addiction to the disordered mind, the new psychiatric

models legitimized scientifically the aggressive enforcement of prevailing federal legislation. Under the cloak of the new sciences of the mind, Kolb and other psychiatrists also smuggled back into the addiction sciences the sort of moralism that the earlier physiologists had sought to eliminate.

In the 1930s, a group of sociologists at the University of Chicago began to elaborate alternative interpretations of addiction that drew attention to its social dimensions. If in slightly different ways, scholars like Alfred Lindesmith (1938) and Bingham Dai (1937) similarly emphasized the addict's historical and cultural situatedness. They represented the addict as a carrier of prevailing cultural practices, and addiction as a particularly meaningful practice under certain historical conditions. This emergent sociology of addiction represented itself as an important corrective to theory that reduced addictive behavior to either psychiatric disorder or brute physiological process. However, their arguments largely remained peripheral to mainstream addiction science and policy, and, as this work will demonstrate, their sociological accounts tended toward the same moralism as the psychiatric models. Psychiatrists like Lawrence Kolb, who the U.S. Public Health Service appointed medical director of its massive Kentucky Federal Narcotics "Farm" in 1935, continued to reorganize addiction treatment around the deeply entrenched psychological models.

The Self-Conscious Addict

Around the same time, in the depths of the Great Depression and at the height of draconian addiction policy, a small group of lay alcohol addicts challenged prevailing scientific explanations of the phenomenon. They argued that addiction was neither exclusively physical

nor psychological, although they acknowledged that the condition affected both the body and the mind. Alternatively, this group of addicts, who founded the fellowship later known as Alcoholics Anonymous, held that addiction proceeded from a fundamental metaphysical lapse. These lay addicts insisted that an overreliance on human reason led many Americans to deny transcendental Truth and rely exclusively on modern science and the rational self. In other words, early members of Alcoholics Anonymous held that addiction proceeded from a collective turn away from God (i.e., in the Nietzschean sense of *ultimate cause* and *privileged observer*) and manifested most often in the particularly self-righteous and self-reliant. Significantly, early AA doctrine traced this self-righteousness not to a "psychopathic" disposition, but to conditions intrinsic to the modern West. In this light, the addict was not abnormal, but in fact epitomized the normal American's spiritual waywardness (*Alcoholics Anonymous* 1939).

The lay alcohol addicts argued that a subjectively experienced loss of control over one's drinking represented a critical "moment of clarity" regarding this general metaphysical lapse, and that this experience constituted the ultimate criterion of "'real' alcoholism" (*Alcoholics Anonymous* 1939: 31-3). Early Alcoholics Anonymous doctrine denied that human scientific knowledge could ever aid the true alcoholic. After all, AA contributors argued, the human sciences represented the furthest reach of human reason. By turning to the sciences in pursuit of a cure for addiction, the alcoholic seemed to reinforce his reliance on worldly knowledge and retrench his spiritual disorder. These lay alcohol addicts insisted that cure was possible only by relinquishing one's aspirations to self- and environmental-mastery. They elaborated a 12-step program that guided the addict toward this end. By claiming as partially responsible for the

addict's plight his constant pursuit of synthetic cure, the founding members of Alcoholics Anonymous not only challenged prevailing psychiatric models, they appeared to deny the possibility of expertise itself, as well as the possibility that explicit knowledge could ever inform successful rehabilitation.

The Diseased Addict Returns to Stage

Twenty-five years after the founding of Alcoholics Anonymous, E.M. Jellinek (1960) published *The Disease Concept of Alcoholism*, a watershed text that relocated the seat of addiction from the mind back to the body and profoundly influenced the future course of addiction research. During the 1940s and 1950s, Jellinek, a biostatistician and physiologist, served as managing editor of the *Quarterly Journal of Studies on Alcohol*, directed the prestigious Yale Summer School of Alcohol Studies, and was a major contributor to the World Health Organization's *Expert Committee on Mental Health* (Roizen 1991; Jellinek 1960). In his *Disease Concept*, Jellinek posited five kinds of alcoholism: *alpha*, *beta*, *gamma*, *delta, and epsilon*.

He associated Alcoholics Anonymous members' claimed "loss of control" with the gamma classification. Jellinek argued that this loss of control was not exclusive to the alcoholic, but was present also in addictions to opiates, cocaine, and, potentially, other substances and behaviors. Unlike the AA member, who was likely to attribute his loss of control to a spiritual deficiency, the physiologist held that empirical evidence of a progression from "increased tissue tolerance" to "adaptive cell metabolism" and, ultimately, "physical dependence" suggested that the subjective experience of loss of control followed cumulate physical deterioration and

cellular adaptation (37). Emphasizing the "medical nature" (46) of addiction, Jellinek argued that "anomalous forms of the ingestion of narcotics *and* alcohol, such as drinking with loss of control and physical dependence, are caused by physiopathological processes and *constitute diseases*" (*emphases added*; 40). By relocating the locus of addiction to the addict's diseased body, Jellinek's theory proved to be an "inordinately productive concept both in the range of issues which it raised and also in its medical and social utility" (Kissin 1983: 93). Ultimately, his work stoked academic interest in the association between neurological function and addiction, and led to the eventual ascension of the "NIDA Brain Disease Paradigm" (Courtwright 2010).

The Historical Addict

In sum, during the century that unfolded between 1860 and 1960, the seat of addiction appeared to wander from the bottle to the body to the mind, and back to the body. Epistemic authority meandered among various disciplines, even veering at one point beyond the academy into lay discourse. Addiction, however, did not wander in a cultural vacuum. In fact, many of the most significant transitions reviewed above coincided with more fundamental discursive shifts. For example, the late nineteenth-century physiological model unfolded within an increasingly "disenchanted" (Weber 1922) culture busy supplanting longstanding supernatural explanations with modern science's novel naturalistic interpretations. The psychiatric models, which gained traction during the interwar period, located addiction in the disordered mind and recast it as a problem exclusive to the deviant individual. These psychological explanations seemed to resonate among members of a culture subject to the forces of "individuation" (Berger et al. 1973) and "subjectivization" (Gehlen 1956). Later, membership in Alcoholics Anonymous rose exponentially after the Second World War: from just under 1,500 members in

1940 to more than 96,000 by 1950 (AA GSO 2016). Grounded in an anti-intellectual and anti-professional doctrine, the fellowship's growth appeared coincident with popular cynicism regarding the limits of modern science and widespread popular recourse to "experiential" and "personal knowledge." Finally, Jellinek's interpretation of addiction as a chronic disease emerged during the early phases of the Civil Rights Movement, and inaugurated a wave of academic research that biologized, medicalized, or otherwise explained "naturally" various phenomena traditionally freighted with deeply moral connotations.

Two Extant Explanations and Hacking's Third Way

The present work seeks to explain the meandering path of addiction in the United States between 1860 and 1960. Generally, extant explanations proceed in one of two directions: positivism and social constructionism. Betraying realist and materialist metaphysical positions, the positivist is likely to insist that the successive representational shifts reviewed above reflect the ongoing discovery of new empirical evidence and the progressive refinement of human scientific classifications. Based on the addiction sciences' "rapidly increasing knowledge" (Mann et al. 2000: 12) and recent "dramatic breakthroughs" (Koob and Simon 2009: 115), the positivist tends to assume that present classifications correspond more closely than previous classifications to timeless kinds of behaviors and people that exist "out there," awaiting scientific discovery and accurate representation.

The positivist, who tends to grant scientific investigation autonomy from broader cultural forces and the investigators' extra-theoretical interests, is likely to attribute the curious circuity of addiction's path to the often-erratic advance of modern scientific knowledge. As

scientists apply new methods of empirical observation to old problems and old theoretical perspectives to new problems (e.g., recourse to statistics, psychiatry, PET imaging, etc.), the positivist insists, they uncover behavioral anomalies. In order to explain these anomalies, the scientists must either reconcile prevailing knowledge or jettison it altogether in favor of new explanations. Even if this process of incremental theoretical refinement appears non-linear and indirect in retrospect, the positivist is likely to maintain that it signals an inexorable advance toward a truer understanding of the external world. In short, he is likely to argue that the wandering of addiction between 1860 and 1960 signaled epistemic progress: our cuts were drawing nearer and nearer to nature's joints. Howard Markel (2012), a historian of medicine, neatly summarizes this position: "Disease definitions change over time because of new scientific evidence. This is what has happened with addiction."

Since the late 1960s, social constructionists have mounted a sustained challenge to the more intuitive positivist perspective. More likely to assume nominalist and idealist metaphysical positions, the constructionist tends to deny any necessary relationship between successive representations of addiction and a timeless and corresponding phenomenon that exists independent of scientific description. Where the positivist dismisses the extra-theoretical cultural shifts considered at the end of the previous section as irrelevant to theoretical refinement within an autonomous scientific field, the constructionist is likely to highlight them as explanatory variables critical to explaining the meandering path of addiction. More conservative constructionists may acknowledge the material reality of the phenomena that are grouped together as "addiction," but often insist that the wandering of the concept reflects variations in broader sociohistorical conditions rather than advances in an independent corpus

of scientific knowledge (Peele 1989; Room 2003). Other, more radical constructionists hold that addiction represents a "myth" (Cohen 2000) that reinforces dominant Western narratives of individual autonomy, sovereignty, and self-control (Reith 2004). In sum, the constructionist is likely to argue that the meandering path of addiction between 1860 and 1960 refracted shifting cultural values and social structures; particular representations satisfied necessary sociocultural functions under variable historical conditions (Levine 1978; Room 1983; Davies 1992). Constructionists may argue, for example, that the trope of addiction satisfied certain functions within a "disenchanted" and "nihilistic" culture. Derrida (1993) argues: "When the sky of transcendence comes to be emptied, a fatal rhetoric fills the void, and this is the fetishism of drug addiction" (19). .

Ian Hacking's (1986, 1995a, 1999, 2002) work regarding the "looping effects of human kinds" suggests a novel explanation for the wandering addict. Hacking refers to his metaphysical position variously as "dynamic nominalism" and "dialectical realism." Both phrases draw attention to a distinctly modern, interactive relationship between human scientific classification and the human being who are so classified. Unlike the ontological permanence and autonomy of the physical sciences' "natural kinds," Hacking argues that the human sciences' peculiar "human kinds" emerge in reality together with their scientific classifications and proceed to interact with these classifications throughout their lifespans. Elsewhere in his oeuvre, Hacking emphasizes this peculiar dynamic by referring to "natural kinds" as "indifferent kinds" and "human kinds" as "interactive kinds" (Hacking 1999, 2002). By elaborating discrete classifications of behavior and people, Hacking's dynamic nominalism holds that the human sciences simultaneously make possible new ways of being in the world. In

other words, by elaborating new "human kinds" of people empirically, the human sciences seem also to expand a culture's horizon of possible personhoods.

Once the new classifications are institutionalized within a "social matrix" (Hacking 1995a, 1999) of ideas, institutions, and practices, the scientific knowledge begins to interact with and affect in unpredictable ways the humans who are subject to that knowledge. Unlike natural kinds that are indifferent to scientific classification, the humans who are classified are likely to become conscious of their classification and, as a result, may begin to behave differently. To the extent that they behave differently, Hacking argues, they *are different* sorts of people. In turn, human scientists are forced to elaborate new explanations and new typologies that are better able than the extent theories to account for the objects' anomalous behavior. The new classifications effect new behaviors; new behaviors demand new explanations; and so on, "loop upon loop" (1995a: 370). In this light, Hacking's dynamic nominalism offers the analyst a way to think addiction between the positivist's realism and the radical constructionist's nominalism: the addict is real enough, though he resembles a "moving target" (1999) that forever eludes human scientific grasp, not least because each attempt to grasp him ideally seems to change him in unpredictable ways materially.

Hacking's (1995a) theory of "looping effects" seems to occupy a Hegelian position in which human scientific ideas interact dialectically and historically with their objects. Unlike Hegel's idealism, however, Hacking's dynamic nominalism does not reduce these interactions to historically structured representational shifts, but instead emphasizes how the unanticipated behavior of those who are labeled from above may effect paradigm shifts "from the ground up." Hacking's work helps draw attention to the ways in which real actors in everyday

situations reproduce ongoing dialectical and historical interactions between the human sciences and the human beings under study. Correspondingly, his work highlights the likelihood that the human sciences co-constitute the very reality that they seek to describe objectively.

A dynamic nominalist approach suggests that the addict was one among a broad array of new "human kinds" that emerged around the turn of the twentieth century. Against more morally freighted nineteenth-century labels like "opium slave" and "habitué," early addiction scientists represented the twentieth-century "addict" as an object proper to empirical observation and nomothetic deductive explanation. The new sciences located addiction and the addict within new taxonomies of human behaviors and human persons, respectively. These "cutting-edge" (Hacking 1995a, 1999) classifications crystalized in the pages of new academic journals like *The Quarterly Journal of Inebriety* (*QJI*), in addresses delivered at professional conferences like those organized by the young American Association for the Cure of Inebriety (AACI), and through the collection of new types of statistics during the first decades of the twentieth century.

By elaborating these novel classifications and explanations, the human sciences affected how proximal institutions related to and treated addicts, and how addicts understood themselves and experienced habitual intoxication. Against such shifting relations—both external and internal—addicts began to behave in ways unanticipated by prevailing scientific theory. In turn, the human sciences were forced to adjust their theories to accommodate and explain these anomalous behaviors. New theories, new relations, new behaviors, and again, new theories, new relations, new behaviors, and so on. This work argues that such "looping effects" between human scientific classifications and the humans who were so classified

contributed to the various kinks in the meandering path of the modern American addict between 1860 and 1960.

"A History of Building"

While it seeks to provide a fruitful meta-theoretical way between, or beyond, extant positivist and strict constructionist approaches, Hacking's dynamic nominalism shares certain affinities with the latter position. However, Hacking (1999) complains that the majority of constructionist literature has grown "wildly metaphorical" (50), and insists that the perspective "has become stale" (49). Attempting to rejuvenate the theoretical approach, Hacking encourages constructionists to attend more closely to "one element of [construction's] literal meaning, that of *building*, or assembling from parts" (*emphasis added*; 49). By this measure, he argues, "most of the…construction/constructing works do not exhibit anything resembling a construction" (49). Hacking insists that constructed things, including kinds of people, imply a history of building "where the later stages are built upon…the product of earlier stages" (50). Rather than reducing addiction to the ideal functions that it satisfies under certain sociohistorical conditions (e.g., Derrida's "rhetoric of drugs"), Hacking advocates a constructionist account more sensitive to the nondeterministic sequence of contingencies through which human kinds emerge and change.

Historical sociology offers an analytical model that appears uniquely suited to such an account: the "reactive sequence" (Goldstone 1998; Mahoney 2000a). Hacking's dynamic nominalism assumes that human kinds like the addict proceed through a sequence of "looping effects" between scientific classifications and the behavior of those who are classified.

Considered historically, this sequence of looping effects appears to resemble a contingent event series in which, for example, *Event C* is contingent on the occurrence of *Event B*; *Event B* is contingent on *Event A*; and *Event A* is contingent on the "initial conditions" under which the sociohistorical sequence first emerged. Unlike in a "self-reinforcing sequence" (Mahoney 2000a), where the initial conditions of the series determine each subsequent event, in a "reactive sequence" each event is contingent on, and explainable only in relation to, the preceding event. Consequently, the reactive sequence allows for possible reversals and theoretically surprising developments. However, the model simultaneously emphasizes how foregoing events structure the possibilities—whether radical or incremental—available at each successive historical juncture. For example, while *Event C* may not be reducible to *Event A*, the latter event nonetheless bears the historical traces of the former. In other words, even as it emphasizes contingency, the reactive sequence preserves Hacking's insight that "later stages are built upon…the product of earlier stages."

Historical sociologists argue that path-dependent analysis is appropriate to the explanation of both self-reinforcing and reactive sequences (Goldstone 1998; Abbott 1983; Mahoney 2000a, 2000b). However, given the possibility for more radical contingency, scholars have argued that analysis of the latter type of sequence demands a specific method: historical narrative (Reisch 1991; Abrams 1982; Porter 1981). Narrative appears to represent the only method equipped to identify and explain the critical "causal mechanisms" and "contingent breakpoints" that link events in a reactive event chain. Ultimately, by narrating the reactive sequence of dialectical relations between human scientific classifications and those who were so classified, this work seeks to expose an "inherent logic of events" (Abbott 1992: 445)

underlying the addict's meandering path between 1860 and 1960. In this sense, path-dependent analysis of a reactive sequence appears particularly well positioned to satisfy Hacking's call for a "history of building" sensitive to structured historical contingency.

Further, if prevailing constructionist accounts tend to focus exclusively on the discursive relationship between a particular representation and coincident sociohistorical conditions, then Hacking's approach invites the theorist to attend to the entire matrix of institutions, material environments, discourses, behaviors, relations, *and* sociohistorical conditions against which human kinds unfold and change. Rather than the most crucial explanatory variables, dynamic nominalism encourages constructionists to regard the series of cultural shifts reviewed earlier (e.g., disenchantment, subjectivization, etc.) as ideal elements that affected, but did not determine, the theories that addiction scientists elaborated in the face of behavioral anomalies. To recount the *building* of the addict is to explain how, at each critical historical juncture, the "systematic arrangement" of diverse elements became "part of a whole" that was simultaneously "more than the sum of its parts" (Hacking 1999: 49-50). To this end, the present work attends not only to broad sociohistorical shifts, or paradigm shifts in the addiction sciences, but also to constitutive elements as diverse as the physical layout of turn-of-the-century inebriate asylums and proprietary facilities, the material conditions at municipal narcotics clinics during the late 1910s, the organization of patient populations at mid-century Narcotics "Farms," popular and scholarly periodicals, Supreme Court opinions, congressional testimony, and addict memoirs.

A Dynamic Nominalist Approach to the Wandering Addict

Hacking's encouragement to "build" synthetically rather than "construct" ideally suggests a novel interpretation of the meandering path of addiction in the United States between 1860 and 1960. By reading the philosopher's dynamic nominalism through the historical sociologist's path-dependent analysis, this work seeks to transcend extant constructionist explanations in at least two significant ways. First, the present work seeks to avoid the tendency toward idealism that hinders many extant constructionist accounts, and second, Hacking's dynamic nominalism helps to "bring the actors back on stage" and throw into relief the ways that addicts, empirics, and other laymen influenced the meandering path of addiction between 1860 and 1960.

Epistemic Reconciliation

Many constructionist accounts of addiction underscore the relationship between dominant theories of addiction and prevailing sociohistorical conditions. These arguments have yielded valuable insight into how the addiction sciences simultaneously reflect and reinforce widely shared cultural values (Levine 1978; Reith 2004; Room 2003). However, they tend to assume some stable phenomenon underlying the shifting representations. The subtitle to Levine's (1978) classic article, "The Discovery of Addiction: *Changing Conceptions of Habitual Drunkenness* in America" (*emphasis added*), epitomizes this tendency. Like Levine, many constructionists assume that it is the cultural conceptions which change while the phenomenon of "habitual drunkenness," and by extension the essential nature of the habitual drunk, remain constant.

Hacking's dynamic nominalism, however, suggests that new classifications and new kinds of people tend to emerge together and proceed in tandem through a series of looping effects. In this light, the nineteenth-century "habitué" was a radically different kind of person—phenomenologically and objectively—than the twentieth-century "addict." This approach denies that "the addict" refers to some stable object which the human sciences are approaching gradually through careful empiricism (as, e.g., many positivists claim), or that it refers only to some nebulous, possibly mythical (Derrida 1990; Davies 1992; Cohen 2000) trope onto which a culture has projected its highest values (as, e.g., the most radical constructionists claim). Hacking's dynamic nominalism assumes that the *phenomenon* of addiction is fluid and tightly coupled to similarly fluid expert representations.

Around the turn of the twentieth century, a cadre of inebriate asylum directors, physiologists, and social theorists helped elaborate a new scientific classification of human behavior—addiction—and a new classification of human person—the addict. During the early 1900s, these new human kinds crystalized in academic texts, scholarly journals, newly founded professional organizations and conferences, and the collection of new types of statistics. The classifications soon "escaped" the academy and effected new medico-legal policies and activities. Those who were classified as addicts, Hacking's dynamic nominalism suggests, encountered a shifting social matrix. Not only did physicians and legal authorities treat them differently, but addicts came to experience their selves and their habits in new ways. Addicts began to behave differently, and so *were* different. In turn, the dynamic nominalist continues, addiction scholars were forced to adjust their theories to accommodate and explain these new objects of inquiry. Throughout the twentieth century, the human scientific classification,

"addict," and the persons who were so classified appear to have proceeded together through a reactive sequence of such "looping effects."

Because the scientific classifications and those who were classified had already been interacting for years, the addicts that Kolb encountered in mid-1920s America, and upon whom he based his influential psychological theories, appeared to be fundamentally different from those that the turn-of-the-century physiologists encountered during the late 1800s. Further, the addicts that Lindesmith and Dai described in the mid-1930s were different still from Kolb's mid-1920s addicts, not least because of the effects—direct and indirect—of Kolb's earlier psychiatric model. By attending to the looping effects of the addict as a discrete human kind of person, Hacking's dynamic nominalism appears better able to explain the epistemic and etiological wandering of addiction than either strict realists or nominalists.

Further, by focusing on the historical and dialectical relationship between scientific classifications and the lived-realities of those who were so classified, Hacking's dynamic nominalism denies the human sciences meaningful independence from culture, and helps draw attention to the reflexive effects of scientific knowledge. Like Durkheim (1912) and Berger and Luckmann (1966), Hacking assumes that the human sciences represent a facet of culture that satisfies particular functions of institutional legitimation and cosmic explanation. But he goes further than these classical accounts by affirming the possibility of profound interactions between social scientific explanations and the phenomena that are being explained. Steinmetz (2004), a particularly self-reflexive sociologist, echoes Hacking's position: "All of the supposedly intransitive social realities we study are potentially co-determined by the social sciences" (379).

Class(ification) Consciousness

Separately, many strict constructionist accounts deny addicts consequential agency. These works tend to portray the addict population as little more than a passive repository for prevailing cultural fears and an acquiescent vehicle for the reinforcement of social norms (Room 2003; Peele 1989; Szasz 1974). Reith (2004), for example, describes the addict as the dependent variable of "a convergence of interests between the industrial state and the medical profession" (290). It is likely that this widespread neglect of addicts' agency follows directly from constructionists' theoretical tendency toward idealism and overreliance on Foucauldian theory. By contrast, Hacking's dynamic nominalism helps to "bring the actors back on stage" by restoring to the addict possible agency.

Not only do his looping effects empower the objects of human scientific classification with the capacity to disrupt and alter "top-down" scientific classifications under normal conditions, Hacking also suggests that a particular configuration of sociohistorical conditions may give rise to class(ification) consciousness and the more radical possibility of self-ascription. Under certain material and ideal circumstances, Hacking suggests that the classified may successfully claim epistemological authority over their own classification and "rise up against the experts" (Hacking 1995a: 360). "The known," Hacking continues, "may overpower the knowers" (360). Such self-ascriptive human kinds often result in a more complex, "wholly new type of looping effect" (382).

The present work argues that Alcoholics Anonymous, a mutual-help fellowship which emerged in the United States during the Great Depression, acted as a vehicle for class(ification)

consciousness and contributed significantly to lay addicts' successful self-ascription of their kind-term. By the 1960s, addicts had wrested a significant share of epistemic authority from the field of professional addiction research and treatment. In fact, this work holds that Jellinek's (1960) seminal physiopatholgoical interpretation of AA members' claimed "loss of control" betrayed ongoing epistemic contestation between lay addicts and scientific elites.

Among other consequences, those active in AA helped to *normalize* the addict. Once considered the symptom of intractable psychopathy (Kolb 1925a) and the preserve of exotic and deviant subcultures, Alcoholics Anonymous furnished a powerful vehicle through which lay advocates redefined addictive behavior and the addicted person in normal, even banal terms. AA discourse held that addiction was not confined to nefarious shooting galleries or shady street corners, but was often the secret habit of the "otherwise normal" suburban homemaker, successful banker, and ambitious student. Perhaps more than any other event, the emergence during the Great Depression of Alcoholics Anonymous proved central to the progressive expansion and normalization of addiction during the second half of the twentieth century. By drawing on Hacking's dynamic nominalism, this work seeks to provide a more comprehensive account of the historical construction of the addict by attending not only to top-down processes, but also by accounting for the possibility of bottom-up innovation and transformation.

Ian Hacking's dynamic nominalism seems to cast new light on an old problem in the sociology of addiction: representational variation over time. The philosopher's meta-

theoretical perspective helps the sociologist seeking to explain the meandering path of the addict chart a course between, on one side, the Scylla of strict realism, and on the other, the Charybdis of radical constructionism (Bhaskar 2009). Both positivists and constructionists tend to regard expert categorization as a dependent variable: for the former, it is the outcome of disinterested empiricism, and for the latter, it betrays either scientists' extra-theoretical interests or the broader sociohistorical conditions under which it is elaborated, or both. Dynamic nominalism, by contrast, assumes that human scientific classification represents an important *explanatory* variable in the historical constitution of human kinds like the addict. By drawing attention to the dialectical and historical relations between scientific knowledge and those who are "subjected" to and through that knowledge, Hacking's position implies that successive ideal shifts are interdependent with successive material shifts. This approach affords a radically new explanation of the "wandering" American addict.

In another, important sense, I am concerned only superficially with the addict *as such*. This work regards the addict's historical wanderings as a particularly illustrative historical *case* yielding valuable insight into more general cultural processes. From this perspective, the following study seeks to throw into relief—through the case of the addict—the complex and distinctly modern relations between the human sciences (including sociology), culture, and possible selfhood. By explaining the meandering path of the addict as the upshot of a "mangle" (Pickering 1995) of ideal classification, practical institutionalization, and lived realization, this work seeks to highlight the unstable and often turbulent relationship between authoritative knowledge and normative human activity against which the stable modern self is forced to unfold.

Lastly, this work carries certain theoretical implications for the field of historical sociology. In his work, "Making Up People," Hacking (1986) admits that he tends to look "more at what people might be than at what we are…and reflect too little on the ordinary dynamics of human interaction" (222). By reading the philosopher's rather impersonal "looping effects of human kinds" (Hacking 1995a) through the historical sociologist's path-dependent reactive sequence, the following argument offers a way for the social scientist to put "ordinary" flesh on the bones of Hacking's self-confessed "philosophical and abstract" (1986: 222) concerns. In this sense, the present work furnishes for the social scientist a useful strategy for operationalizing a seemingly far-flung meta-theoretical perspective like dynamic nominalism. If successful, the following interpretation of the wandering American addict should encourage other historical sociologists to engage with Hacking's work and apply the philosopher's meta-theoretical insights to the study of other phenomena.

Chapter One: Human Kinds, Looping Effects, and Dynamic Nominalism

Human Kinds

Over the past few decades, the Canadian philosopher, Ian Hacking (1986, 1995a, 1999, 2002), has developed a research paradigm that yields significant insight into the dynamic relationship between human scientific classifications and the humans who are so classified. In an early statement, Hacking (1986: 228-9) asks the reader to consider four categories: "horse, planet, glove, and multiple personality." Horses, he argues, seem to share enough in common, and differ sufficiently from other animals like geese and sheep, that we may assume they constitute a "natural kind." Such concrete similarities and differences, Hacking continues, hold regardless of prevailing classificatory schemes. He posits that the same generally holds true for planets: astronomers may include or exclude Pluto, but the similarities among the celestial bodies we call planets, and their collective difference from moons, stars, and comets, are "real enough" (229). Further, it makes no difference to Pluto whether astronomers classify it as a planet; it continues to orbit the sun at the same rate and at the same distance beyond Neptune. Neither is a Shetland pony disturbed by its inclusion or exclusion within the category of "horse." Thus, horses and planets are "natural" and, as Hacking refers to them in later works (1999, 2002), "indifferent" kinds. Horses and planets are indifferent, that is, toward our classification schemes.

By contrast, the category, "glove," emerged together with the thing itself. There is little doubt about the verisimilitude of our descriptions of gloves and the gloves themselves. "I know not which came first," Hacking (1986: 229) argues, the idea or the thing, "but they have evolved

hand in hand." The category, "glove," and the glove itself came into being together and have been tightly coupled ever since. After all, both the category and the thing are man-made. Provocatively, Hacking suggests that his fourth category, multiple personality, is more like the glove than it is like the horse or planet: "The category and the people in it emerged hand in hand" (229). Hacking argues that multiple personality—as both scientific classification and lived-reality—emerged in France around 1875. Before that historical moment (and, outside of France, even after it), multiple personality was not a possible kind of experience one could have and the multiple personality "Split" was not a possible kind of person one could be. Like the glove, the category of "multiple personality" and the kind of person to which it refers came into being together and have evolved together ever since. For Hacking, multiple personality is a "human kind" and, given ongoing interplay between the scientific category and the Split's lived-reality, an "interactive kind" (Hacking 1999, 2002).

Hacking's distinction between natural and human kinds bears on long-standing epistemological debates between realists, on the one hand, and nominalists on the other. In its most robust form, the latter position holds that "all categories, classes, and taxonomies are given by human beings rather than by nature and that these categories are essentially fixed throughout several eras of humankind" (Hacking 1986: 228). Realists like Plato, however, assert the existence of transcendent universals (or "Forms") from which particulars will tend to diverge, but according to which such particulars may be classified more or less accurately. Traditionally, debates between realists and nominalists have concerned the proper categorization of things like horses and planets. Regarding such "natural things," Hacking willingly sides with realists, agreeing that "many categories come from nature, not from the

human mind" (228). However, he argues that neither the traditional realist nor nominalist positions adequately account for the complex interactions inherent to "human kinds" like multiple personality. Hacking suggests that "dynamic nominalism" is an important corrective:

> The claim of dynamic nominalism is not that there was a kind of person who came increasingly to be recognized by bureaucrats or by students of human nature but rather that a kind of person came into being. In some cases, that is, our classifications and our classes conspire to emerge hand in hand, each egging the other on (228).

The "Pregnant Teenager" as a Human Kind of Person

By denying the existence of a particular kind of person prior to its administrative and/or scientific classification, Hacking redirects attention away from contemporary preoccupation with biological determinism and toward the significance of human scientific knowledge in the historical constitution of certain human kinds. In addition to multiple personality, Hacking includes among human kinds homosexuality and heterosexuality, child abuse, adolescence, and teenage pregnancy. Considering the latter phenomenon, Hacking (1995a: 356) argues that while there exists a set of concrete, objective criteria—"teen-aged, female, pregnant, and (unwritten premise) unmarried"—the category became a human kind only after 1967, when it was radically transformed by "interminable sociological study and debate." Teenage pregnancy, like multiple personality and child abuse, is grounded in concrete (and likely timeless) physical conditions.

Beginning in the 1960s, however, the specter of white, middle-class teenage pregnancy acquired an acute relevance in the United States and was freighted with moral connotations. It became a kind of behavior about which systematic and generalizable knowledge was sought in

order to mitigate its consequences or prevent its incidence, and the behavior was attributed to particular types of people; the "pregnant teenager" became a "kind" of person that one could be. In other words, the "teenager who is pregnant" implies a set of empirical characteristics that likely transcend time and space. The "pregnant teenager," however, was historically contingent on the elaboration of new human scientific knowledge and new techniques of intervention within the United States during the mid-1960s.

Depending on one's perspective, Hacking's dynamic nominalism either circumvents or renders false traditional dichotomies—between both realism and nominalism, and realism and constructionism—regarding human kinds. Especially attractive to a sociologist who denies "concept independence" (Bhaskar 1979) and is therefore sensitive to the effects of subjective interpretation, his dynamic nominalism affirms both the necessary material and contingent ideal dimensions of phenomena like teenage pregnancy. Hacking (1995a: 356) argues that the classification of "teenage pregnancy" is "completely grounded in nature, but is a human kind—and is the subject of social science—only in a certain social context." Neither strict realism nor strict nominalism adequately accounts for the historical emergence and "wanderings" of human kinds. Further, Hacking's work assumes no significant contradiction between realism and social constructivism:

> Teenage pregnancy is as "real" as could be, with rigorous defining characteristics. It is also aptly described as socially constructed as a human kind at a certain point in American history. Likewise, children were abused before "child abuse." The history of the concept in the past three decades displays social making and moulding if anything could (1995a: 366).

Human kinds like teenage pregnancy and child abuse are simultaneously "real" phenomena with "rigorous defining characteristics" and constructs that possess complex social histories and carry clear moral connotations.

Of course, the outcome of scientific research into, for instance, the genetic determinates of a human kind like the homosexual person has clear political consequences. The distribution of civil rights, economic benefits, and social stigma may turn on the ontological status of the homosexual kind of person. Whether homosexuality is a "real" kind with biological determinates that transcend time and space or is a "socially constructed" phenomenon determined by (assumedly "less real") historical practices has *very real* practical and symbolic consequences for the groups involved. So while realist/nominalist and realist/constructionist controversies may matter deeply for first-order observers, Hacking insists these controversies do not bear directly on his focal research interest: the historical interaction between what there is and our representations of what there is (Hacking 1999, 2002a).

Dynamic Nominalism vs. Social Constructionism

Considered only to this point, much of Hacking's argument may be found elsewhere in sociology. Among others, Schutz (1932), Berger and Luckmann (1966), Goffman (1959), Garfinkel (1967), and Bourdieu (1980) offer similar accounts of the mangle of discourse, practice, and lived reality. Like Hacking, most sociologists are sensitive to the relationship between concrete reality and superimposed social meaning; it may be argued that attention to that relationship lies at the core of the discipline itself. In fact, Berger and Luckmann (1966: 18)

insist that "it is precisely the dual character of society in terms of objective facticity and subjective meaning that makes its 'reality *sui generis*." Even the most radical constructionists tend to stop short of claiming that phenomena are socially constructed "all the way down." Despite the ostensible pretentions of Berger and Luckmann's *Social Construction of Reality*, for example, Hacking (1999: 25) notes that the sociologists "did not claim that everything is a social construct, including, say, the taste of honey and the planet Mars—the very taste and planets themselves, as opposed to their meanings, (and) our experience of them."

Moreover, Berger and Luckmann's tripartite process of externalization, objectivation, and internalization (1966: 61, 163) seems to resemble Hacking's "dynamic nominalism," or as he calls it elsewhere, "dialectical realism" (1999, 2002). And like Hacking, Berger and Luckmann acknowledge the central role of modern science (and especially the human sciences) in explaining, legitimating, and, given the institutionalization of these ideas, objectifying an intelligible, stable, and self-evident life-world (1966: 92-116). So then why draw on the work of a philosopher like Hacking when so much extant (and excellent) sociology covers similar ground? Hacking's work seems to go beyond much of this sociological theory in at least two ways that appear critical to a thoroughgoing account of the American addict: (1) the potential "looping effects" of human kinds and (2) the possibility that a group originally classified by scientific elites may develop a sort of class(ification)-consciousness and "ascribe a chosen kind-term to themselves" (1995a: 381).

Looping Effects

First, Hacking argues that human kinds tend to produce "looping effects." Returning again to Hacking's example of teenage pregnancy, he argues that the emergence of this new possible personhood during the 1960s effected new institutional arrangements, new administrative procedures, and new possible actions. American teenagers who were pregnant after the mid-1960s found themselves in a radically different "social matrix" (Hacking 1995a, 1999, 2002) than did teenagers who became pregnant earlier in the nation's history. Beginning around the mid-1960s, high-brow, middle-brow, and popular media, political figures, and policy analysts all warned against a social problem of "epidemic" proportions. Social workers and others in the "helping professions" mobilized to prevent future teenage pregnancies and aid those already "afflicted." Over the following decade, the government increased funding to public assistance programs like Aid to Families with Dependent Children (AFDC), various organizations provided greater access to contraception, and the US Supreme Court decided *Roe v Wade*, legalizing abortion (Furstenberg 2007). These institutional shifts affected the material and ideal conditions that pregnant American teenagers encountered during the 1960s. Especially the most bureaucratic and Bourgeois institutions mediated between prevailing scientific discourse and teens' lived realities. The "pregnant teenager" that emerged first in social scientific literature was manifested in queues for public assistance, during sexual education classes, and in abortion clinic waiting rooms throughout the United States.

Most importantly, the new "pregnant teenager" was a kind of personhood freighted with moral connotations. The pregnant teen, often depicted as a victim of her own irresponsibility, appeared to face a distinctly "premodern" future of economic dependence and

limited personal choices. In 1968, the eminent demographer, Arthur Campbell, described the pregnant teen's bleak reality as follows:

> The girl who has an illegitimate child at the age of 16 suddenly has 90 percent of her life's script written for her. She will probably drop out of school; even if someone else in her family helps to take care of the baby, she will probably not find a steady job that pays enough to provide for herself and her child; she may feel impelled to marry someone she might not otherwise have chosen. Her life choices are few, and most of them are bad (238).

More significant than these practical outcomes, teenage pregnancy suggested a fundamental immorality that ran counter to Bourgeois ideals of sovereignty and self-determination. Not only was the pregnant teenager faced with "bad life choices," she represented a "bad American." Whether attributed to the inevitable outcome of poor parenting or insufficient self-control and future-orientation, the "pregnant teenager" personhood indicated some fundamental flaw. "Human kinds," Hacking (1995a: 367) argues, "are kinds that people may want to be or not to be, not in order to attain some end but because the human kinds have intrinsic moral value" (1995a: 367). This desire to be or not to be a certain kind of person may redirect the behavior and actions of both those who are at risk of becoming that kind of person and those who have already been classified as such.

Hacking's dynamic nominalism holds that the emergence in the human sciences of new human classifications may affect in unpredictable ways the behavior and actions of those who are so classified (and of those who face potential classification). Such changing behavior and action may appear to the social scientists as unexpected and anomalous. The scholars must then adjust their theories to accommodate the new behavior. In turn, the new theories affect new behaviors and actions, and so on. Hacking (1999: 34) explains:

> People of these kinds can become aware that they are classified as such. They can make tacit or even explicit choices, adapt or adopt ways of living so as to fit or get away from the very classification that may be applied to them. These very choices, adaptations or adoptions have consequences for the very group, for the kind of people that is invoked. The result may be particularly strong interactions. What was known about people of a kind may become false because people of that kind have changed in virtue of what they believe about themselves. I have called this phenomenon the looping effect of human kinds.

The emergence in the mid-1960s of a matrix of social scientific ideas, people, interactions, and institutions concerning the "pregnant teenager," for example, opened for those subject to that matrix a field of new possible behaviors, experiences, actions, and reactions. By the 1990s, the phenomenon and its cultural meaning had changed sufficiently that sociologists introduced a euphemism: early parenting. "Teenage pregnancy—the word, and as the idea with a certain set of implications—reared its ugly head in the white American suburbs of the 1960s," Hacking (1995a: 356) argues, "Early parenting connotes black urban ghettos of the 1990s."

Dynamic nominalism does not attribute such representational shifts exclusively to human scientists' analysis of new empirical data or to the functional consequence of social structural transformations. Rather, Hacking argues that the looping effects of the human kind, "pregnant teenager," led to real demographic and ideal shifts for which social scientists during the 1990s were forced to account. As soon as a new "social matrix" of ideas, institutions, and practices concerning teenage pregnancy emerged in the United States during the 1960s, interactions between its constitutive elements began to move the matrix and the human kind of person in unpredictable directions. Most significantly, Hacking argues that the looping effects of human kinds affect not just discourse, but also the nature of the phenomenon itself. In a separate argument concerning the historical construction of mental retardation, for

example, Hacking (1999) argues that "one regular refrain in the history of mental retardation is the claim that now we are getting to understand things—as if it were the same thing being understood all along" (112).

Hacking's looping effect mechanism assumes fluidity not only in prevailing discourse, but in the phenomenon itself. Dynamic nominalism insists that human scientific classifications and the people who are classified interact historically and dialectically. By providing new explanations and new descriptions of human behavior, the human sciences open for people a field of new possible actions. Anscombe's (1957) theory of action holds that intentional acts are "acts under a description." Therefore, "as human kinds are made and moulded," Hacking (1999: 368) explains, "the field of descriptions changes and so do the actions that I can perform." New human kinds expand the field of possible descriptions and the field of possible future actions. These ramifications are not limited to future actions, but expand also the field of interpretations concerning past actions. New human kinds "enable us to redescribe our past to the extent that people can come to experience *new* pasts" (author's italics; Hacking 1999: 368). Even those who became pregnant as teenagers prior to the emergence of the human kind "teenage pregnancy" are able to reinterpret their past such that they may acquire new self-knowledge and new (often morally vindicating) explanations for their past, present, and future behaviors.

In other words, the elaboration of new human scientific classifications may effect new possible pasts, presents, and futures among those who are so classified or at risk of being so classified. Thus, one significant difference between human kinds and natural kinds is that classifying people "works on people, changes them, and can even change their past" such that

"people of a kind themselves are changed [and] 'we,' the experts, are forced to rethink our classifications" (Hacking 1999: 369). The objects of the natural sciences are "stationary" while the objects of the human sciences resemble "moving targets," not least because of the interaction between human scientific knowledge and the people to whom that knowledge applies (Hacking 1999: 108-9)

Admittedly, the looping effects of human kinds may neither exclusively nor fully account for how or why representations and phenomena shift over time. It is possible that, for instance, the passage of certain legislation during the 1960s or the expansion of access to contraception better explain the shift from "teenage pregnancy" to "early parenting" and the corresponding demographic and spatial shifts. Compared with other theoretical perspectives, however, Hacking's looping effect mechanism helps to draw into relief the latent functions of human scientific explanation.

In this sense, Hacking's work on the looping effects of human kinds seems to revivify an important Durkheimian insight regarding the discrepancy between manifest and latent functions. "Although the conscious aims of the social sciences are knowledge and helping," Hacking (1995a: 365) explains, "the function served is that of preserving and adapting the status quo." As Berger and Luckmann (1966) put it, modern science represents the principal carrier of a totalizing symbolic universe which "legitimates individual biography and the institutional order" (97). The sciences do not merely observe and explain human behavior from a cloistered site of epistemological privilege. As a product of culture, dynamic nominalism insists that the human sciences interact with, affect, and are affected by the social world that they seek to describe.

While Weber (1946, 1947) may be correct that this intimacy yields for the human sciences possible epistemological insight not available to the natural sciences, it is equally true that the knowledge produced in the human sciences, more clearly than that of the natural sciences, may be influenced by prevailing social norms and may influence the very phenomena to which that knowledge refers. At the very least, Hacking insists, and as Weber (1949) famously agreed, "we investigate human kinds that are loaded with values" (Hacking 1995a: 367). But Hacking goes further: his dynamic nominalism assumes a direct relationship between the "thickness" of the moral connotations of a human kind and the potential for looping effects. While the present work addresses this relationship at greater length later, suffice to say here that it helps account for the frequent migration of phenomena from the human sciences to the natural sciences.

By biologizing or medicalizing human kinds, experts attempt to strip certain human kinds of their moral content and explain social phenomena in terms of underlying chemical reactions. "Child abusers are not bad," Hacking (1995a: 367) mimics, "they are sick and need help! Their crimes are not their fault." Accounts of causality based in underlying biology not only resonate with the physicalist common sense of the modern West, but they also suggest greater objectivity and universal Truth. Biological explanations appear to describe the "truth" of the phenomenon (regardless, we assume, of the biases of the researcher), and thus possess greater legitimating power than do psychological or sociological accounts. As this work demonstrates, historical episodes of migration between the human and the natural sciences prove central to the historical construction of the addict.

Self-Ascription

Another significant asset of Hacking's dynamic nominalism concerns its attentiveness to the behavior of the classified social groups. Too often, explanatory frameworks assume that either the experts or related industries in a given field represent the prime movers of material and ideal shifts. In such accounts, concrete humans and social groups appear to be passive objects or "cultural dupes," obediently acquiescing the interests of other agents. By drawing attention to the interdependence between ideas, people, and institutions, Hacking reaffirms the significance of actors' self-consciousness of scientific classification, and their potential for agency. "The awareness may be personal," Hacking (1999: 104) argues, "but more commonly is an awareness shared and developed within a group of people, embedded in practices and institutions to which they are assigned in virtue of the way they are classified." In short, Hacking's looping effects take seriously the possible formation of class(ification) consciousness and the emergence of a class(ification)-for-itself.

In an early and oft-cited statement on dynamic nominalism, Hacking (1986) made a critical distinction between the historical constitution of the homosexual person and that of the multiple personality "split." Human kinds, he argued, crystallize around two vectors: the first concerns how experts apply labels to certain groups from above, and the second refers to the bottom-up resistance of groups' unanticipated and potentially autonomous behavior. "The second vector," Hacking argued, "is negligible for the split but powerful for the homosexual person" (234). Whereas scientific elites' diagnoses and labels seemed to determine the existence and behavior of the multiple personality split, "whatever the medico-forensic experts tried to do with their categories, the homosexual person became autonomous of the labeling"

(233). Gay bars seemed to furnish for the homosexual kind of person a set of practical and ideal conditions conducive to autonomy from top-down labels. Lacking such potentially transformative sites, the split personhood remained under the care of medical experts—practically and symbolically.

It is important to note that both Hacking's first and second vectors will be present in the historical constitution of human kinds, regardless of the degree of autonomy attained by a classified group. Even for the multiple personality split, who seems completely determined by expert labels and corresponding institutions, the emergence of a new social matrix affected and effected behavior so significantly that elites were forced to revise their theories (Hacking 1995b). Hacking's second vector of human kind constitution is always pressing back against prevailing labels. This observation lies at the heart of Hacking's looping effect mechanism. However, the strength of that second vector varies among different human kinds. It may be more or less decisive for their historical constitution. In his 1986 essay, "Making-Up People," Hacking attempted to identify two kinds that occupied opposite ends of that spectrum: the homosexual representing the case where the second vector seems most decisive, and the multiple personality split where it is least decisive. Even in the second instance, he insisted, "there are plenty of looping effects, but the known are passive and do not take charge of knowledge of themselves" (1999: 381).

Years later, Hacking (1995a) admitted the shortsightedness of his initial argument about the split personhood. "There are now multiple personality social groups," he acknowledged, "and I am told that there is indeed a multiple personality bar in Denver" (382). He was wrong about the likelihood of "split bars," but not about the necessity of certain material and ideal

conditions for the development of class(ification)-consciousness. The existence of certain material sites like X-bars and X-social groups and, as I will demonstrate in the case of the addict, sanitaria, prisons, and mutual-help meeting rooms, make more possible an awareness of shared plight, tend to increase *ressentiment* between the lay known and the elite knowers, and, in turn, may strengthen the force of Hacking's second vector.

To Hacking's surprise, even the multiple personality split, a kind of person that seemed to be determined almost exclusively by medico-forensic experts, was rising up against the experts and claiming some amount of epistemic authority over his own classification. Assumedly, at Denver's peculiar split bar and in multiple personality social groups throughout the United States, people who suffer multiple-personality are encouraged to embrace their classification as splits. It may even become a "moral imperative for people of the kind to identify themselves, to ascribe a chosen kind-term to themselves," Hacking (381) argues, "That way they also become the knowers, even if not the only people authorized to have knowledge." Unlike homosexuals, who so successfully challenged elite knowledge that the American Psychological Association formally declassified homosexuality as a mental disorder in 1973 (Hacking 2002b), the split community seems only to share *partial* epistemological authority with medical and scientific elites.

The Canadian philosopher associates the emergence of these processes of self-ascription with a particular culture. "It is no accident," Hacking (1995a: 381) insists, "that the USA is in the forefront of this movement." He defends this assumption by pointing to two significant facets of the American collective conscience: its historical concern for rights and, separately, democracy. Through processes of self-ascription, people of a particular human kind

are able to reinforce their essential worth and establish autonomy—material and symbolic—from scientific elites. Often appealing to natural (i.e., constitutional) law, people of the kind may pursue various rights commensurate with their status as self-determining and sovereign agents. Additionally, Hacking holds that the possibility of the known rising up against the knowers appears particularly likely within a culture that holds sacred democracy, egalitarianism, and the "freedom of speech and information flow" (381). The philosopher suggests that Americans are particularly likely to interpret doctors' and scientists' exclusive control of information as a form of epistemic tyranny.

In addition to a specific place, Hacking also locates the self-ascription movement in time. He dates its emergence to the second half of the twentieth century. While he points to contemporary social trends like the New Age movement (1995a: 382) and the proliferation of self-help groups (381-2), Hacking, whose philosophical interests lie elsewhere, does not pursue this argument at depth. But his (1995a, 1999, 2002a) reliance on Anscombe's (1957) argument that all possible human action is "action under a description" suggests a deeper historical correlate. By the mid-twentieth century in the United States, the tightly coupled historical processes of subjectivization and deinstitutionalization were well under way. No longer ascribed at birth and sustained within a matrix of robust institutions, constructing and affirming one's identity became a vital project and moral imperative for modern Western individuals (Giddens 1991; Taylor 1992; Seligman 2000). Central to Hacking's dynamic nominalism, the emergence of new human kinds—the categories and the people—implies the emergence of new descriptions of possible actions and, by extension, newly possible ways of being in the world (Hacking 1995a, 1999). But Hacking denies this is a unilateral process; those who are

classified may employ the classification and action-descriptions in innovative and unanticipated ways. In short, new social scientific classifications and the accompanying descriptions of possible actions yield for modern individuals a set of practical and symbolic elements useful in fashioning and stabilizing identities against prevailing institutional instability.

Among the various institutions that suffered some form of legitimation crisis during the nineteenth and twentieth centuries, modern science represents the most significant to the present work. The laboratory-borne horrors of Hiroshima and Nagasaki, the mechanical and bureaucratic efficiency of the Holocaust, the inhumane overreach of the Tuskegee Experiments, and the accumulated practical and cultural fallout of various "bad sciences" like eugenics contributed to a growing mistrust in modern science. While the institution continues to influence common sense and public policy, faith in modern science as the ultimate means of mastery over nature and human behavior has at least waned in the United States since its height during the Progressive Era. If science supplanted religion as the institutional fount of dominant organizing principles around the turn of the twentieth century, within sixty years, even science's claim to a privileged epistemology appeared to be eroding. By the end of WWII, the privileged observer—God during the Feudal Era, and modern science during the early Modern Era—and its absolute Truth—recovered by ecclesiastical authorities during the Feudal Era, and *dis*covered by scientists during the early Modern Era—were giving way to a growing acceptance that truths are multiple, relative, and local.

Beginning around the middle of the twentieth century in the West, optimistic teleological explanations of scientific progress encountered significant resistance. Philosophers like Popper (1962), Kuhn (1962), and Foucault (1966) offered more ambiguous explanations of

scientific discovery and knowledge. Popper emphasized modern science's fundamental uncertainty and inability to posit truth, Kuhn drew attention to the non-rationality of discovery and the routinized and tautological nature of normal scientific work, and Foucault's meta-epistemology suggested that paradigmatic shifts were an historical function of deeper modal shifts in perception, categorization, and explanation. By the 1970s, sociologists were drawing attention to the sociohistorical dimensions of scientific work (Latour and Woolgar 1979) and the often arbitrary criteria that informed theory-choice (Barnes 1977; Bloor 1979). In the context of more widespread deinstitutionalization, deep skepticism about both religion and modern science rendered subjectivity and inter-subjectivity the critical (and, perhaps, last remaining) sources of epistemic and moral certainty (Foucault 1983, 1988; Polanyi 1958; Durkheim 1893; Nietzsche 1883). At least in part, the self-ascription movement that Hacking associates with mid-twentieth-century America seemed to manifest a growing disillusionment with modern science. Moreover, the self-ascription of human kinds—the process of the "known…overpowering the knowers" (Hacking 1995a: 360)—seems to parallel historically the supersession in the social sciences of "grand theory" (Mills 1959) by standpoint and "personal" epistemologies.

The Addict as a Human Kind of Person

As a distinct scientific classification and kind of person, the "addict" appears to be at least one hundred years old, but no older. Hacking insists that new scientific classifications (e.g., the shift from the nineteenth-century "inebriate" to the twentieth-century "addict") effect a new "social matrix:" new human behaviors, new self-conscious actions, new interactions between ideas and people, new institutional arrangements, and, most significantly,

new kinds of humans and human classes. In short, new social scientific categories expand a culture's horizon of possible personhoods and possible ways of being in the world. And as the addicts themselves changed, elites revised their theories to accommodate the new behaviors. This work seeks to demonstrate historically how dialectical and historical relations between human scientific classifications and those who were so classified determined the meandering path of the "addict" between 1860 and 1960.

While a new category of persons may begin as a classification in-itself, identified and labeled from above, under certain material and ideal conditions it has the potential to develop class(ification) consciousness, proceed as a class for-itself, and appropriate epistemological authority from labeling elites. This work argues that the emergence of Alcoholics Anonymous during the mid-1930s yielded the necessary material and ideal conditions for the development of classification-consciousness, and that by the late 1950s, addicts claiming superior experiential knowledge of the phenomenon had wrested from elites a significant share of cultural authority. This epistemic revolt reflected more widespread skepticism regarding modern science in the United States. And paradoxically, this "self-ascriptive turn" helped to transform a set of ideas which originally signaled dysfunction, pathology, and social disruption into tools central to the construction and sustainment of thoroughly conventional self-identities consistent with prevailing American mores. Before turning to the central argument of the present work, however, two additional dimensions of Hacking's work demand attention: its relationship to certain elements of Foucauldian theory and its potential analytical weaknesses.

Hacking's Foucauldian Roots

Ian Hacking locates his dynamic nominalism within a broader theoretical program that he calls "historical ontology" (Hacking 2002a). Hacking admits borrowing the phrase from Foucault, who apparently used it once in passing during a visit to Berkeley in the early 1980s (Hacking 2002a: 3) and later formalized it in his seminal essay, "What is Enlightenment?" (Foucault 1984). If "ontology" concerns the existence of all manner of objects and the conditions necessary for their possibility, then "historical" suggests that the existence of certain objects is contingent and varies across time and space. Among other things, Hacking's dynamic nominalism draws attention to the social dimensions of that contingency. While Foucault was concerned primarily with how we constitute ourselves, Hacking broadens the program to "examine all manner of constitutings" (Hacking 2002a: 4) including phenomena as disparate as the field of probability (1975), child abuse (1991), sexual orientation (2002b), and multiple personality disorder (1995b). With its emphasis on sociohistorical determinates and its tendency to circumvent conventional dichotomies between realism and nominalism, Hacking's "historical ontology" may appear iconoclastic relative to certain philosophical traditions (e.g., Quine 1960), but, like much of Foucault's work, is often compatible with and appropriate to various sociological analyses.

Foucault (1984) argued that subjects constitute themselves along three axes: knowledge, power, and ethics. Thus, Foucault's historical ontology concerned the "truth through which we constitute ourselves as objects of knowledge," the "power through which we constitute ourselves as subjects acting on others," and the "ethics through which we constitute ourselves as moral agents" (quoted in Hacking 2002a: 2). By superimposing atop Foucault's

three axes the two vectors noted earlier—top-down elite labels and bottom-up lay resistance—Hacking extends the analytical scheme to account for the constitution of particular human kinds. For Hacking, each of Foucault's axes—knowledge, power, and ethics—demonstrates polarity. The truth of a particular human kind, for example, is the outcome of interactions between, on the one hand, social scientific knowledge about some group and, on the other, the knowledge the group claims about themselves. Reinforcing the interdependence of the three axes, the institutional arrangements and forms of self-discipline that determine the power axis are themselves largely determined by the accepted knowledge about a particular human kind.

Hacking makes an interesting observation regarding the ethics axis. He argues that scientific elites tend to demoralize human kinds by biologizing them, while, at the opposite pole, lay groups tend to remoralize them by claiming that they proceed from personal weakness. Hacking (1995a: 373) suggests Alcoholics Anonymous is paradigmatic of such bottom-up remoralization: "[AA] evolved a form of meeting patterned on both chapel and confessional, in which resort is made to a higher power." Biologization has the benefit of exculpating deviant behavior, but tends also to dehumanize. Lay groups eager to "bring actors back in" tend to remoralize the deviant behavior, despite its recriminating consequences. This work demonstrates that Hacking is only partially correct about Alcoholics Anonymous: the group conservatively amended prevailing biological theories by representing addiction as a disease affecting mind, body, and soul. In fact, the history and function of the lay organization prove far more complex and interesting than Hacking suggests. Chapter Eight shows how the true radicalism of the mutual-help movement lay elsewhere.

Finally, Hacking locates the constitution of human kinds within a particular sociocultural complex. This "social matrix" includes "the idea, the individuals falling under the idea, the interaction between the idea and the people, and the manifold of social practices and institutions that these interactions involve" (Hacking 1999: 34). Hacking's matrix implies that human kinds are constituted at all levels—macro, meso, and micro—of social reality. Grand political upheavals are considered alongside mundane human behaviors. Participating in the French Revolution and brushing one's teeth twice-a-day, for example, both may affect a particular sociohistorical matrix and contribute to the constitution, de-constitution, or reconstitution of particular agents like the self-determining, future-oriented Bourgeois subject.

Given its attention to both the universal and the particular, and its emphasis on the relations among constitutive elements, Hacking's social matrix appears similar to Foucault's (1980) *dispositif*: literally, "device," but often translated as "apparatus." Foucault (1980) argues that the dispositif is composed of a "thoroughly heterogeneous ensemble consisting of discourses, institutions, architectural forms, regulatory decisions, laws…(and) scientific statements" and that the dispositif itself is the "system of relations…between these elements" (194). Interestingly, Foucault argues that particular "apparatuses" emerge historically in response to "urgent needs" (195). Ultimately, the dispositif seems to possess a "dominant strategic function" (195). For example, Foucault argues that the mentally ill person, the sexual deviant, and the neurotic emerged in order to assimilate and control a "floating population found to be burdensome for an essentially mercantilist economy" (195). While Hacking's matrix ultimately diverges from Foucault's dispositif in scope and longevity, the comparison

reminds that like Foucault, Hacking is attuned to the possible sociohistorical functions of new human kinds.

The following chapter offers a comprehensive review of the sociological literature addressing the history of the addict. Suffice to say here that many social constructionists (Reith 2004; Levine 1978; Ferentzy 2002) draw explicitly on Foucault's archaeologies and genealogies (1961, 1963, 1966, 1980) in order to explain the discursive functions of addiction rhetoric. While Foucault uses the term "discourse" in numerous and sometimes divergent ways throughout his work, ultimately he employs it in an attempt to transcend or at least circumvent the subject-object distinction that has long represented a central problematic in Western philosophy. In brief, Foucault suggests that historically-situated discourses, discursive formations, and discursive practices, not human actors or social structures, determine a culture's possible ways of being in the world.

Foucault consequently seems to undermine the sacred moral, autonomous, and reflexive human subject by representing him instead as a relatively passive conduit or channel for discourses of power/knowledge/ethics (Giddens 1984). By decentering the knowing subject, Foucault seems to foreclose on the possibility of human agency (Newton 1998). Foucault's defenders insist that his work allows sufficient room for subjective resistance and innovation, such that the "apparent destruction of the 'subject' is not the postmodern end of agency but its partial reinvention" (Caldwell 2007: 3). However, as Giddens (1984) insists, sufficient agency necessarily extends beyond the capacity to "act otherwise" and must include the possibility of "making a difference." Many of the social constructionist accounts of addiction that draw directly on Foucauldian theory suffer from a similarly thin account of

human agency. By endowing various social groups with the capacity to resist, to innovate, and, most importantly, to "make a difference" in the discourse and manifestation of addiction, Ian Hacking's dynamic nominalism helps mitigate some of these Foucauldian weaknesses.

Criticisms

Recently, a number of scholars have raised objections to Hacking's historical ontology (Tekin 2014; Cooper 2004; Khalidi 2010). Many of these criticisms concern Hacking's distinction between natural and human kinds. Cooper (2004), for example, admits that "only human kinds are affected by the subjects' ideas," but insists "it is also true that only bacteria are affected by antibiotics and that only domestic animals can be selectively bred" (79). In other words, Cooper attempts to deflate the putative uniqueness of subjectivity. Reconceived as no more than a significant source of change specific to the human being, subjectivity appears comparable to bacteria's antibiotics and domestic animals' selective breeding. It follows that human and natural kinds would not necessarily occupy mutually exclusive domains. While she does not cite him directly, Cooper argues in a Rortian (1979) register, where difference between human and natural kinds seems to be in degree rather than in kind. The relationship between subjectivity, the world, and human behavior, this argument goes, is significantly more complex and turbulent (and heretofore unpredictable) than relationships among so-called "natural" things, but they are otherwise sufficiently similar to reject certain forms of metaphysical dualism.

But Hacking, like Foucault (1966), is interested primarily in the reflexive and functional effects of knowledge produced by the "immature" social sciences. Whether or not they signal

clear metaphysical difference, the complexity, turbulence, and unpredictability that are characteristic of human kinds proceed from *meaningful* interactions between human scientific classifications and the people who are so classified. Hacking makes clear that such meaningful interactions occur even in cases where the sciences biologize or otherwise naturalize certain human kinds (Hacking 1995a: 372). Even the sick person that suffers an underlying bacterial infection treatable with antibiotics is a human kind of person shot through with values and obligations (Parsons 1951). In short, it *matters* to people situated in a social matrix how they are classified; it does not seem to matter to bacteria that we call it "bacteria," even if calling it bacteria determines our relationship to it and how we treat it.

In short, Hacking is interested almost exclusively in human kinds, not natural kinds, and not the metaphysics of difference between the two. The reader suspects that by the late 1990s, Hacking may have been alarmed to find his work implicated in long-standing philosophical disputes with which he had little interest. In later statements (1999, 2002a), he attempted to clarify his position by drawing attention to the relationship which most interested him; not that between natural and human kinds, but that between the human sciences and the behavior of their objects. He replaces the phrase "natural kinds" with "indifferent kinds," and "human kinds" with "interactive kinds." "Too much philosophy has been built into the epithet 'natural kind,'" Hacking (1999: 105) laments, "all I want is a contrast to interactive kinds. *Indifferent* will do." As a sociologist whose work is at lower risk of being drawn into such long-standing philosophical disputes, I retain Hacking's earlier phrasing. "Human kind" has the advantage of drawing attention to the meaningfulness of human life-worlds. Unlike the more specific, but less enchanted "interactive kind," Hacking's "human kind" also helps to reinforce

Hacking's preoccupation with the reflexivity between the human sciences and the human cultures in which they operate and refreshingly indulges in the romantic tendency of centering the human being.

Another frequent criticism concerns the limits of Hacking's emphasis on Anscombian action-descriptions (Cooper 2004; Khalidi 2010). The possibilities of human behavior, critics insist, seem to extend beyond the extant horizon of descriptions available in a given culture. "Consider Ug the caveman, sitting in his cave at the dawn of time before language developed," Cooper (2004: 81) urges, "According to Hacking, Ug cannot intentionally light a fire, go outside, or hum himself a tune—as there are no descriptions." Hacking counters that while humans may behave in ways for which we lack descriptions, intelligible action, by definition, is constrained by the set of action-descriptions sustained by a given culture. Emergent descriptions make possible, but do not determine, new human action. "Our ways of being," Hacking (1999: 23) argues, "chosen freely or not, are from possible ways of being." Cooper's caveman may light a fire, but he cannot *be* a "fire starter" or a "cook" or an "arsonist" or a person who is afraid of fire (i.e., "pyrophobic") until those particular descriptions exist and until those are kinds of people that one can be.

Hacking argues, for example, that the possibility of being Sartre's (1943) Parisian *garcon de café* is contingent on time and space. Regardless of whether a young Frenchman who lived around the turn of the twentieth century actually embodied this way of being in world, the personhood and the particular comportment it implied existed as possibilities for him in ways that they do not for the twenty-first-century American adolescent (or, for that matter, the seventeenth-century French peasant). Hacking argues that the social sciences' "pregnant

teenager" and "multiple personality split" are more like the garcon de café than they are like bacteria or domestic animals. Whatever else they may accomplish, social scientific classifications expand the horizon of a culture's possible personhoods. In turn, the expanse and composition of that horizon affects the lived-experience of all those who inhabit a particular culture, not just those few who the sciences classify specifically. To foreshadow the argument presented in this work, the emergence of the modern addict in the American social scientific literature at the turn of the twentieth century expanded the horizon of possible personhoods against which all actors', not just addicts', lives unfold. In fact, to the extent that the human sciences may *reform* a culture's horizon of possible personhoods, they also may *inform* its dominant philosophical anthropologies: the being of the human being crystallizes in the space between the reality it lives and the possible realities it does not.

Chapter Two: The Addict as Sociological Subject

Sociologists long have wrestled with the question of addiction. At least since the mid-1930s, they have drawn attention to the social and historical dimensions of addictive behavior. The most influential of these accounts presupposed the ontological permanence of a dysfunction—either individual or social—called "addiction," and attempted to explain its variable manifestation as either the outcome of meaningful social interactions under peculiar sociohistorical conditions (Lindesmith 1938, 1947) or as a function of social systemic discord (Dai 1937). In other words, these kinds of sociological explanations tend to take for granted that the addict is a timeless and universal kind of person that exhibits relatively durable and generalizable patterns, and that it is therefore an object appropriate to scientific analysis and classification. They also tend to presuppose that knowledge about the addict is desirable and that it is possible to develop such a body of knowledge. Further, scholars contributing to this literature generally assume the social reality that they encounter is probable and true, and that the social position from which they observe that reality has no significant effect on their observations or on the objects of those observations. In short, these empirical accounts seek to explain exactly "what" addiction is. The present work follows Luhmann (1995) by regarding these as "first-order" sociological accounts of addiction.

Social constructionist accounts of addiction began to emerge in the early 1960s. Sociologists contributing to this literature are often agnostic, and occasionally deeply skeptical, about the ontological status of addiction. In fact, many of these scholars indicate their doubt by placing the terms "addiction" and "addict" in scare quotes. Constructionist accounts often

suggest that addiction is a socially- and historically-situated idea (that may or may not correspond to some timeless phenomenon or phenomena) that has particular valence in modern Western cultures (Levine 1978; Room 2003). Unlike first-order sociological explanations, these accounts do not take for granted either the preinterpreted social reality that they encounter or the epistemological privilege of scientific observation. As they often are designed to explain the historical emergence and political significance of first-order interpretations—scientific, administrative, lay, etc.—social constructionist arguments represent "second-order" sociological accounts of addiction. At this level of observation, "everything becomes contingent" (Luhmann 1993: 769). In other words, second-order accounts of addiction tend to consider "how" first-order observers observe the phenomenon, and the degree to which these particular modes of observation are contingent on sociohistorical conditions.

First-Order Accounts

Alfred Lindemith (1938a, 1938b, 1947, 1968) elaborated one of the earliest and most influential first-order sociological accounts of addiction. Observing that not all drug users became addicts, Lindesmith argued that while physiological withdrawal symptoms may be widespread, only some addicts learn that continued use of the drug helps mitigate and eliminate those symptoms. For Lindesmith, the phenomenon of addiction is not reducible to brute biological and chemical reactions, but is a uniquely human and learned behavior. Critics have countered that not all addictions include a withdrawal component (Gawin 1991). Others have shown that even when withdrawal symptoms are present, empirical data on addict behavior often conflict with Lindesmith's model (Robins 1993).

Nonetheless, Lindesmith's theory of addiction since has inspired research into the symbolic dimensions of drug-using subcultures (Rosenbaum 1981; Becker 1953; Bourgois and Schonberg 2009; Finestone 1957), processes of identity formation among drug users (Linedesmith 1968; Denzin 2007; Ray 1961), and particular contexts of drug use (Wiseman 1970; Zinberg 1984). Many of these sociological accounts provide rich ethnographic detail of the symbolic codes and meaningful rituals that structure everyday drug use. Taken together, they also constitute a significant challenge to the biological-determinism of current addiction theorization.

However, many of these symbolic interactionist accounts suffer an overemphasis on voluntaristic action. They tend to imply that one may choose to continue using drugs and alcohol in order to sustain an identity or remain within a particular social group, or that one may cease drug use in order to adopt a new identity or join new social groups, but that the difference between use and cessation seems to turn on the actor's deliberate and self-governed behavior. In fact, a number of economists and sociologists have sharpened and formalized this argument by adapting rational choice theory to explanations of addictive behavior (Becker and Murphy 1988; Orphanides and Zervos 1995; Elster 1999). By depicting addiction as a meaningful and deliberate course of action, however, the majority of these studies seem to "overlook the fact that the loss of self-control over drug use is often taken seriously by drug users themselves" (Weinberg 2011: 306).

Meanwhile, Bingham Dai's (1937) research on opiate addicts in Chicago helped to establish a separate sociological paradigm in the field of addiction studies. Dai agreed with Lindesmith that cultural meanings and interpersonal relationships were important in the initial

emergence of drug use, but he argued that the actor's social location and relative integration within a collectivity represented the ultimate determinates of addictive behavior. For Dai, addiction tended to result from either the inability of an actor to satisfy institutionalized social roles (e.g., marital, occupational, gender, etc.), the failure of a social system to furnish for actors a resonant and appropriate set of social roles, or other systemic disorders that seemed to preclude actors' successful social integration. From this perspective, addiction should occur most often in environments "in which individuals live mostly by and for themselves [and] in which the amount of social control is reduced to the minimum" (Dai 1937: 95). Throughout the twentieth century, sociologists furthered Dai's research by demonstrating how patterns of addiction follow broader structures of socioeconomic stratification (Anderson 1995; Clarke et al. 1976; Kohn 1992), how addiction may represent a deviant but potentially effective strategy of social adaptation (Merton 1938; Cloward and Ohlin 1960), and even how the apparent prevalence of addiction in certain Western cultures may indicate much more widespread social disintegration and the possibility of imminent social systemic failure (Alexander 2008).

By denying that the individual represents the critical site of addiction, Dai and his followers have attempted to explain addictive behavior as a function of certain social structural conditions. Thus, scholars working in this paradigm furnish a powerful corrective to methodological individualist approaches that imply voluntaristic action. Their functionalist perspective is also better equipped than other models to explain the patterned and uneven distribution of addiction within a society. Further, unlike Lindesmith's model that relies on the emergence of withdrawal symptoms, the functionalist perspective is devoid of any necessary physiological component, and thus remains relevant and applicable to "behavioral addictions"

like gambling, sex, and internet use. However, because it depicts drug use as a functional adaptation, this perspective is often at pains to distinguish between deviant drug use and addiction *as such*. Also, functionalist perspectives often struggle to explain variation in drug using behavior among actors occupying apparently similar social locations (Weinberg 2011).

More radical post-humanist accounts (Gomart 2002, 2004; Weinberg 2011, 2013; Schull 2012) attempt to circumvent some of the problems inherent to both symbolic interactionist and functionalist accounts. Scholars within this paradigm decenter the human being and attempt to explain addiction as a particular kind of relation among a heterogeneous assemblage of both human and non-human entities. For post-humanists, the material trappings of addiction—syringes, rolling papers, shot glasses, background music, electronic slot machines, configuration of the local bar, etc.—represent active agents that contribute to addiction no less than the human being. Post-humanists may even conceive of addiction itself as an active agent. "I conceptualize addictions," Weinberg (2011: 307) explains, "as non-human agents residing in the bodies of those who are addicted."

While post-humanist approaches raise interesting new questions about the heterogeneous networks in which addiction occurs, by decentering the human being, they tend to neglect the significance of intentional action and human agency. Like the social constructionism considered below, this particular weakness betrays the deep Foucauldian roots of post-humanism. Further, the perspective seems ill-equipped to explain either the historical construction or phenomenal manifestation of the phenomenon. While the pursuit of "thick description" and a repudiation of deterministic explanation are both central to the post-humanist approach (Latour 2005; Law and Hassard 1999), its radically different presuppositions

and epistemological aims render it somewhat anomalous relative to more conventional sociology, and make it difficult to locate relative to other paradigms.

The symbolic interactionist, functionalist, and post-humanist perspectives, together with neighboring physiological and psychological accounts, are representative of first-order accounts of addiction. Leaving aside the post-humanist perspective, such empirical research attempts to identify law-law regularities in addictive behavior. Further, many of these first-order accounts seek to illuminate the same kinds of causal relationships that are favored in the physical sciences. As suggested earlier, Hacking's dynamic nominalism implicates precisely this mode of social scientific investigation in the historical construction of human kinds. The philosopher argues that this sort of human scientific research inevitably interacts with the human populations that it seeks to describe and explain.

Except for the post-humanist accounts, which tend to circulate exclusively among academic circles and high-brow publications, and are in any case less amenable to mobilization through public policy, a comprehensive review of these first-order accounts is central to the aims of the present work. In fact, many of these studies represent important data points. This work seeks to demonstrate how the supposedly intransigent and universal behaviors that sociologists like Lindesmith and Dai observed among addicts in the 1930s and upon which their theories relied in fact were historically contingent (Acker 2002). Further, the present study suggests that their work and the work of contemporary psychiatrists like Lawrence Kolb effected new relations within the matrix against which addicts unfolded, and, by extension, effected new kinds of people who manifested new kinds of addictive behaviors.

Second-Order Accounts

Against physiological and psychiatric explanations, the accounts reviewed above sought to draw attention to the social dimensions of addiction. Like somatic and psychical accounts, however, these first-order sociological explanations similarly took for granted the independent existence of a discrete and timeless object called "addiction." By contrast, second-order accounts do not encounter the objects of scientific knowledge unproblematically. Rather than the outcome of careful and conservative empiricism, second-order accounts often hold that certain interpretations attain hegemony because they resonate with and reinforce the sacred values of the particular cultural moment at which they emerge.

In fact, second-order accounts often remain agnostic regarding the possible correspondence between first-order interpretations and the worlds that they interpret. For example, as a precursor to the later, more radical constructionist accounts considered below, Durkheim's (1912) paradigmatic second-order explanation of religion remained agnostic regarding the possible ontology of God. Whatever else religious worship may accomplish, he argued, it reaffirmed dominant cultural narratives and reinforced social solidarity. Similarly, rather than contributing to the normal scientific pursuit of knowledge about addiction, second-order accounts seek to draw into relief the sociohistorical construction of that conventional knowledge. Because of their inherent hostility toward the common sense about addiction, these kinds of explanations rarely influence public policy or affect Hacking's matrix, and therefore do not represent data points in the present study.

Levine's (1978) seminal second-order account, "The Discovery of Addiction," argues that the idea of addiction became thinkable and persuasive only under certain sociohistorical conditions. Prior to the turn of the nineteenth century, Levine suggests, Americans assumed that drunks possessed volition and that, while they seemed to drink too much, drunkenness did not constitute a social problem. In other words, drunks did not suffer a disease that robbed them of their capacity to make decisions, even where those decisions resulted in deviant behavior. In sum, Levine insists that "drunkards as a group or class of deviants were not especially problematic for colonial Americans" (4). Beginning in the early nineteenth century, however, Levine insists that industrialization, increasing geographic mobility, and the emergence of distinct public and private spheres transformed understandings of the self and placed new emphasis on self-control.

Social critics at the turn of the nineteenth century, Levine continues, grew increasingly wary of habitual drunkenness. This deviant behavior was no longer accepted as "a choice, albeit a sinful one, which some individuals made" (Levine 1978: 5). New ideas about drunkenness seemed to emerge together with the new material conditions of the early nineteenth century. Given modern emphases on autonomy, self-determination, and individualism, Levine argues, the idea that chronic drunkenness indicated a loss of self-control became both thinkable and useful for authorities and elite social classes (Gusfield 1963) who sought to exert control over both drinking and non-drinking populations. The notion that ingesting a certain substance might diminish one's capacity for self-control appears radically contingent: "Not all cultures make this kind of causal connection" (Room 2003: 225). In short, for Levine and other constructionists (Cohen 2000; Valverde 1998; Peele 1989; Reith 2004),

addiction is less a timeless phenomenon that awaited scientific discovery than it is a culture-bound narrative that has valence only under certain sociohistorical conditions.

Foucauldian Influences

As noted in the previous chapter, many of these constructionist arguments follow directly from Foucault's (1961, 1966, 1976) insights concerning the relationship between history and discourse. Denying the coherent telos of Hegel's Subject or Marx's class-conflict, Foucault holds that a thorough examination of historical change betrays clear breaks and ruptures. Rather than the slow and steady progress on which front-stage presentations of modern science insist, Foucault argues that epistemological ruptures attend extrinsic systemic demands. He demonstrates how, for example, shifting understandings of madness in the West served various sociohistorical functions, supported various forms of discipline and social control, and helped mitigate potential systemic crises (Foucault 1961). The historical succession of discursive formations concerning madness reconfigured prevailing relations between ideas, institutions, and people. Only by "mining" the history of madness, Foucault argued, could one begin to untangle these historical relations and approach a more complete understanding of the distinctly modern idea of "mental illness." In short, Foucault's archaeologies help draw attention to the meaningful sedimentation undergirding prevailing ideas; ultimately he sought a "history of the present" (Hacking 2002a: 24).

Published only two years after Foucault's (1976) *History of Sexuality, Vol. 1*, Levine quotes Foucault in the epigraph to his seminal work on the historical dimensions of addiction. "The invention of the concept of addiction," Levine (1978: 18) argues in a decidedly

Foucauldian register, "can be best understood not as an independent medical or scientific discovery, but as part of a transformation in social thought grounded in fundamental changes in…the structure of society." Further, Reith (2004: 289) suggests that a section drawn from Foucault's (1976) argument regarding the historical emergence of the homosexual personhood is equally applicable to the historical emergence of the addict. In the following passage, Reith replaces Foucault's original "homosexual" with the word "addict":

> The nineteenth-century [addict] became a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology with an indiscreet anatomy and possibly a mysterious physiology. Nothing that went into his total composition was unaffected by his [addiction]…It was cosubstantial with him, less as a habitual sin than as a singular nature (bracketed terms are original author's, Reith 2004: 289; quoted from Foucault 1976: 43).

Like Levine, Reith associates the emergence of new ideas about the addict with broader sociohistorical shifts. As a symbol of uninhibited and dysfunctional patterns of consumption, the historical figure of the addict represented "the antithesis of the Protestant work ethic, and a form of madness in an industrial age of reason" (Reith 2004: 289).

Many other scholars have associated the emergence of "addiction" with social structural changes attending the historical transition to Modernity (Hickman 2007; Margolis 2002; Melley 2002; Ferentzy 2002; Reinarman 2005; O'Malley and Valverde 2004). Taken together, this body of literature has drawn important attention to the historical contingencies underlying current understandings of addiction. Further, these scholars have demonstrated aptly how particular discursive formations may serve extra-theoretical functions critical to systemic stability under unsettled historical conditions. I find many of these arguments persuasive and suspect that they are probably correct, as far as they go. In fact, as demonstrated in the previous chapter,

Hacking's work, on which the present study draws explicitly, is deeply indebted to Foucault's foundational statements on history and method (see especially Hacking 2002a: 1-26, 73-86).

However, many of these otherwise excellent works concerning the historical emergence of the addict suffer from the same tendency toward idealism for which Foucault's early works (particularly *History of Madness* and *The Order of Things*) have been criticized (Gutting 1989, 2005; Newton 1998; Rorty 1981). Like Foucault, many of these scholars insist that discursive formations are tightly coupled to sociohistorical change, but fail to explain exactly the nature of those relations or the underlying interactional dynamics. Moreover, many of these works fail to explain how discourse, concrete actors—persons classified as addicts, lawyers, judges, police officers, social workers, academics, doctors, etc.—and social contexts—courtrooms, rehabilitation facilities, prisons, etc.—interact within discursive formations.

Like the post-humanist perspective considered earlier, these constructionist accounts tend to discount the human being's possibility for effective agency. While Foucault's "discursive practices" suggests how human activity manifests and reinforces a culture's historical a priori (Foucault 1966, 1980), the philosopher's decentered subject, although able to resist the hegemony of power/knowledge discourses to some extent, appears ultimately unable to "make a real difference" in his situation (Giddens 1984). Thus, despite many of these works' insistence on social structural correlates and avowal of human participation, "discourse-in-itself," like Hegel's Subject and Marx's class-conflict, appears to be the central protagonist driving the history of addiction.

A closer examination of Levine's (1978) and Reith's (2004) paradigmatic works betrays more specific weaknesses common to accounts derived directly from Foucauldian theory, and seems to suggest particular ways in which Hacking's dynamic nominalism might help the sociologist of addiction go beyond extant accounts. Levine's "Discovery of Addiction" argues against the then-popular (Jellinek 1960; Wexberg 1951; Siegler et al. 1968) assumption of an epistemological break between temperance ideas about inebriation and more modern understandings of addiction. "The most important difference between temperance thought and the 'new disease conception,'" Levine insists, is limited to, "the location of the source of addiction" (1978: 2). In one sense, Levine is correct: as noted in the introduction to this work, Temperance-era thinkers located the source of inebriation in the offending substance, while 20th and 21st century critics have located addiction successively in the body, mind, and brain. Levine admits this marks a significant "development in thought about addiction" (2), but denies that it represented a Foucauldian epistemic break. He locates the more radical break at the turn of the nineteenth century. But even here, Levine argues that "in terms of external behavior, there is little to distinguish the contemporary idea of alcoholism…from the traditional colonial view of the drunkard" (4). In other words, Levine posits an enduring and transcendent material phenomenon unaffected by shifting conceptualizations.

Levine's work betrays both the strengths and weaknesses of Foucault's archaeological enterprise. He brilliantly pursues a history of the present concerning addiction. Levine (1978) insists that the durability of the medical model, which, against reigning opinion, he traces to the turn of the nineteenth century, proceeds from the fact that the "structural and ideological conditions which made addiction a "reasonable" way to interpret behavior in the nineteenth

century have not disappeared in the 20th" (18). However, by attending only to the deepest of discursive structures, Levine neglects the possible effects of the more incremental representational shifts that unfolded during the same historical period. Additionally, throughout his work, Levine marginalizes concrete actors and discounts addicts' potential agency. Discursive formations represent the prime movers and central protagonists in Levine's historical account of the emergence of addiction.

By contrast, Hacking's dynamic nominalism presupposes intimate relations between dominant modes of classification and external behavior. The representational differences between the labels "drunkard," "inebriate," and "addict" imply corresponding differences among addicts' external behaviors and subjective experiences. In other words, Hacking's dynamic nominalism implies a kind of historical muddle between the scientific classification and the phenomenology of addiction, even as he acknowledges the analytical utility of drawing a distinction between the two. Following Hacking, and against Levine, this work seeks to demonstrate how the discursive differences between nineteenth- and twentieth-century conceptions of habitual intoxication effected new behavioral and agentic possibilities for addicts, including possibilities for class(ification) consciousness and the eventual establishment of at least partial epistemic authority over their own kind-term.

Perhaps even more than Levine's work, Reith's (2004) often brilliant "Consumption and Its Discontents" underscores the theoretical shortcomings that attend strict Foucauldian readings. Like Levine, Reith argues that habitual drunkenness (and other anomalous patterns of consumption) appeared to be problematic only in the wake of Western industrialization. The self-dispossession that chronic drunkenness supposedly signaled "was anathema to reason, and

was understood as a clear threat to the moral and political order of industrial society" (Reith: 288). This is a valuable insight, and the present work demonstrates how such collective fears spurred human scientific investigation into the emergent "social problem" of addiction during the last quarter of the nineteenth century. Further, Reith draws explicitly on Hacking by insisting that the nineteenth-century medical-moral discourse helped "make up…a new type of person—an addict" (288). Quite right. However, rather than following Hacking further and considering ways in which the new classification radically altered the external behavior and agentic possibilities of those classified, she lapses back into a Foucauldian orthodoxy where the addict appears as little more than a passive conduit representing a "confluence of interests between the industrial state and the medical profession" (290).

Later in her article, Reith does acknowledge the potential for certain forms of interaction between expert ideas and the people to whom those ideas refer. "Discourses of addiction and identity," she argues, "are in constant process of interaction with actors who modify, adopt and otherwise transform them" (293). Again, Reith seems to be moving toward a dynamic nominalist position regarding the addict. Later in the same section, however, the reader becomes aware of the strict limits of Reith's possible discursive transformations: "Individuals articulate their perceived loss of control in quasi-medical terms, adopting the language of science to describe, and in some cases, lend authority to their condition" (293). This is a far more modest interpretation of "transformation" than Hacking has in mind. In fact, as Davies (1992) and Peele (1989) show, such appropriation of prevailing discourse represents less a revolutionary process than it does an isolated, micro-level attempt to justify and explain certain kinds of (often anomalous and/or deviant) behavior. In the following section, I return to

these important insights, many of which derive from the literary (Burke 1945), psychological (Heider 1958), and sociological (Mills 1940) theories of motivational attribution.

Suffice to say here, whether or not addicts appropriate and strategically employ top-down classifications to explain otherwise anomalous behavior, Reith gives no sense that such interpersonal "modifications," "adoptions," and "transformations" have any effect on dominant expert discourses or on the phenomenon itself. Further, the attribution of anomalous behavior to underlying somatic conditions tends to reinforce the truth of dominant scientific representations rather than contest or fundamentally reinterpret their conclusions. In fact, Foucauldian theory acknowledges the possibility of such minor forms of resistance and innovation, but ultimately, as Giddens (1984) reminds, they are insufficient to "make a difference" and so do not represent the exercise of effective agency. By contrast, Hacking's dynamic nominalism attributes to groups that are classified from above the capacity to make such a difference in dominant discourses. No matter how Reith's addicts might employ the classifications and labels with which they are saddled from above, they remain, as she puts it, passive "repositories for widespread fears of unrest" (2004: 298). Ultimately, despite its many strengths, Reith's account is illustrative of the sort of "wildly metaphorical" (Hacking 1999: 50) social constructionism that Hacking encourages the analyst to avoid.

Institutional Perspectives

Other scholars have produced valuable constructionist accounts that rely less heavily on Foucauldian theory. Rather than focusing on broader sociohistorical processes, many of these sociologists draw attention to the ways that specific social institutions have contributed to the

construction of the addict. For example, various scholars have argued that the lay organization, Alcoholics Anonymous, in cooperation with sympathetic scientific authorities like Yale University's E. M. Jellinek, manufactured and strategically perpetuated a disease concept of addiction that absolved addicts of moral responsibility (Anderson 1942; Room and Collins 1983; Schneider 1978). Others have demonstrated the significant social and political consequences of mass media depictions of addiction (Brecher 1972; Gusfield 1963; Lindesmith 1947, 1965; Reinarman and Levine 1989; Reinarman et al. 1997; Best 1999). For example, Reinarman (2005: 314) shows how framing their addiction stories as if it is "a disease that 'can happen to anyone'" tends to draw more viewers and higher ratings. Still other second-order accounts demonstrate how the criminal justice system (Lindesmith 1965; Reinarman et al. 1997; Courtwright 1982; Courtwright et al. 1989; Duster 1970) and modern science (Acker 2002; Campbell 2007) have been central to the construction of dominant discourses on addiction and the legitimation of particular forms of public policy.

In particular, given her attention to the relationship between modern scientific research, public policy, and the lived experience of addicts, Acker's (2002) excellent *Creating the American Junkie* may seem to anticipate the central argument presented here. Acker identifies two significant historical shifts in prevailing attitudes about, and demographics of, habitual narcotics use: the first occurred during the Progressive Era and the second followed an "explosion of drug use by middle-class youth in the 1960s and 1970s" (9). Regarding the first shift, she argues how early twentieth-century physiological and psychological theories of addiction effected particular public policies that "ironically helped create a more tightly knit, if socially disconnected, junkie subculture" (5). This keen observation seems to suggest how

American authorities' treatment of addicts during the 1910s and 1920s effected among those addicts new relations and experiences. In other words, Acker appears to demonstrate how looping effects unfolded within a particular social matrix during the first decades of the twentieth century.

Hacking (1986, 1995a) argues that the looping effects to which Acker gestures tend to follow inevitably from the elaboration of new human kinds, but that the radically contingent process of self-ascription will result in "a wholly new type of looping effect" (1995a: 382). So however scrupulously Acker may describe addicts' reactions to a shifting social matrix, she ultimately neglects their possible agency. Like Levine and Reith, Acker tends to represent addicts as passive repositories of top-down classifications, even as she acknowledges how those classifications may effect new behaviors. In short, her otherwise superb study neglects the tightly coupled possibilities of class(ification) consciousness and self-ascription, which are central to Hacking's dynamic nominalism, and to which the present work accords considerable historical significance. Specifically, this work argues that Alcoholics Anonymous represented the critical vehicle through which addicts achieved partial epistemic authority over their own kind-term during the second third of the twentieth century. Accordingly, Acker references AA only once, and unfortunately she buries that reference in her conclusion (Acker 2002: 217).

Attributional Perspectives

Hacking (1999) distinguishes among six gradations of social constructionist commitment (19-21). At the least demanding end of his spectrum is the "historical" constructionist, who demonstrates simply that X is not inevitable, but is historically contingent. The historical

constructionist may remain agnostic toward the moral consequences of X. At the other extreme of Hacking's spectrum are the "rebellious" and "revolutionary" constructionists, who, like the historical constructionist, demonstrate that X is historically contingent, but who go further by arguing that X "is a bad thing…and that the world would be a better place without X" (19). Unlike the "rebellious" constructionist, the "revolutionary" is not content simply to articulate his argument, but pursues a form of praxis that seeks to "change the world in respect of X" (20). Evidenced by titles like *The* Myth *of Addiction* (Davies 1992), *The* Truth *About Addiction and Recovery* (Peele and Brodsky 1991), and "Why the Pervasive Addiction *Myth* is Still Believed" (in all cases, *emphases added*; Hammersley and Reid 2002), scholars contributing to the literature considered below often elaborate rebellious and occasionally revolutionary forms of social constructionism regarding addiction. In other words, the attributional perspective differs from the other constructionist works reviewed above by degree, not kind.

Drawing on Mills' (1940) argument that actors tend to represent their behaviors in ways that conform to prevailing social norms, the "attributional perspective" suggests that those who are classified as addicts will often make use of dominant addiction narratives in order to explain—and often explain away—deviant behaviors in their pasts and presents (Zimmerman 1969; Peele 1989; Davies 1992, 1997; Hammersley and Reid 2002). Scholars contributing to this literature consider how prevailing addiction rhetoric may be functional for those who employ it, and how that rhetoric tends to reflect and reinforce collectively shared values. If the second-order accounts of addiction considered above are generally agnostic toward the "true" ontological status of addiction, these attributional accounts are decidedly more skeptical, and occasionally even hostile toward prevailing ideas about addiction. Roughly stated, these

attributional perspectives follow Derrida's (1993: 3) denial that addiction is a "real" feature of the world, but is sustained only through "an instituted and an institutional definition…a rhetoric, whether explicit or elliptical."

Scholars contributing to this perspective argue that drug users become addicts only once they progress through two distinct symbolic processes. First, actors who come into contact with some facet of the addiction rehabilitation complex—drug counselors, judges, correctional officers, etc.—undergo a process of internalization during which they are taught to reinterpret their pasts and presents in terms of prevailing ideas about addiction (Reinarman 1995, 2005; Weinberg 2000; Rice 1992, 1996). The accounts that drug users learn to provide "are not naturally occurring, objective descriptions of an unambiguous reality" (Reinarman 2005: 315), but are demanded, managed, and accomplished in conversation with administrative authorities (or other addicts who have already undergone such processes) under threat of formal or informal punishment. Once drug users internalize narrativized addiction scripts, they proceed through a process of enactment in which they actively recount past drug using experiences through the newly acquired rhetoric. Not only do such secular confessions help absolve the new addict of past and present sins, they also demonstrate to administrative authorities contrition and evidence of rehabilitation, and, by repeating the narrative publically, also serve a proselytizing function (Zimmerman 1969; Reinarman 1995).

Scholars have argued that the attribution of habitual behaviors to an underlying, possibly "mythical" (Davies 1992) disease entity is functional for the addict because it provides a reasonable explanation for otherwise unexplainable or socially offensive actions. Further, Room (2003) suggests that current addiction-as-disease narratives resemble seventeenth-

century accounts that held demonic possession to be the causal force of deviant behavior. In this sense, addiction-as-disease narratives suggest a kind of "secular possession" (Room 2003: 231) wherein some nefarious agent overwhelms the self and reconfigures the relationship between will and action. Where seventeenth-century accounts attributed possession experiences to supernatural agents invading the soul from without, modern accounts of addiction suggest this possession originates from within (i.e., from within the body, mind, or brain). Thus, in addition to various private functions, the narratives which addicts learn to internalize and enact also serve public functions by reinforcing dominant naturalistic *weltanschauungs* and philosophical anthropologies.

Because recovered addicts frequently represent these standardized narratives as idiosyncratic personal experiences in public fora, Reinarman (2005) suggests that typified accounts accrue popular legitimacy and cultural authority. Further, he demonstrates how it has become commonplace for rehabilitation facilities to employ their most successful clients as drug counselors. Once in positions of authority, these "success stories" (Schram and Soss 2001) are likely to transmit dominant narratives to incoming addicts and enforce rhetorical compliance, further perpetuating the legitimacy and truth of the narrative (Brown 1991). "This," Reinarman (2005: 315) argues, "completes the loop and conceals, like a good magic trick, the actual procedures by which it was accomplished." Echoing Szasz's (1961) concerns regarding the popular legitimacy and institutionalization of the concept of mental illness, many of the scholars contributing to this perspective worry about the moral ramifications of this "magic trick." Not only do such addiction narratives seem to excuse past behavior and enable

continued use, but they seem to furnish dangerously thin bases for the construction and sustainment of durable selves (Davies 1992; Hammersley and Reid 2002).

Scholars contributing to the attributional perspective rightly emphasize the public and private significance of addiction narrativization. They have contributed valuable insights regarding the benefits conferred on those recovered addicts who internalize prevailing narratives and perform their addictions in socially sanctioned ways. The attributional perspective also helps to throw into relief the symmetry between dominant addiction narratives and prevailing philosophical anthropologies. Regardless of the value of these insights, however, they often "foreclose on an account [of addiction] being also descriptively valid" (Weinberg 2011: 306; see also Haraway 1991). Hacking's dynamic nominalism challenges the sharp distinction that these scholars draw between some "real" personal experience and the socially constructed narrative of addictive behavior through which drug users learn to reinterpret their experiences.

Where the attributional perspective tends to equate the successive processes of internalization and enactment with some fundamental inauthenticity, dynamic nominalism holds that prevailing discourses and a culture's horizon of possible personhoods are coextensive. In short, Hacking's position holds that performance and reality are inseparable actually, if not analytically. Phenomenologists, ethnomethodologists, and others anticipated Hacking's denial of any lived distinction between discourse and practice (Schutz 1967; Berger and Luckmann 1966; Garfinkel 1967; Sewell 1992). Goffman (1959: 35-6), for example, argues:

> To the degree that a performance highlights the common official values of the society in which it occurs, we may look upon it…as a ceremony—as an expressive

> rejuvenation and reaffirmation of the moral values of the community. Furthermore, in so far as the expressive bias of performances comes to be accepted as reality then that which is accepted at the moment as reality will have some of the characteristics of a celebration. To stay in one's room away from the place where the party is given…is to stay away from where reality is being performed.

Rather than evidence of Sartre's bad faith or the Frankfort School's false consciousness, the present work follows Goffman by assuming that the reality of addiction is reinforced through the recitation of institutionalized narratives and the embodiment of available personhoods. Thus, following Goffman and Hacking, this work seeks to demonstrate how addicts' accounts are not only genuine expressions of their lived experiences in the world, but that the faithful recitation of typical accounts represents a practical and moral imperative, particularly given the heightened demands on positive self-identification under the tightly coupled modern conditions of deinstitutionalization and subjectivization.

Attributional perspectives also tend to take for granted addicts' possible cultural authority and the epistemic legitimacy that proceeds from having "been there before." Few of these works acknowledge the sociohistorical processes through which lay addicts accrued degrees of epistemic authority. They may note how addicts "are often called upon to speak in the community, in schools, and in the media as experts on addiction" (Reinarman 2005: 315), and rightly argue that this activity helps perpetuate dominant narratives, but fail to demonstrate how such widespread appreciation for experiential knowledge (Borkman 1976; see also Polanyi 1958) of addiction represents a contingent historical accomplishment. In fact, as this work will demonstrate, for over seventy years (i.e., from the early 1860s to the mid-1930s), the addict represented an object proper to social scientific investigation—a discrete kind of human being about which knowledge was discovered and articulated exclusively by

social scientific authorities. Very roughly stated, this work holds that it was only in the wake of contingent interactions between social scientific classifications and the people who were classified that Alcoholics Anonymous emerged during the Great Depression as a powerful vehicle through which "the known [were able to] overpower the knowers" (Hacking 1995a: 360) and legitimate epistemic authority grounded in their immediate experience of addiction.

In fact, the history of the addict as a human kind of person proves more complex than this, and addicts never were able to completely overpower scientific elites and seize exclusive epistemic authority. Nonetheless, this work seeks to demonstrate how prevailing reverence for addicts' experiential knowledge is neither necessary nor inevitable, but is in fact contingent on addicts' self-ascriptive activities within mutual-help fellowships like Alcoholics Anonymous. Discovering and specifying the ideal and material conditions under which these self-ascriptive processes become more likely is, in fact, one of the central aims of this work. Hacking suggests some potentially necessary conditions—the democratic and egalitarian proclivities native to the United States (1995a: 381) and, separately, the existence of material sites conductive to sociality (and solidarity) among those classified from above (1986: 233-4; 1995a: 382)—but his list remains incomplete and, as his theoretical interests lie elsewhere, not specific to the focal human kind of this work: the American addict.

Methods

This study concerns the historical processes through which one of Ian Hacking's "human kinds," the American addict, crystallized in the United States between 1860 and 1960. While it seeks to contribute substantively and theoretically to the sociology of addiction and, to a lesser extent, the sociologies of knowledge and culture, the structure and logic of the following argument departs from the second-order accounts considered above by applying analytical methods developed in historical sociology. In this section, I demonstrate how a methodological approach drawn from historical sociology—path-dependent analysis of a reactive sequence—appears well suited to the operationalization of Hacking's philosophical enterprise.

The history of the addict in the United States, like the history of other Hackian human kinds such as the pregnant teenager, the child abuser, the homosexual, and the multiple personality split, appeared to proceed through a series of contingent events. For example, the emergence at the turn of the twentieth century of the human scientific classification, "addict," and the later appropriation of the label by those who were classified, were neither necessary nor predicable moments in the history of the addict. Especially the latter development may appear highly improbable given certain theoretical assumptions and in relation to the "initial conditions" under which the social scientific classification first emerged. As many scholars have argued, path-dependent analysis is best suited to provide robust sociological explanations of such contingent historical sequences (Goldstone 1998; Mahoney 2000; Sewell, Jr. 1996; Somers 1998; Tilly 1994; Griffin 1993; Aminzade 1992). "A system that exhibits path dependency," Goldstone (1998: 834) explains, "is one in which outcomes are related stochastically to initial conditions."

Under the broad heading of path-dependent analysis, Mahoney (2000) argues that historical sociologists tend to investigate one of two possible kinds of historical patterns: *self-reinforcing sequences* and *reactive sequences*. Self-reinforcing sequences describe a pattern of historical events that exhibits long-term reproduction and institutional entrenchment. "In these sequences," Mahoney argues, "initial steps in a particular direction induce further movement in the same direction such that over time it becomes difficult or impossible to reverse direction" (512). If X, Y, and Z represent equally possible events given the "initial conditions" of an historical sequence, assuming self-reinforcing conditions, the manifestation of either X, Y, or Z will largely (though never completely) determine the eventual course of the historical trajectory. In such self-reinforcing sequences, the initial selection of X, Y, or Z may be radically contingent, but the events that follow this selection may be predicted with relative accuracy and can be explained with reference to the initial selection.

Other path-dependent analyses consider reactive sequences. In a reactive sequence, "each event…is both a reaction to antecedent events and a cause of subsequent events" (Mahoney 2000: 526). Reactive sequences involve "event chains" where historical event A leads to event B leads to event C and so on. The classic example of such a reactive sequence is the Polya urn experiment (Arthur, Ermoliev, and Kaniovski 1983). In this experiment, an urn contains four colored balls—a white ball, a black ball, a red ball, and a yellow ball. The participant will select one of the balls, return that ball to the urn, and add two additional balls that match the color of the ball selected. For example, if the participant first selects a white ball, then the resulting distribution in the urn will be: 3 white balls, 1 black ball, 1 red ball, and 1 yellow ball. Under these conditions, there is a greater probability that the participant will next

select a white ball, but he may also select a red ball, thus resetting the distribution of colored balls and the probabilities of the subsequent selection. The goal is to repeat this process until the urn is filled with colored balls.

This experiment draws attention to at least three unique features of reactive sequences. First, events occurring earlier in the sequence have more significant effects on the final outcome than do later events. The first few selections affect the distribution of colored balls and relative probabilities more significantly than do the later selections which will be made among a more solidified and less malleable distribution. Second, to explain the outcome of a reactive sequence, one must recount each selection in the historical string. By contrast, causal explanations of self-reinforcing sequences need only recount the initial event, from which all successive events are assumed to descend. Closely related to this, the third feature unique to reactive sequences concerns the possibility of "backlash processes that *transform* and perhaps *reverse* early events" (*emphases original*; Mahoney 2000: 526). For example, if the Polya urn participant's first two selections are white balls, it becomes more probable that the final distribution will be dominated by white balls, but it is always possible that the participant will begin to select red balls one after another, thus transforming the sequence and confounding earlier theoretical assumptions. However, as the first feature considered above suggests, such transformations become less likely with each successive selection. Given the progressive entrenchment inherent to self-reinforcing sequences, such transformations are always highly unlikely. Note, however, that both self-reinforcing and reactive sequences possess deterministic properties, and in each kind of sequence outcomes are related stochastically to initial conditions.

The historical trajectory of the modern addict in the United States appears to resemble a reactive sequence. Hacking (1999: 50) insists that human kinds are "constructed in quite definite stages, where the later stages are built upon, or out of, the product of earlier stages." In other words, later events in the historical sequence are contingent on earlier events. As the present work will demonstrate, the Alcoholics Anonymous movement of the 1930s was "built upon" earlier human scientific classifications and extant institutional configurations. In other words, the emergence of AA appears to have been possible only at a particular juncture in an ongoing reactive event series. Further, as a vehicle for processes of self-ascription, the historical emergence of Alcoholics Anonymous seems to represent the kind of "transformative" event that is possible only in such reactive sequences. The lay appropriation of expert classifications was neither predicable nor likely given the early history of the addict as an object exclusive and proper to the scientific gaze. "Kinds are modified," Hacking (1995a: 370) argues, "revised classifications are formed, and the classified change again, loop upon loop." Each loop resets epistemic and institutional configurations, and effects a new set of historical possibilities. In sum, Hacking's "looping effects" seem to suggest a very particular kind of temporally-ordered and causally-linked path-dependent reactive sequence.

Narrative

Unlike path-dependent analyses of self-reinforcing sequences that seek to provide explanations of institutional reproduction (e.g., scholars may explain such reproduction as a consequence of utilitarian, functional, power, and legitimation processes [Mahoney 2000]), explanations of reactive sequences attend to the contingent relations between each historical event. For example, to explain the outcome of any given run of the Polya urn experiment, a

scholar must recount the particular conditions preceding, and the particular conditions proceeding, each ball selection throughout the entire reactive sequence. In path-dependent analyses of reactive sequences, "these smaller sets of intervening steps…not the direct link between breakpoints and outcomes," Mahoney (2000: 529) argues, "are the central objects of analysis." Accordingly, historical narrative, like the one that a scholar might provide for a run of the Polya urn experiment, is an "especially useful method for making sense of the multiple steps in a reactive sequence" (530).

By providing a narrative account of the historical construction of the addict, the works seeks to identify the necessary and sufficient conditions under which successive events became possible. Additionally, historical narrative should help bring into relief the "causal mechanisms" (Merton 1967; Elster 1989; Stinchcombe 1991; McAdam, Tarrow, and Tilly 2001) that connect the initial conditions of the historical sequence to later outcomes. Finally, a narrative form permits the analyst of reactive sequences to demonstrate the temporal ordering of historical events. As various scholars have argued (Stryker 1996; Stone 1979; Somers 1992), the presentation of social phenomena in narrative form helps reinforce an "inherent logic" (Abbott 1992: 445) between the sequential events and in the historical trajectory more generally. While Hacking denies that "there is a general story to be told about making up people," and insists that "each [human kind] has its own history" (1986: 234), the identification of such an inherent logic is critical if this work intends to avoid presenting a case study of the modern addict that suggests the Seussian conclusion that "it just 'happened to happen,' and was not very likely to happen again" (Geisel and Geisel 1991: 91; quoted in Goldstone 1998: 832). Or, as

Gusfield (1963) puts it, the historical sociologist "studies just that which is so often *ad hoc* to the interpretation of the historian" (*emphasis original*; 3).

In fact, it is difficult to imagine a path-dependent analysis of a reactive sequence that would not take the form of a case study. For example, it is highly unlikely that two runs of the Polya urn experiment will ever proceed in the same way. This holds true despite all experimental runs beginning with identical initial conditions—the same four colored balls—and the possibility that some permutations will exhibit identical outcomes. Each run of the experiment will proceed through a contingent and unique sequence of events, and so each requires a discrete explanation. Considered together, however, a collection of these case studies should help illuminate certain deterministic processes and invariant properties of the path dependent system within which the iterations proceeded. As noted above, Hacking (1986) sees "no reason to suppose that we shall ever tell two identical stories of two different instances of making up people" (236), and the present work accordingly presents a case study of the historical construction of the addict in the United States. Nonetheless, it is this author's hope that the narrative presented here contributes to a broader understanding of the dialectical and historical relations between human scientific knowledge and the people to whom that knowledge refers.

Scope

Unlike analyses of self-reinforcing sequences that focus on determinate initial conditions, a reactive sequence involves a chain of contingent events that may not exhibit an obvious historical moment of departure. Accordingly, Mahoney (2000) notes that a problem

common to analyses of reactive sequences concerns the identification of a "meaningful beginning point" (527). Because it always appears possible to identify antecedent casual events, and because even initial conditions are contingent, path-dependent analysts examining reactive sequences are liable to follow event chains far back in history, falling into the "trap of infinite regress" (527). In order to avoid this trap, analysts of reactive sequences must identify an "initial rupture" (Sewell 1996) that defies theoretical expectations and sets in motion the focal event chain. This initial rupture will be itself a contingent event that often represents the "intersection point of two or more prior sequences" (Mahoney: 527). Ultimately, analysts of reactive sequences must rely on theory to identify such an initial rupture and demarcate the historical limits of the focal event chain.

Relative to the American addict, Hacking's theory suggests such an "initial rupture." The addict emerged as a human kind of person appropriate to human scientific explanation during the last quarter of the nineteenth century. This contingent event appeared to unfold against the conjuncture of other independent historical sequences: an apparent rise in drug and alcohol use following the Civil War, the practical maturation and cultural legitimation of the medical and social sciences, the temperance and abolition movements, and the more general "cultural crisis of modernity" (Hickman 2007: 13). Therefore, the historical narrative presented here begins in the wake of the U.S. Civil War, during the 1860s.

Because Hacking's dynamic nominalism suggests ongoing interactions between classifications and the classified, identifying a clear ending point seems to present the more significant difficulty for this work. Given the recent rise of neuroscientific and genetic explanations of addiction (for review, see Kuhar 2012; Von Stieff 2011) and the explosion

beginning in the early 1980s of mutual-support groups for various kinds of addicts and addicts' families (Acker 2002), it is clear that both the phenomenon of addiction and the addict personhood remain in flux. Rather than a comprehensive and up-to-date history of addiction in the United States, however, this work seeks to explain systematically the historical relationship between human scientific classifications and possible personhoods. And the scope of the reactive sequence considered here should be considered sufficient to the extent that it enables logical and defensible explanations of that relationship.

Alcoholics Anonymous emerged during the Great Depression, and as early as the mid-1940s, lay addicts had wrested from experts a significant share of epistemic authority over their own classification. This disruption of conventional relations between knowing experts and known addicts continued until E.M. Jellinek's seminal 1960 work, *The Disease Concept of Alcoholism*, helped to reconcile experts and lay addicts. The present study demonstrates how Jellinek's argument effectively synthesized lay addicts' new self-representations and addiction experts' empirical accounts. In other words, the publication in 1960 of *The Disease Concept of Alcoholism* marked the conclusion to some of the most surprising and important looping effects between human scientific classifications and the humans who were so classified. Thus, the following narrative will open with the "initial conditions" obtaining just prior to the Civil War and proceed through Jellinek's seminal physiopathological analysis.

Data

The following work presents a narrative account of the construction of the addict personhood in the United States between 1860 and 1960. This narrative should inform the

path-dependent analysis of a specific kind of reactive sequence unique to the looping effects of Hacking's human kinds. The data informing this historical narrative will be drawn mostly from primary sources like scientific journals and books, records of academic conferences, statistical reports, propaganda and official documents from early twentieth-century sanitaria, records of the material configurations of treatment milieu, texts central to important mutual-help groups like Alcoholics Anonymous, transcripts from congressional hearings and judicial proceedings, and addicts' memoirs and personal correspondence. Where necessary and appropriate, this work will also draw on some of the excellent histories of drugs, drug use, and addiction treatment in the United States (e.g., Musto 1973; Morgan 1981; White 1998; Courtwright 2001; Hickman 2007).

Chapter Three: Initial Conditions

> *Path dependence is a property of a system such that the outcome over a period of time is* not determined *by any particular set of initial conditions. Rather, a system that exhibits path dependency is one in which outcomes are related stochastically to initial conditions, and the particular outcome that obtains in any given "run" of the system depends on the choices or outcomes of* intermediate events *between the initial conditions and the outcome.*
>
> —Jack Goldstone (1998: 834)

The American addict emerged during the last quarter of the nineteenth century under a set of specific sociohistorical conditions. Specifically, the addict unfolded against a conjuncture of three extant trends in the United States: an apparent spike in the use of alcohol and narcotics in the wake of the Civil War, the professionalization and increasing cultural legitimacy of the American medical field, and the temperance movement's shifting ideological bases. Taken together, this work argues that such material, institutional, and ideal trends comprised the "initial conditions" under which the addict emerged as a discrete human kind of person and out of which a new event series proceeded. As Goldstone suggests in the epigraph above, however, the sociohistorical conditions prevailing during the 1860s *determined* neither the emergence of the addict as a new human kind nor later events in the reactive sequence. Moreover, Goldstone implies that even an intensive review of such initial conditions will not help to disclose an "inherent logic" (Abbott 1992: 445) between intermediate events in the ensuing sequence—one of the aims central to this work.

Nonetheless, analysts of path dependent systems argue that certain sets of initial sociohistorical conditions *make possible* new event chains and new social realities. In other words, the emergence of the American addict during the 1860s appeared to be contingent on the unlikely conjuncture of a set of sociohistorical conditions—material, institutional, and ideal. If the crystallization of the addict as a human kind represented an "initial rupture" (Sewell 1996) that effected a new "reactive sequence" (Mahoney 2000) of historically contingent events, then any narrative seeking to explain its meandering path between 1860 and 1960 must attend first to the conditions of its possible emergence. By analogy, if Chapter Four, "The Historical Emergence of the Addict," recounts the first "ball" selected in a run of the Polya experiment, then this chapter seeks to document the configuration, amount, and colors of the balls at the bottom of urn.

"The Soldier's Disease"

The Civil War represented a watershed event in the history of American military technology, the scale of armed conflict and casualties, and battlefield medicine. Cutting-edge technologies like the repeating rifle and lead "Minie ball" bullets inflicted unprecedented carnage. Almost 645,000 soldiers lost their lives during the Civil War, and the Union alone treated over 5.8 million soldiers for non-fatal wounds and various diseases (Cassedy 1992; Beller 1992). In fact, typhoid fever, pneumonia, dysentery, measles, and diarrhea proved far more deadly than the new military technologies, accounting for two out of every three battlefield deaths (Freemon 2001).

While twentieth- and twenty-first-century medicine has since mitigated the effects of such diseases and in some cases eradicated them completely, the state of the art during the Civil War was comparatively primitive and proved ultimately fatal for many soldiers. Whether deployed on the battlefield or stationed in hospitals at its periphery, Civil War medics had little knowledge of bacteria or viruses. While some physicians used chloroform as an anesthetic, quinine to treat malaria, and paregoric for diarrhea, many more defaulted to substances like alcohol, opium, and morphine (Freemon 2001; Adams 1952). The historian William White (2014) notes that these substances "could cure nothing, but could relieve every form of physical and emotional distress" (1). Many contemporary critics argued that the physical and emotional strains of the war, coupled with physicians' liberal administration of supposedly habit-forming drugs precipitated an upsurge in Americans' alcohol and drug use during the decade that followed the end of the war (Wright 1910; Crothers 1902; Day 1868).

This argument gained popular and professional traction around the turn of the twentieth century, and, at least for a time, the habitual use of narcotics was known as "the soldier's disease" and sometimes "the Army disease." In addition to arguments that centered on the physical and emotional trauma experienced by Civil War soldiers and the ubiquity of alcohol and opiates on the battlefield, critics increasingly identified the recent isolation of morphine from the opium poppy, the introduction of and indiscriminate use of the new hypodermic syringe, and the increased domestic growth of the opium plant in the South as proximate causes of widespread inebriety (Hickman 2007). A number of veterans' memoirs, like the anonymous (1876) *Opium Eating: An Autobiographical Sketch* and William Cobbe's (1895) *Doctor Judas* portrayed pitiful individuals who had become habituated to opiates during

the war; these works depicted sympathetic victims of a new kind of wartime trauma. In an influential report to Congress, Dr. Hamilton Wright (1910) supported the Foster Bill, an ultimately unsuccessful anti-narcotic measure, by arguing that there was "abundant evidence that one of the prime causes of the misuse of opium and morphia in the United States was the physical and mental overstrain or breakdown of a large number of our population during or immediately following the Civil War" (14). Other scholars similarly attributed an upsurge in alcohol consumption to the Civil War. Dorchester's (1888: 461) *The Liquor Problem in All Ages*, for example, suggested that the per capita annual consumption of beer in the United States increased from just over one gallon in 1840 to over five by 1870.

Many current scholars continue to perpetuate this argument. O'Brien and Cohen (1984), for example, argue that the Civil War was directly responsible for over 400,000 new opiate addicts in the United States (178). Others, however, have mounted a substantial challenge to this view (Brooks 1966; Howard-Jones 1947, 1971; Musto 1973). Mark Quinones (1975) argues that neither widespread use of the hypodermic syringe nor radical changes in consumption rates of alcohol, opium, and morphine began until the end of the Civil War. Among other evidence, he demonstrates how opium imports into the US did not increase significantly until the mid-1860s. While Brooks (1955) acknowledges that battlefield physicians commonly applied opium powders and morphine sulphate topically and administered them orally, he insists that most medics remained unfamiliar with the hypodermic syringe until the decade following the Civil War. Further, Musto (1974: 301*n*2) notes that Oliver's (1872) contemporary report on the rise of opium use in the United States never cited the war as a proximate cause, but instead traced it to the teetotalism of the temperance movement during

the 1840s and 1850s. Only later, Musto argues, did the Civil War become "a convenient event to blame for late 19th century addiction" (301*n*2). These historical accounts cast considerable doubt on the conventional view that the Civil War was directly responsible for the upsurge in alcohol, opium, and morphine abuse in the United States during the late 1800s.

Providing a careful and meticulously researched account, Courtwright (1978) helps to reconcile these conflicting accounts. While he agrees with Musto, Quinones, Brooks, and others that the available evidence fails to support an independent "soldier's disease" thesis, Courtwright insists that the Civil War undoubtedly contributed to the rise of various forms of habitual intoxication during the late nineteenth century. Finding that the Union Army alone administered over 10 million opium pills and almost 3 million ounces of opium powder, the historian argues that this ultimately proved more significant to residual therapeutic habits among physicians than to the individual habits of veterans following the war. In other words, whether or not soldiers returned to civilian life habituated to opiates (and undoubtedly some, if not many, did), Courtwright insists that physicians who had become accustomed to administering these substances to relieve myriad ailments on the battlefield continued to rely on opiates throughout the succeeding decades. In other words, he holds that the physicians', rather than the soldiers', habits which were forged on Civil War battlefields help explain the rise in habitués during the late nineteenth century.

Courtwright's argument appears even more persuasive in light of Robins' (1973, 1974, 1993) landmark studies of veterans who were clinically addicted to heroin during their tours in the Vietnam War. Robins found that the vast majority of these veterans abstained from opiates

spontaneously and completely upon returning to civilian life in the United States. If Vietnam veterans' addictions varied relative to particular social contexts, it is likely that the same held true for veterans returning from theaters of Civil War conflict.

Because "no thorough study of morphine use in the Civil War has (yet) been located" (Musto 1974: 301*n*2), it is unlikely that these historical controversies will be settled conclusively. Nonetheless, two observations seem particularly germane to the present work. First, prior to the Civil War, Temperance advocates rarely distinguished among different "types" of inebriates. "From the ethical precepts of Temperance adherents," Gusfield (1963) argues, "the use of alcohol in all forms and in all degrees was a moral problem…[the drinker] was sinful" (30). However, the emergence of a group of inebriates who appeared to have acquired their "sinful" habits unwittingly, or even against their will, presented a profound challenge to such generalizations. While temperance ideology is considered at greater length below, suffice to say here that in the years following the Civil War, a distinction between "willful" and "involuntary" inebriates began to crystalize in the United States' collective conscience. As this work will demonstrate, early addiction scholars formalized and legitimated this distinction around the turn of the twentieth century, and the assumption of distinct "innocent" and "criminal" addict populations underwrote public policy throughout the following century.

Second, and relatedly, the apparent connection between medical practices on the battlefield and rising rates of habituation in the wake of the Civil War cast a pall over the relatively immature medical field in the United States. If not universally, inebriety now seemed at least possibly or partially iatrogenic. Rather than diminishing the cultural authority of

physicians, however, critics increasingly looked *to* the medical field for explanations and solutions. "Because narcotic drugs were…products of modern *medical* technology," Hickman (*emphasis original*; 2007: 96) argues, "turning to professional medicine to remedy the condition made sense." Under these conditions, naturalistic explanations of habituation were more likely to resonate with the public and among political authorities. Additionally, the suggestion that physicians might be contributing to the spread of inebriety reaffirmed the urgency of medical professionalization in general, and the establishment and enforcement of stricter intra-field guidelines in particular.

Professionalization of American Medicine

Following Weber's (1947) seminal statements regarding the historical relations among processes of rationalization, bureaucratization, and professionalization, sociologists of work and organizations have sought to define the "profession" and distinguish it from "quasi-professions" and "non-professions." Additionally, these scholars have attempted to identify a set of sociohistorical conditions necessary and sufficient for professionalization processes (Abbott 1993; Ritzer 1975). While some disagreement persists regarding the definition of a profession (Abbott and Meerabeau 1998) and exactly how and around what professions tend to condense (Scott 2004; Simpson 1985), it is possible to distill some fundamental criteria: a "profession" represents a relatively autonomous body of practitioners that is able to assert and reinforce its institutional independence through self-organization, self–administration, self-censure, and an exclusive claim to a corpus of esoteric knowledge. By extension, the process of "professionalization" implies the historical development of such institutional autonomy and the gradual accrual of practical legitimacy (Friedman 1977; Ritzer 1975; Abbott 1988) and "cultural

authority" (Starr 1982). For the analyst attempting to explain the process of professionalization, Freidson (1970) argues:

> First, one must understand how the profession's self-direction or autonomy is developed, organized, and maintained. Second, one must understand the relation of the profession's knowledge and procedures to professional organization as such and to the lay world. The first is a problem of social organization; the second a problem of the sociology of knowledge (xvi).

As suggested in the preceding section, there may exist some controversy regarding the influence of the Civil War, but most scholars agree that Americans' use of alcohol and opiates began long before, and extended long after, the emergence during the last quarter of the nineteenth century of the human kind, "addict" (Gusfield 1963; Morgan 1981; Acker 2002; Musto 1973). Similarly, the professionalization of the American medical field represents a discrete historical sequence that predated the construction of the addict by almost a century. A voluminous literature exists regarding the professional history of American medicine (Starr 1982; Leavitt and Numbers 1978; Howell 1995; Pernick 1985; Millerson 1964), and much of it falls outside the scope of the present argument. Of particular importance here, however, is the degree of organization within the medical field just prior to the emergence of the concept of addiction (i.e., between the 1860s and the 1890s), the nature and sophistication of physicians' expert knowledge around this time, and the degree to which intra-field organization and the cultural legitimacy of professional medicine depended on such knowledge. The following section briefly considers each of these dimensions in turn.

Organization

If, according to Freidson, scholars seeking to explain the process of professionalization must address a "problem of social organization" and a "problem of the sociology of knowledge," the former appears more straightforward and empirically demonstrable than the latter. At least in part, scholars distinguish professions like medicine, law, and the ministry from quasi-professions, skilled trades, and other institutional configurations by the professions' unique capacity for self-representation and their thrust toward universal credentialization; credentials, moreover, which are legitimated and regulated by the profession itself (Abbott 1988; Johnson 1972). In other words, the extent to which a profession is able to define itself, define the phenomenon or phenomena over which it claims authority, filter potential initiates, and regulate existing members, the greater its potential for self-determination and the more likely its autonomy from extra-field interests. Thus, most scholars agree that the founding of specialized schools, the publication of professional journals, and the establishment of relevant associations demonstrate increasing professional organization and maturity (Kaufman 1976; Duffy 1979; Cartwright 1977).

In 1800, around the time that Dr. Benjamin Rush was refining his influential theory of habitual drunkenness, only four medical colleges existed in the United States (Kaufman 1976). Thus, at the turn of the nineteenth century, it was common for aspiring American physicians to pursue their studies across the Atlantic. For example, before serving as Surgeon General in the Continental Army, Rush received his M.D. at the University of Edinburgh in Scotland (Brodsky 2004). By 1877, however, the United States claimed an additional seventy-three specialized schools (Kett 1968). Historians note wide variation in the quality of medical education and

licensing requirements throughout this period, and especially prior to 1870 (Kaufman 1976; Shryock 1967). Nonetheless, the emergence and proliferation of specialized sites of education suggest throughout this period a rapidly maturing medical field in the United States.

Meanwhile, both medical journals and professional organizations multiplied during the nineteenth century. 117 medical journals were published in the United States between 1797 and 1850, and by the turn of the twentieth century, 275 such periodicals were in circulation (Pernick 1985; Duffy 1979). The rise and proliferation of medical journals attended similar increases in professional associations. In addition to local medical societies, almost all states in the Union possessed official associations by 1830. Nationally, the American Medical Association was founded in 1847, and an additional fifteen national societies—many of which represented medical specialties—appeared between the end of the Civil War and 1902 (Burrow 1963). By the last quarter of the nineteenth century, around the time the cutting-edge addiction field was emerging, the American physician "could point to educational facilities, licensing standards, medical societies, and periodicals—the hallmarks, it is said, of professionalization—most of which had been unavailable to practitioners in the early decades of the century" (Shortt 1983: 54).

Knowledge

While scholars tend to agree on the historical sequence that led to professional organization within the American medical field during the nineteenth century, there exists some controversy regarding the relationship between knowledge and professionalization. Standard histories of Western medicine suggest that a series of biomedical innovations granted

nineteenth-century physicians significant gains in both theoretical knowledge and practical competence (Garrison 1929; Singer and Underwood 1962). As the century opened, Bichat's work in histology and Jenner's introduction of the smallpox vaccine inaugurated revolutions in anatomical pathology and immunology, respectively. More generally, these seminal works effected tightly-coupled paradigm shifts that, by mid-century, had marginalized heroic theories of disease and humoristic methods of treatment. By the end of the nineteenth century, Virchow's cellular conceptualization of pathology effectively nihilated heroic medicine and helped relegate to the periphery of the field those few physicians who continued to pursue such "pre-modern" approaches (Rosenberg 1971).

Between Bichat's and Jenner's foundational work at the dawn of the century and Behring and Kitasato's discovery of diphtheria antitoxin serum in 1890, Western medicine experienced significant, if often spasmodic, epistemic progress throughout the nineteenth century. For example, as demonstrated in the previous section, physicians generally remained ignorant to the behavior of bacteria and viruses through the end of the Civil War. In the brief span between 1879 and 1884, however, biomedical researchers successfully identified the organismic etiology of tetanus, malaria, tuberculosis, typhoid, leprosy, and cholera. While nineteenth-century physicians could not yet cure these diseases, their pharmacological and surgical abilities progressed gradually, even as they often lagged behind theory. Having largely abandoned heroic therapies by the mid-1800s, doctors increasingly eschewed bloodletting and gastroenterological purging in favor of cutting-edge treatments involving medications like digitalis, aspirin, and morphine. Whether or not physicians' use of morphine resulted in the widespread abuse apparent in American society at the turn of the twentieth century, it, along

with digitalis medicines and aspirin, represented an undeniably efficacious technology unavailable to physicians earlier in the nineteenth century. Meanwhile, ether anesthesia and antisepsis, introduced in 1846 and 1867, respectively, simultaneously improved the prospects of the patient undergoing surgery and encouraged physicians to reconsider such invasive procedures as viable courses of treatment. The invention of radiology in 1895 further refined American physicians' diagnostic acuity and improved surgical outcomes (Garrison 1929; Lehrer 1979).

During the nineteenth century, biomedical innovation appeared to overlap with professional organization, and Freidson's "problem of social organization" and "problem of the sociology of knowledge" seemed to resolve into one another. Conventional historiography and sociology of medical professionalization in the United States often assume a relatively unproblematic historical sequence that led from explicit biomedical knowledge to practitioners' competence and eventually to the crystallization of an organized, self-regulating, and increasingly centralized medical field to which the laity and proximal institutions accorded social prestige and granted cultural authority (Lehrer 1979; Singer and Underwood 1962; Freidson 1970; Starr 1982). In other words, these scholars suggest that explicit knowledge (know-what) preceded practical knowledge (know-how). And in turn, increasing practical knowledge seemed to drive the formalization and enforcement of normative strictures of medical practice—i.e., centralization of control and increasing organization within the professional medical field.

In fact, many scholars argue that its intimate relation to modern science distinguishes American medicine from other archetypal professions such as law and the clergy. At least since

the late nineteenth century, Starr (1982: 4) argues, physicians have served as "intermediaries between science and private experience, interpreting personal troubles in the abstract language of scientific knowledge." Ultimately, Starr insists that an unprecedented set of social and cultural conditions obtaining around the turn of the twentieth century—rapid urbanization, unprecedented transportation and communication technologies (e.g., the railway and the telegraph), the bureaucratization of daily life, and the apparently successful application of modern science to multiple facets of human life traditionally dominated by ecclesiastical and cultural elites—primed Americans "to rely on the specialized skills of strangers" (18) and assume that medical professionals would be able to apply the same kind of scientific knowledge to healing that had proven so effective elsewhere. Although his is more nuanced and careful than most, Starr's account is paradigmatic of medical histories that assume a relatively direct and sequential relationship between explicit scientific knowledge, practical ability, intra-field organization, and the accrual of cultural authority.

Other scholars dispute this assumed relationship, especially prior to the 1880s and particularly within the Anglo-American (as opposed to the Continental) medical field (Geison 1972, 1978; French 1975; Reverby and Rosner 1979). Whatever the merits of scholars' insights from the turn of the twentieth century on (Starr's account, e.g., picks up in the last decades of the nineteenth century), these revisionists deny the existence of a unified medical field or any widespread, relatively simultaneous application of biomedical innovation throughout much of the nineteenth century. Even as Continental medical scientists made significant strides in physiology during the early- and mid-1800s, British physicians often resisted their integration in everyday practice, and Americans proved even more recalcitrant. Geison (1972), for example,

demonstrates that between 1840 and 1870, British scholars claimed only twenty-two significant accomplishments in theoretical physiology, while their German counterparts contributed over 400 during the same period. Further, as evidenced by Carpenter's (1833) summation of contemporary physiological theory, British scholars often conflated scientific knowledge with prevailing morality; they appeared to eschew deterministic physicalism in favor of preserving sacred cultural values such as free will, individualism, self-help, and self-determination (Morrell 1971).

The situation proved even bleaker in the maturing United States. Physiology did not coalesce as a distinct subfield within American medical curricula until the 1880s, and even then "some physicians continued to lament the pernicious effect laboratory work would have on bedside competence" (Shortt 1983: 58). Many scholars attribute Anglo-American resistance to William Paley's (1785, 1802) influential statements on "natural theology" and Deism, and the consequently limited scope and purpose of the natural sciences they implied (Morrell 1971; Ben-David 1960). Taken together with prevailing reverence for "free will" and an aversion to physicalist determinism (Carpenter 1843), Youngson (1979) insists that most American physicians "before 1850, and many as late as 1870…simply did not observe or think scientifically" (18). At least in part, nineteenth-century American physicians' reluctance to embrace and apply physiological theory to medical practice derived from the dominance of temperance politics considered in the following section. In fact, it was not until the turn of the twentieth century, with its attendant social structural transformations (Starr 1982) and the consequent cultural and, especially, economic benefits they furnished, that American physicians fully embraced medical science as the only appropriate basis for practice

(Rosenkrantz 1974; Duffy 1979). Between 1900 and 1910, membership in the American Medical Association swelled from 8,400 to 70,000 (Hudson 1972).

A fringe subfield located at the margins of mainstream American medicine, the addiction sciences emerged during this period of radical transformation—between the end of the Civil War and the first decades of the twentieth century. As this work demonstrates in the following chapter, the new addiction scientists "discovered" a cutting-edge human kind of behavior, "addiction," and imputed it to a cutting-edge human kind of person, the "addict." Because they occupied a marginal position within the still-immature medical field, these scholars seemed more willing and able than many of their contemporaries to embrace theoretically, and apply practically, strictly physiological explanations of the phenomena. Additionally, because habitual drunkenness and drug use seemed to turn specifically on the idea of "free will," and because this idea appeared central to many Anglo-American physicians' resistance to physiologically-informed practice, this work argues that the formalization of naturalistic explanations of addiction not only reflected, but also seemed to contribute directly to, the acceleration of medical professionalization in the United States at the turn of the twentieth century.

Temperance

If there exists a voluminous literature regarding the professionalization of the American medical field, it is dwarfed by the enormous body of work on the temperance movement. Whether they are interested in the history of American social movements, populist and socialist sentiments in the United States, the emergence of professional social work, the origins of feminism discourse, the intersection of faith and politics, or collective efforts—through suasion

or legislation—at moral reform, the temperance movement often represents scholars' historical starting point and/or paradigm case. Along with anti-slavery, temperance was one of the two most significant hubs—organizational and conceptual—that connected a constellation of social movements in the United States during the nineteenth century: from the religious revivalism and teetotalism of the early and mid-century to the labor and women's suffrage movements at its close. Scholars trace even the marginal vegetarian, cremation, and anti-expectoration movements to temperance advocacy (Morgan 1981; Acker and Tracy 2004). Over fifty years ago, Gusfield (1963) noted that the "amount written about Temperance is monumentally staggering to someone who tries to read it all" (3), and much more has been published since (e.g., Beyer 2006; Blocker 1989; Szymanski 2003; Hamm 1995).

As this work attempted to do with the professionalization literature, the following section seeks to isolate from this mass of temperance scholarship those historical events and analyses that seem most significant to the emergence of the addiction sciences in the last quarter of the nineteenth century. Like patterns of drug use in the United States and the professionalization of the American medical field, the temperance movement began decades prior to the crystallization of the related human kinds, "addiction" and "addict." And like its treatment of those other historical sequences, this work will attend most directly to the historical period immediately surrounding the rise of the addiction sciences in the 1870s. Rather than leading directly and inevitably to naturalistic interpretations of addiction, the following section demonstrates how the temperance movement contributed to a contingent historical conjuncture which rendered such interpretations possible. Levine (1978) furnished the definitive version of the former teleological argument. By contrast, the argument

presented here suggests that the unlikely emergence of the addiction sciences during the final quarter of the nineteenth century was radically contingent on a confluence among three relatively independent historical sequences: Americans' shifting patterns of alcohol and drug consumption, the professionalization of the medical field, and, perhaps most significantly, the temperance activities and ideas considered below.

Initial Stirrings: Temperance Prior to 1826

Throughout the seventeenth- and much of the eighteenth century, the consumption of alcoholic beverages was a normal part of colonial life. Wine, cider, beer, and rum were widely available, and only a fraction of colonists' drinking was recreational: alcohol was medicine, nourishment, and a safe alternative in lieu of available potable water. In almost every colonial town, the tavern represented an important site of sociality, political participation, civic organization, and solidarity. A century before the American Revolution, in 1673, even the pious Puritan minister, Increase Mather, referred to drink as the "Good Creature of God" (quoted in Salinger 2004: 137). Until the American Revolution, colonists "drank at home, at work and while traveling; they drank morning, noon and night, and," Levine (1978: 495) insists, "they got drunk." While there is some evidence that pre-Revolutionary communities identified and punished particularly troublesome and seemingly recalcitrant drunks, colonists tended to regard these as isolated and exceptional cases (Rothman 1971; Lender and Martin 1982). In other words, American Colonists did not recognize a pattern underlying habitual drinking or drunkenness. Even if certain individuals proved problematic as drinkers, drinking itself did not yet represent a discrete social problem traceable to either systemic relations or individual

predispositions. In other words, "intemperance" did not yet exist as a human kind of behavior; nor were "temperate" or "intemperate" possible ways to be in the world.

Most scholars trace the origins of temperance thought to Dr. Benjamin Rush's writings at the turn of the nineteenth century. Against the unsettled sociohistorical backdrop of a new republic drinking more potent beverages and more often (Rorabaugh 1979), a population of socially-unmoored young men moving west or into cities (White 1998), and the first signs of potentially disordering patterns of immigration and industrialization (Boyer 1978), Americans facing the new century grew increasingly wary of heavy drinking and drunkenness. Rush formalized such concerns by constructing typologies of the physical and social consequences of various forms of habitual drunkenness, cautioning especially against the consumption of relatively novel and apparently more dangerous distilled spirits like rum and whiskey (he recommended drinkers of the latter beverages take up instead opium, cider, beer, or wine).

In his seminal *Enquiry into the Effects of Spirituous Liquors Upon the Human Body, and Their Influence Upon the Happiness of Society*, Rush (1814) argued that habitual drunkenness represented a "disease of the will" that drove sufferers toward a "suicide perpetuated gradually" (quoted in Grob 1981: 13). While he specified certain somatic dimensions of habitual intoxication, Rush ultimately acknowledged that:

> …the business (of temperance) must be effected finally by religion alone. Human reason has been employed in vain…Let these considerations lead us to address the heads of the governing bodies of all churches in America (1785; quoted in Stokes 1950: 40).

By representing the phenomenon of chronic drunkenness as partly physical (i.e., as a *disease*) and partly metaphysical (i.e., as a disease of the *will* appropriate to moral suasion [Valverde 1998]), Rush's work proved multivalent. As the conceptual foundation of the Temperance Movement, his theories of habitual drunkenness proved flexible enough to accommodate and inspire future participation among both secular and ecclesiastical authorities.

During the first two decades of the nineteenth century, the threat of "Demon Rum" supplanted Mather's benign "Good Creature of God," and the saloon—often associated with violence, political corruption, and other forms of urban vice like prostitution—seemed a menacing successor to the quaint tavern, once the legitimate center of colonial social and political life. Between Rush's foundational scholarship in the last quarter of the eighteenth century and the founding in 1826 of the country's first national temperance association, the American Temperance Society (ATS), various political and religious leaders spoke out against habitual drunkenness and some even founded local and regional organizations that sought to curb heavy drinking through moral suasion and education. Prominent politicians like George Washington, Benjamin Franklin, and John Adams began to address the emerging social problem while Methodist, Presbyterian, and Congregationalist leaders stoked concern among the laity (Rorabaugh 1979). By 1810, local temperance organizations had emerged in Connecticut, Virginia, and New York. Advocates founded similar organizations in an additional eight states by the end of the following decade, and many of these served statewide constituencies (Blocker 1989; Young 2002). By the middle of the 1820s, these "isolated acts of social criticism regarding public drunkenness merged into a full-fledged social movement that sustained a century-long battle against alcohol" (White 1998: 5).

Organizing Temperance

The earliest reformers, those who founded the first temperance societies and began sermonizing against habitual drunkenness, promoted moderate drinking. In fact, the *temperance* movement acquired its name during the first two decades of the nineteenth century, and until the mid-1820s, the title seemed apt. Contributing to the shift from "isolated acts of social criticism" to a "full-fledged social movement," temperance advocates increasingly cited and couched their arguments in Dr. Benjamin Rush's esteemed scholarship on alcohol. Rush's work provided the young movement with a robust ideal core and, because the physician's work implied cutting-edge medical knowledge, cultural legitimacy: the movement appeared to benefit both inwardly and outwardly (Gusfield 1963). As Rush's work gained significance within the movement, so too did his conviction in the necessity of complete and spontaneous abstinence from all drink: "It has been said, that the disuse of spirits should be gradual; but my observations authorize me to say that [drinkers] should abstain from them suddenly and entirely" (emphases original; Rush 1812: 35-36).

By the middle of 1820s, a robust consensus emerged among temperance reformers that moderation was insufficient, and that the movement should instead advocate complete abstinence. The following statement, recorded during the General Conference of the Methodist Episcopal Church in 1826, reflects this shift:

> We are the more disposed to press the necessity of entire abstinence, because there seems to be no safe line of distinction between the moderate and the immoderate use of intoxicating drinks; the transition from the moderate to the immoderate use of them is almost as certain as it is insensible; indeed, it is with a question of moral interest whether a man can indulge in their use at all and be considerate temperate (quoted in Dorchester 1888: 260).

Along with the increasingly negative representations of alcohol (i.e., the shift from "God's Good Creature" to "Demon Rum") and of sites where alcohol was consumed (i.e., the shift from the benign "tavern" to the more nefarious "saloon"), the shift from temperance-as-moderation to temperance-as-abstinence further alienated the nineteenth-century drinker and foreshadowed the more draconian and coercive forms of social control that would emerge decades later.

In 1826, Congregationalist and nonevangelical Presbyterian ministers spearheaded the establishment of the first national temperance association, the American Temperance Society (ATS). Many scholars maintain that the establishment of the ATS marked "the true beginnings of the temperance crusade" (Tyrrell 1979: 59; see also Gusfield 1963; Young 2002). In his seminal sociological analysis of temperance, *Symbolic Crusade*, Gusfield (1963) argues that New England elites harboring Federalist sympathies numbered among the most active reformers during this early period, and they proved essential to the everyday functioning of the ATS and the multitude of other associations founded between 1820 and the mid-1830s. "An uncultured and uneducated mass of farmers and mechanics," Gusfield suggests, "was grasping the reins of supremacy and throwing off the controls of Federalist power" (39). Facing such a decline in "status", if not in "class" (Weber 1947), the New England aristocrat likely saw in the nascent temperance movement "a means to restore a superior position to the declining Federalist elite" (Gusfield: 44). Threatened politically by the elections of Jefferson and then Jackson, and threatened religiously by the revivalist successes of upstart evangelical denominations, Gusfield argues that the aristocratic old guard sought to reinforce their cultural status through temperance activities. The aristocrat-cum-reformer held himself up as a moral exemplar to be

emulated by the hard-drinking, if still pitiable, farmer and mechanic. In sum, these earliest reformers sought assimilative reform through moral suasion.

In addition to increasing industrialization and urbanization, and the Panic of 1837, which represented the first in a series of national economic depressions, the United States experienced its first significant wave of nineteenth-century immigration between the mid-1830s and the end of the 1840s. Rather than the kindly, but sinful, rural drinker who invited aristocratic sympathy, by mid-century, the object of temperance reform was more likely to number among the huddled masses in the city and exhibit cultural habits alien to the Federalist standard-bearer. Mid-century German and Irish immigrants, more than the native-born laborers of the early nineteenth century, seemed unreceptive to moral suasion. Sympathy gradually gave way to hostility, optimism to pessimism, and the New England Elite began to abandon the temperance movement (White 1998: 4-8; Blumberg and Pittman 1991).

A new urban bourgeoisie, eager to distinguish themselves from the encroaching *lumpenproletariat*, assumed many of the leadership positions abandoned by the Federalist elites. Together with a group of Methodists, Baptists, and evangelical Presbyterians who had enjoyed wide exposure and popular legitimacy during the Second Great Awakening, the new middle-class "Respectables" (Blumberg and Pittman 1991) helped transform abstinence from a distinctive symbol of upper-class mores to a democratizing moral imperative and "necessary aspect of…middle-class status" (Gusfield 1963: 50). Rather than acquiescence to upper-class values and a tacit acceptance of traditional patterns of cultural stratification, abstinence now represented a means of social mobility and a signifier of Bourgeois membership.

Because it was increasingly associated with a ballooning urban population of immigrant laborers who were presumably unfamiliar with Americans norms, widespread intemperance seemed to threaten not only immediate physical conditions—in the city, on factory floors, etc.—but also the egalitarian and liberal foundations of Jeffersonian-Jacksonian democracy. In other words, the social problem of intemperance now appeared simultaneously to reflect and hasten imminent sociocultural crisis. Further, since many of the foreign-born laborers seemed particularly recalcitrant, the majority of the new temperance reformers abandoned efforts at moral suasion and pursued instead coercive reform through the passage of local, state, and, eventually, federal legislation (Boyer 1978; Aaron and Musto 1981; Rorabaugh 1979).

Throughout its history, the Temperance Movement vacillated between these distinct strategies of reform—sympathetic assimilative reform through moral suasion and less sympathetic coercive reform through legal suasion. Between the 1820s and the 1850s, the former gave way to the latter. By the end of the Civil War, the pendulum had swung back toward sympathy and moral suasion. Ultimately, however, advocates of coercive reform would carry the day, delivering to the movement during the first decades of the twentieth century both its greatest success (i.e., ratification of the Eighteenth Amendment: Prohibition) and its most harrowing defeat (i.e., ratification of the Twenty-First Amendment: Repeal).

Despite this longstanding strategic cleavage among reformers, however, there remained throughout much of the nineteenth century a basic consensus regarding the social problem of intemperance: drinking was sinful and habitual drunkenness betrayed moral weakness. Gusfield (1963) explains:

> The recent attitude of psychologists, social workers, and medical authorities is that chronic alcoholism is a disease rather than a moral failing. This is a radical change from the attitude of the nineteenth century toward drinking and alcoholism. From the ethical precepts of Temperance adherents the use of alcohol in all forms and in all degrees was a moral problem. The drinker or the drunkard was neither sick nor foolish. He was sinful (30).

In other words, if the eighteenth-century drinker was a fool and thus the charge of the community, and the twenty-first-century drinker is sick and thus the charge of the medical field, then the nineteenth-century drinker was *fallen* and the rightful charge, as Dr. Benjamin Rush (1785) held, of ecclesiastical authorities or the individual's own conscience (where, e.g., reform would be accomplished through a moral reckoning, self-discipline, and self–improvement).

Since its inception, the Temperance Movement overwhelmingly consisted of non-drinkers attempting to modify the behavior of current drinkers and/or curtail potential drinkers' access to alcohol. Reformers rarely solicited aid or insight from their objects of reform. Because drink was sinful and indicated some intrinsic character flaw, drinkers represented either objects of pity or enemies of the dominant culture's highest values (Gusfield 1963). Reformers may have promoted rehabilitated drinkers as anecdotal "success stories" or exemplars for others attempting to abstain, but few Respectables within the movement believed a drunk—reformed or not—should ever contribute substantially to the movement much less occupy within it any kind of leadership role. *The Drunkard's Thermometrical Almanac* for 1840 formalized a popular narrative of the drinker's inevitable degeneration: from "an innocent dram" before breakfast in January to a "sot ready for combustion" by December (Lender and Karncharnapee 1977). Particularly in the pessimistic second phase of the movement, between the 1830s and 1850s, temperance Respectables tended to regard the

possibility of sustained abstinence with some skepticism and assumed that the reformed drunkard would resume inexorably the downward spiral recounted by the *Almanac*.

As the urban Bourgeoisie supplanted New England aristocrats as leaders within the Temperance Movement, many reformers looked beyond the seemingly irredeemable drunk and pursued instead the more hopeful goal of preventing future drunkards through the enactment of restrictive legislation (Boyer 1978; Rorabaugh 1979). "Many of the Temperance Respectable leadership," Blumberg and Pittman (1991: 133) argue, "denounced the drunkard as a hopeless sinner, and concentrated on prohibitionism, a choice that came to be perceived as an abandonment of drunkards." While many ecclesiastical authorities continued to minister to individual drunkards (White 1998: 4-5) and temperance Respectables remained relatively optimistic regarding those who drank only occasionally (Blumberg and Pittman 1991), by the early-1840s, habitual drunkards found little support or sympathy within the limits of organized temperance.

The Washingtonians, Lincoln, and the Hope of Lay Intervention

Under these relatively pessimistic conditions, if drunkards were to achieve abstinence and thus moral redemption, then it would be through self-improvement. The Washington Society, a mutual-help association founded in the spring of 1840 by a group of habitual drinkers in Baltimore, Maryland, furnished a powerful vehicle for drunkards' efforts at self-improvement, if not always an effective vehicle for extra-organizational ideological change or political enfranchisement (Blumberg and Pittman 1991). Founded by six regular drinkers at Chase's Tavern in Baltimore, the Washington Total Abstinence Society took their name and mission from George Washington's exploits during the Revolution. If the commander-in-chief of the

Continental Army had helped the colonies achieve independence from King George, the Washingtonians envisioned a similar assault on "King Alcohol" in service of drinkers' collective independence from "His" tyranny. The original six drinkers signed an abstinence pledge drafted by President William Mitchell:

> We, whose names are annexed, desirous of forming a society for mutual benefit, and to guard against a pernicious practice which is injurious to our health, standing and families, do pledge ourselves as gentlemen that we will not drink any spirituous or malt liquor, wine, or cider (quoted in White 1998: 8).

Over the next few years, hundreds of thousands of Americans would sign the same pledge and attend the Society's famously (or infamously) boisterous public meetings (Gusfield 1963). These public meetings borrowed liberally from revivalist forms: vernacular speech, personal confession, fervid oration, and hymn singing (Young 2002). The Washingtonian movement grew rapidly: a parade celebrating the first anniversary of the Washington Society boasted over 5,000 marchers (Maxwell 1950: 414); Washingtonian chapters were founded in over 160 towns and villages throughout the Northeast (Maxwell: 415); over 12,000 people attended a single public meeting in Boston (White 1998: 10); and at its peak, the Society claimed over 600,000 signed pledges and produced its own weekly periodical (Gusfield 1963: Blumberg and Pittman 1991).

On February 22, 1842, Abraham Lincoln, a young lawyer and junior member of Illinois' House of Representatives, addressed the Springfield, Illinois, chapter of the Washington Temperance Society. Delivered on the 110th anniversary of George Washington's birth, Lincoln's speech celebrated the recent grassroots turn in the temperance movement:

> The warfare heretofore waged against the demon Intemperance, has, some how or other, been erroneous. Either the champions engaged, or the tactics they adapted,

> have not been the most proper. These champions for the most part, have been Preachers, Lawyers and hired agents.—Between these and the mass of mankind, there is a want of *approachability*, if the term be admissible, partially at least, fatal to their success…On this point, the Washingtonians greatly excel the temperance advocates of former times. Those whom *they* desire to convince and persuade, are their old friends and companions. They know they are not demons, nor even the worst of men. *They* know that generally, they are kind, generous and charitable, even beyond the example of their more staid and sober neighbors.

Lincoln traced their potential therapeutic capacity to the Washingtonians' exclusive knowledge of and familiarity with drinkers. Lay reformers, rather than Bourgeois professionals, seemed to enjoy a critical advantage of "approachability." While the Washingtonians represented the first significant instance in a long series of mutual-aid organizations (culminating in the organization of Alcoholics Anonymous during the 1930s), unbeknownst to Lincoln and others at the time, the same "Preachers, Lawyers, and hired agents" that Lincoln denounced as unfit to effect temperance would regain control of the movement within five years of his speech.

Later in the same address, Lincoln implied that the "liberation" of drunkards represented a condition necessary, if not sufficient, to a more universal and basic kind of emancipation:

> In [the temperance revolution], we shall find a stronger bondage broken; a viler slavery, manumitted; a greater tyrant deposed. In it, more of want supplied, more disease healed, more sorrow assuaged...And what a noble ally this, to the cause of political freedom. With such an aid, its march cannot fail to be on and on, till every son of earth shall drink in rich fruition, the sorrow quenching draughts of perfect liberty. Happy day, when, all appetites controlled, all poisons subdued, all matter subjected, mind, all conquering mind, shall live and move the monarch of the world.

Exemplifying certain facets of classical liberalism, Lincoln implied that "Demon Rum" represented a tyrannical force that retarded human flourishing. If authoritarian regimes suppressed the individual autonomy upon which Western republicanism depended, then

habitual inebriation seemed to threaten the individual's capacity for self-determination that constituted the core of the sovereign, modern Bourgeois subject. Just as the self-possessed body politic combats the threat of despotism, Lincoln suggested, so should the sovereign individual resist subjugation by alcohol; self-improvement promised a more authentic and robust form of liberty. But where habitual drunkenness had already stripped the inebriate of his capacity to rebel, Lincoln held that the task of liberation ought to fall to sympathetic "insiders" like reformed drunkards.

Lincoln's comments were not limited to metaphor; he insisted on the practical interdependence of collective and individual liberties. Echoing Tocqueville (1838), Lincoln argued that the tenuous political freedom achieved in 1776 depended on the ongoing vigilance and active engagement of a self-possessed and sovereign populous. Lincoln's address also underscored nineteenth-century fears regarding the possibility that alcohol might cloud voter's judgement. For example, in his seminal work, *Six Sermons on Intemperance*, the New England minister, Lyman Beecher (1828), warned that "when the laboring classes are contaminated, the right of suffrage becomes the engine of destruction" (57-58). Lincoln's argument that the temperance movement is a "noble ally" to the goal of "political freedom" therefore should be interpreted both metaphorically and literally.

While the United States initiated the (still incomplete) historical movement toward complete political emancipation, Lincoln urged the nation to pursue with equal vigor the "moral" emancipation of inebriates. "When there shall be neither a slave nor a drunkard on the earth," he suggested, "how proud the title of that Land, which may truly claim to be the birth-place and the cradle of both those revolutions…how nobly distinguished that People, who

shall have planted, and nurtured to maturity, both the political and moral freedom of their species." If any instance of bondage threatened the security of liberty and the endurance of a vital republic, Lincoln decried habitual drunkenness alongside political tyranny and, anticipating his future efforts as President of the United States, "Lincoln showed how the habitual use of alcohol could signify the domination of the individual by extrinsic forces, thus equating the whiskey bottle with royal despots and the Southern slave masters" (Hickman 2007: 25).

Because it appeared to retard the development of the autonomous, reasonable, and future-oriented populous upon which vital democratic republics depend, habitual drunkenness seemed to represent a significant problem for the maturing United States. Lincoln's address to the Springfield, Illinois, chapter of the Washington Temperance Society provides valuable insight into the popular representation of the drunkard prevailing in mid-nineteenth-century America. Between the 1830s and 1850s, temperance advocates like Lincoln frequently related habitual drunkenness to a master-slave relationship. Ingested in large quantities, alcohol represented an external threat to the actor's sovereignty and capacity for self-determination. For Lincoln and other advocates of reform, the mid-nineteenth-century inebriate, like the slave, was but the involuntary subject of a domineering entity that frustrated liberty and inhibited human flourishing. Further, prevailing theory located the seat of enslavement not in the individual's body, mind, or brain, but in the intoxicating substance. Taken together, Lincoln implied that moral suasion (executed laterally, among drunks themselves) seemed more appropriate to the redemption of current drunkards while legal suasion represented an important hedge against the possibility of alcohol and drugs corrupting future generations.

Washingtonian Decline

The meteoric rise of the Washington Temperance Society was matched only by its rapid decline. "The Washingtonian movement was like a cry of 'Fire!' in a crowded theater," White (1998: 12) suggests, "It had aroused great emotion to get everyone outside the theater, but then no one was sure what to do." In fact, hardly any Washingtonian chapters remained active beyond 1847. While the fall of the Washingtonians "remains shrouded in mystery" (White: 12), many scholars have provided tentative explanations. Blumberg and Pittman (1991), for example, suggest that the press and various Respectable critics broadcast rumors of secretly intemperate, and therefore hypocritical, Washingtonian leaders (147-150). White (1998) argues that the Washingtonian Movement's ambivalence toward Protestant theology and mores rendered it vulnerable to vitriolic attacks from various sources. For example, a contemporary article in the *New York Herald*, published the same month that Lincoln delivered his address to the Washingtonians, chastised the movement, begun by "infidels, hoping by its means to teach men not to depend on religion for support in the observance of a moral law" (27). More generally, Gusfield (1963: 46) attributes the demise of the movement to the "spread of internal conflict in the major Temperance societies". "Internal conflict," that is, between the urban Bourgeois contingent and their more "respectable" societies, and the popular lay contingent and their upstart grassroots associations.

Other scholars have attempted to explain why the twentieth-century mutual-aid organization, Alcoholics Anonymous, succeeded where the Washingtonians failed. Kurtz (1979), and his student, White (1998), Blumberg and Pittman (1991), and Dubiel (2004) all provide distinct and persuasive explanations. While this question of variable organizational

success ultimately falls outside the scope of the present work (it appears most appropriate to Social Movement and Organizational scholars), I would submit one further explanation, heretofore unarticulated and central to the present thesis. At least in part, the Washingtonians failed because they were unable to claim legitimate and exclusive rights to knowledge of drunkenness and the drunk.

In fact, when the Washingtonians emerged during the early 1840s, there did not yet exist a coherent and stable body of knowledge over which a group *could* claim such rights. Consider, for example, Lincoln's argument that reformed drunkards were better suited than their professional counterparts to lead other drunks toward abstinence because the former reformers *knew* their objects of reform as "old friends and companions" and *knew* that drunks "are not demons, or even the worst of men." Rather than privileged access to an objective and empirically-available human kind (which, as Chapter Seven demonstrates below, AA claimed successfully during the first half of the twentieth century), Lincoln assumed that lay reformers benefitted from a common social location and intrinsic affinity of character and habit.

Lacking the existence of a cohesive body of scientific knowledge regarding the phenomena of addiction and the addict, the Washingtonians' claim to cultural legitimacy rested on far weaker sources of exclusive knowledge: social and affective familiarity. Further, unlike AA, whose particular claim to knowledge helped locate and embed the lay movement in the core of a reinvigorated field of alcohol studies during the 1940s and 1950s, the Washingtonians' far weaker epistemic claims rendered it vulnerable to marginalization and cooptation by temperance Respectables. In other words, because they were not grounded in epistemic authority over a discrete kind of human person, the plausibility of Washingtonians' self-

representations regarding therapeutic capacity ultimately was contingent on more widespread attitudes toward extant drunkards, and the import of those drunkards' individual reform relative to broader movement goals.

The Civil War Intrudes

As the Respectables wrested back from the Washingtonians control of organized temperance toward the end of the 1840s, the movement increasingly focused on the prevention of future cases, rather than the reform of current drunkards: the pendulum swung again—this time from moral to legal suasion. Between the late 1840s and the eve of the Civil War, temperance became closer allied with proximal reform groups like the urban benevolence societies and Abolitionists (Boyer 1978). In fact, many of the most famous reformers throughout this period like Arthur Tappan and Theodore Weld presided over many groups and participated in multiple movements simultaneously. During this "era of reform" (Gusfield 1963: 53), memberships overlapped, reformers tended to represent various social problems in similar terms, and, by extension, temperance reformers' strategies grew increasingly isomorphic: coercive reform through legal suasion (Boyer 1978).

While it would be another seventy years before temperance organizers claimed a federal success comparable to the Abolitionists' victory in the Thirteenth Amendment, they did effect a wave of more modest local and state legal reforms throughout the 1850s (Rorabaugh 1979; White 1998). Passed in 1851, the Maine Law established total prohibition throughout the state (excepting "medicinal, mechanical, or manufacturing" uses [Clubb 1856]). And by 1855, a dozen Northern states had passed similar "Maine Laws" (Rorabaugh 1979). These

prohibitionist victories were, however, short lived. Both the Union and the Confederacy recognized alcohol as a potentially valuable source of income during the Civil War, and both governments levied wartime taxes on distillers and brewers.

By the end of the war in 1865, all of the state statutes prohibiting alcohol had been repealed, Reconstruction efforts diminished interest in temperance, and drinking again appeared to be increasing throughout the United States (Ripy 1999; White 1998). While an earlier section in this chapter considered the ambiguous relationship between the Civil War and increased rates of alcohol and drug use, it is indisputable that the war represented a significant setback to the temperance movement. In fact, it took reformers most of the following decade to restore popular interest in the movement. The establishment in 1874 of the Women's Christian Temperance Union (WCTU) marked the most significant event in temperance history since the statutory victories of the 1850s.

"The Down-On-His-Luck Inebriate"

Meanwhile, despite the general turn toward legal suasion after the dissolution of the Washingtonian Movement in the mid-1840s, several groups continued to minister to extant drunkards and drug users. The mutual-aid model established by the Washingtonians survived in the form of fraternal temperance societies. Unlike the public spectacles of the Washingtonian meeting, "secret" fraternal organizations like the Order of Good Templars, the National Temple of Honor, the Independent Order of Rechabites, and the Sons of Temperance helped members sustain sobriety through "group cohesion, mutual surveillance, and elaborate trappings—secret handshakes, secret passwords, symbols, elaborate uniforms, and

ceremonies" (White 1998: 15). In the vacuum left by the Washingtonians, these organizations sought to "offer a refuge to reformed men and shield them from temptation; a brotherhood which should attract them by the cordiality of its sympathies" (Temple 1886: 429). In extolling the virtues of "brotherhood" and the import of mutual "sympathies," these secret societies, often led by laymen rather than ministers, represented a continuation of Washingtonian ideology and practice.

Many of the societies, like the Rechabites and the Order of the Good Samaritans, deliberately avoided political involvement and concentrated exclusively on the individual reformation of the drunkard and drug user. Others, however, became entangled in the broader movement's push toward prohibition and many ultimately succumbed to internal discord (White 1998). While many of these fraternal societies initially proved popular and surprisingly durable (many current fraternal lodges, e.g., trace their organizational histories directly through these early incarnations), increasingly stringent membership criteria and lofty dues—often instituted to offset the insurance and other economic benefits conferred on members—eventually proved prohibitive to large swathes of the population, especially "the poor, those in ill health, and the very old" (Fahey 1996: 9). This general "Bourgeoisificiation" also represented a turn away from basic Washingtonian ideology; by the end of the Civil War, few of the fraternal societies ministered exclusively or even mainly to extant drunkards (Fahey 1996).

Inebriate Homes and Inebriate Asylums

The drunks and drug abusers for whom the fraternal societies proved impractical—economically, geographically, or otherwise—increasingly sought aid at new specialized

institutions: inebriate homes and inebriate asylums. Embracing Washingtonian ideology, the inebriate homes, like Washingtonian Hall in Boston and Dashaway Hall in San Francisco, emphasized the importance of fellowship and encouraged personal rehabilitation through moral reform. Administrators of inebriate homes tended to be reformed drunkards or drug users themselves, and often characterized the etiology of inebriety in religious and moral terms (Baumohl 1990). Like the fraternal societies, these sites emerged during the mid-1840s. Unlike those relatively discriminating organizations, however, the inebriate home offered the "down-on-his-luck inebriate a place to stay while temperance meetings did the work of moral reformation" (White 1998: 23).

By contrast, inebriate asylums were large, medically-directed and bureaucratically organized facilities. The following two chapters review inebriate asylums at greater depth, but it remains important here to highlight their contingent emergence relative to prior historical sequences. The first of these facilities, the New York State Inebriate Asylum, was founded in 1864. By 1870, there were six asylums, in 1878, thirty-two, and by 1902, over 100 such facilities claimed to provide modern, in-patient treatment of a discrete and empirically-available human kind of behavior, "addiction" (Jaffe 1978: 139-47). On November 29, 1870, fourteen physicians, benefactors, and lay persons affiliated with the fledgling asylum movement met at the New York YMCA in order to found the American Association for the Cure of Inebriates (AACI) (Parrish 1888). The human kind of behavior, "addiction," and the human kind of person, "addict," eventually emerged out of the activities of this professional organization and especially out of the discourse formalized in the AACI's academic periodical, *The Quarterly Journal of Inebriety* (*QJI*), which ran between 1876 and 1914.

The inebriate asylum crystallized—materially and ideally—during the waning months of the Civil War, and the AACI and *QJI* were founded during the following decade. As suggested above, the fifteen years that elapsed between 1860 and 1875 were characterized by relatively little temperance activity, and therefore represented a brief, but crucial, intermission in temperance activity. The physicians associated with the AACI appeared to benefit from this particular "opportunity structure" (McAdam 1999).

Given the AACI's naturalistic representation of inebriety, its members assumed that neither moral nor legal suasion—the two strategic poles between which temperance reformers vacillated throughout most of the nineteenth century—could modify the behavior of drunkards and drug users. In fact, the new physicalist explanations of addiction implied that such prior strategies of behavioral reform were as inhumane and ultimately ineffective as early nineteenth-century attempts to cure cholera and tuberculosis victims through personal confession and corporeal punishment (Rosenberg 1987; Courtwright 2010). Only medical treatment, they argued, could effect and sustain behavioral reform among current drunkards and drug users. Against Levine's (1978) classic argument, the transition from the sinful drunkard to the infirmed addict represented less any inexorable epistemic telos than it did a radical historical breakpoint that made possible a new reactive historical sequence and an unprecedented relationship between human scientific knowledge and the humans who were subjected to that knowledge.

Considered independently, none of the three historical sequences considered above—alcohol and drug consumption in the United States, the professionalization of American medicine, and temperance activity and ideology—determined the emergence of the addiction sciences or the crystallization of the addict personhood. Each of these sequences began long before that historical breakpoint and, as will be shown later, each extended beyond it, running parallel to and often interacting with the new human kinds, "addiction" and the "addict." This chapter has demonstrated, however, that these three historical sequences converged under the unsettled conditions surrounding the Civil War. The apparent spike in Americans' alcohol and drug consumption following the War suggested traditional approaches—therapeutic and theoretical—were either inadequate or misguided and rendered an increasingly anxious population more receptive to alternative perspectives. Meanwhile, a rapidly professionalizing medical field was encroaching on aspects of human experience long assumed the exclusive domain of cultural and ecclesiastical elites. Even if biomedical theory and technology lagged behind intra-field organization throughout much of the nineteenth century, physiological theory gained significant traction in the decade after the Civil War, and as the following chapter demonstrates, the physicians who belonged to the AACI and contributed to its *Quarterly Journal of Inebriety* expertly mobilized this emergent discipline in service of the new addiction sciences.

Finally, the history of the Temperance Movement suggests at least two distinct "opportunity structures" that led indirectly to the founding of the AACI in 1870. First, the tendency of temperance "Respectables" to eschew reformation of the extant drunkard in favor of systemic and legal reform effected a relatively open and disorganized field of empirics that

catered to the "confirmed drunkard." The dissolution of the Washingtonian Movement in the mid-1840s further disrupted this therapeutic field, eventually making possible the emergence of inebriate homes and inebriate asylums, the latter of which proved central to the emergence of the new addiction sciences.

Second, the outbreak of the American Civil War in 1861 temporarily stalled (and in many cases, rolled back) temperance progress, and diverted national attention toward another social movement with which temperance was closely aligned: abolitionism. The emergence of the AACI in 1870 and its physicalist interpretation of habitual intoxication caused little stir, as few of the old guard temperance Respectables remained active and committed. Eight years later, in her presidential address to the recently founded WCTU, Annie Wittenmyer encouraged the temperance movement to proceed through religious appeal alone and avoid putting its faith in "princes or in the son of man, in whom there is no help" (*Annual Report of the National Woman's Christian Temperance Union* 1878: 12-13). If it had been founded fifteen years earlier or fifteen years later, the AACI may have encountered fatal resistance from mainstream temperance reformers. While the contingent conjuncture of the above three historical sequences proved necessary to the emergence of the addiction sciences, once initiated, the new reactive sequence assumed an unanticipated trajectory and effected a series of historical outcomes that would prove irreducible to its initial conditions.

Chapter Four: The Historical Emergence of the Addict

> *This or that group claims to have knowledge about what really ails the troubled patients and how they could be treated better. Thus what I call human kinds begin in the hands of scientists of various stripes. Human kinds live there for a while.*
>
> —Ian Hacking (1995a: 359)

> *Like explorers on the borders of a new land, we can see parts of distant rivers and mountains and long valleys, and feel confident that a great continent, with all its flora and fauna, and wide contour of hill, valley, and plain, stretches out through this unknown. The "Journal of Inebriety" is the organ of all scientific pioneers who are gathering on the frontiers of this new land.*
>
> —T.D. Crothers (1897: 29)

The previous chapter reviewed the prior historical sequences which intersected during the 1860s and primed the field for the possible emergence of the new scientific classifications. These prior sequences represented the "initial conditions" under which the focal causal chain crystallized. The present chapter considers how the emergence around the turn of the twentieth century of the new addiction sciences and their attendant classifications of behavior and human person represented an "initial rupture" (Sewell 1996) that effected a new reactive causal chain.

Since they appear to proceed through the radical contingencies of reactive causal chains, Hacking (1986) cautions against generalizations regarding any typical life-course of a human kind. However, he acknowledges that new human kinds tend to emerge in similar ways. As the first epigraph to this chapter suggests, Hacking argues that they emerge first through scientific activity: the publication of kind-centric academic periodicals, the organization of relevant conferences, and so on. Not unlike the sectarian advance of new paradigms (Kuhn 1963), new human kinds tend to emerge at the periphery of scientific fields and, especially at

first, must endure mainstream efforts at nihilation, cooptation, and delegitimation. Hacking (1995a) refers to these nascent scientific classifications as "cutting-edge" human kinds:

> An operational definition of a cutting-edge human kind would be: there is at least one professional society of experts dedicated to studying it; there are regular conferences, one of which is major and a number of which are more specialized; there is at least one recently established professional journal to which the authorities contribute (and which helps define who the authorities are) (357).

We may add to these criteria the collection and aggregation of statistics related to the kind, which Hacking emphasizes elsewhere (Hacking 1986, 1999). Drawing on these criteria—the establishment of a professional association, the organization of relevant conferences, the publication of a specialized periodical, and the accumulation of statistics—this chapter seeks to document the constitution between the late 1860s and the first decades of the twentieth century of addiction and the addict as "cutting-edge" human kinds.

Terminology

Before turning to the earliest examples of a new and self-consciously scientific approach to habitual intoxication, a brief terminological note is in order. Between the late 1860s and the first decades of the twentieth century, the burgeoning addiction sciences sought cultural legitimacy, internal cohesion, and symbolic distance from temperance ideology; a specialized language proved useful in each case. During the early- and mid-nineteenth century, temperance reformers employed myriad phrases to describe the condition of habitual intoxication (e.g., *intemperance*, *barrel fever*, *opium drunkenness*, *morphinism*, *chloralism*, *narcotism*, etc.) and the individual who suffered from that condition (e.g., *drunkards*, *sots*, *tipplers*, *morphinomaniacs*, etc.). It is likely that such terminological variation betrayed the existence of multiple sources of epistemic authority within the movement—ecclesiastical elites,

cultural elites, physicians, empirics, etc.—and its persistent tendency toward political sectarianism (Gusfield 1963; Tilly 2005). By contrast, evidence suggests that the scholars who contributed to the first wave of modern scientific scholarship on habitual intoxication made self-conscious attempts at diagnostic consensus and terminological consolidation.

While some terminological variation remained throughout this period (e.g., "methomania" and "dipsomania" remained relatively common terms for alcohol addiction), the first generation of addiction scientists increasingly referred to a general condition of "inebriety," from which individuals could suffer distinct types (e.g., *alcohol inebriety*, *morphine inebriety*, *cocaine inebriety*, etc.), as well as a corresponding and discrete *kind* of person: the "inebriate." This terminological preference is underscored by the name of the first professional organization, The American Association for the Cure of Inebriety, and the title of the first scientific periodical concerning habitual intoxication, *The Quarterly Journal of Inebriety*.

Superficially, "inebriety" and the "inebriate" seem to represent transitional phrases—labels that enjoyed wide, though brief, prominence within the maturing field and helped bridge early nineteenth-century moralism and early-twentieth-century empiricism. Through the analyses that follow, however, it should become clear that "inebriety" and the "inebriate" represent, not so much links between temperance ideology and the modern addiction sciences, but evidence of a radical break with the earlier moralistic interpretations, and prototypes of the new human kinds—addiction and the addict—on which the present work is principally focused. In other words, data suggest that the temperance-era "drunkard" and the mid-to-late nineteenth-century "inebriate" differed in kind, while the "inebriate," and the twentieth- and

twenty-first-century "addict" differed only in terminological fashion. As White (1998: xiv) explains: "*Inebriety*…was a generic term for what today would be called *addiction*." And as the social historian, Timothy Hickman (2007), argues, "addiction," differed fundamentally from previous representations:

> The disease concept of drug and alcohol use and the concept of addiction are not the same thing. The general adoption of the addiction concept, manifested in part by the growing use of the term itself, was a part of a shift to the paradigm of organized, professional, scientific medicine in the first years of the twentieth century. An important element of the addiction concept was the supposed scientific knowledge of the condition that use of the term implied (8).

Early Works

Between the late 1860s and the early 1870s, a number of scholars published works that challenged prevailing representations of the chronic use of alcohol and drugs. Against most temperance adherents who held that habitual intoxication indicated sinful behavior and who located the cause of the sin in the offending substance, these early addiction scientists argued that habitual intoxication was symptomatic of a preexisting physiological vulnerability and/or a self-perpetuating neurological pathology. Rather than "the bottle" or "the needle," these scholars located the source of inebriety in the inebriate's body. Even George Miller Beard (1871), who famously emphasized the potentially aggravating pace and pressures of Western Civilization, ultimately traced the source of inebriety to the "congested or exhausted brain" (72). By extension, these authors suggested that the biomedical expert was best-equipped to "see" and explain inebriety and was justified in claiming epistemic authority. In short, while the addiction sciences would mature significantly over the ensuing decades and, in many cases, repudiate certain dimensions of these early accounts, the works reviewed in the following

section marked a radical break with prevailing temperance discourse and helped to legitimate a modern scientific approach to, and physicalist interpretation of, habitual intoxication.

Dr. Albert Day's (1867), *Methomania: A Treatise on Alcoholic Poisoning,* represents one of the earliest and most important examples of these early works. Published just two years following the close of the Civil War, Day, the superintendent of the Washingtonian Home in Boston, suggested that the encroaching *fin-de-siècle* demanded a correspondingly modern revolution in the study and treatment of alcohol inebriety. "No thoughtful man can be satisfied with the present achievements in the treatment of this disease," Day suggested, criticizing temperance efforts theretofore. "At present," he continued optimistically, "we may truly be thankful that a reform in this matter has commenced" (52). Comparing the treatment of the insane to that of the inebriate, Day reinforced this stark distinction between an inhumane and inefficient past and a more enlightened present and future:

> It is not many years since no thought of humanity entered into the treatment of the insane. Manacles, dungeons, and scourges were the only instrumentalities thought fit to be enlisted by the wisdom of two generations ago; but a later and more humane civilization has so ameliorated their condition, that the utmost kindness, consistent with their own and the public safety, is now demanded of those having them in charge. I look for a similar revulsion of feeling in the treatment of the inebriate, as a result of sympathetic appreciation and intelligent judgment; and, under it, we many expect to achieve much greater success in our efforts in their behalf (53).

Day implied that previous (temperance) methods of reform—physical purgation, public degradation rituals, and other forms of moral and legal suasion—were tantamount to the inhumane "manacles, dungeons, and scourges" employed by a barbaric and ignorant generation of empirics charged with the care of the insane. Not only cruel, but, perhaps more important to a Bourgeois physician like Day, temperance approaches appeared ineffective and

inefficient. Under conditions of a "later and more humane civilization," however, he held that "intelligent judgment" should hasten "greater success." In light of the construction of Hackian human kinds, it is also significant that Day defined the central therapeutic situation as one involving "*our* efforts in *their* behalf." There were for Day only elite knowers and a laity to be known. While the scholar furnished early examples here, many of these themes—inebriety as a disease, the comparison to mental illness, and the physician and biomedical scientist as those experts endowed with epistemological privilege and deserving of exclusive cultural authority—remained central to the emergent scientific discourse throughout the first decades of the twentieth century.

In contrast to Albert Day, who hedged his positions through allusion and inference, in his 1868 work, *The Opium Habit*, Dr. Horace Day, a graduate of the Albany Medical College, presented a far more candid and at times dire account of inebriety. For example, where Albert Day only alluded to the effects of the conflict, the latter scholar directly implicated the Civil War as a significant cause of increased opiate consumption in the United States. "The events of the last few years have," he argued only three years after the dissolution of the Confederacy, "unquestionably added greatly to [opium-eaters'] number" (7). In addition to the "maimed and shattered survivors from a hundred battlefields," Day suggested that "anguished and hopeless wives and mothers" found "temporary relief from their sufferings in opium" (7). As both direct and indirect cause, Horace Day held that the Civil War significantly contributed to the prevalence of inebriety in the United States. While the previous chapter cited evidence suggesting that this may have been a dubious claim, it proved rhetorically powerful. In fact, as the following chapter will demonstrate, many reformers like Hamilton Wright invoked this

rhetoric successfully during their push for federal prohibition of drugs and alcohol during the 1910s (Musto 1973).

Like Albert Day, however, Horace Day remained hopeful that the therapeutic technologies and scientific knowledge that seemed to have contributed to the growing social problem might soon provide a solution. In other words, if the nation's *Opium Habit* was at least partly iatrogenic and its increase relatively recent, Horace Day argued, then it seemed likely that medical science was best equipped to prescribe effective therapeutic technologies and that these solutions were imminent. "Very recently indeed," he insisted, "some suggestions for the more successful treatment of the habit have been discussed…by eminent medical men" (Day 1868: 9). Day continues:

> A competent medical man, uniting a thorough knowledge of his profession with educated habits of generalizing specific facts under such laws—affecting the nervous, digestive, or secretory system—as are recognized by medical science, might render good service to humanity by teaching us properly to discriminate in such cases [of inebriety] between what is uniform and what is accidental (8).

In other words, Day presupposed that the *somatic disorder* of inebriety, like other physiological diseases, proceeded through a predictable and generalizable course and was therefore appropriate to deductive-nomological explanation. Further, if inebriety was reducible to the physical laws which regulated the "nervous, digestive, or secretory system," then Day implied that the biomedical sciences possessed ultimate epistemic authority. And it followed that if these sciences were able to distinguish between a "uniform" case and an "accidental" case (i.e., between a normal and deviant case), then it appeared possible to construct useful taxonomies including accurate classifications (i.e., classifications which

correspond to the physical reality of inebriety). Note here the affinity between Day's call for scientific knowledge regarding inebriety and Hacking's (1995a: 352) description of human kinds:

> By human kinds I mean kinds about which we would like to have systematic, general, and accurate knowledge; classifications that could be used to formulate general truths about people; generalizations sufficiently strong that they seem like laws about people, their actions, or their sentiments. We want laws precise enough to predict what individuals will do, or how they will respond to attempts to help them or to modify their behavior. The model is that of the natural sciences.

Throughout his work, Day attempted to initiate such an enterprise by proposing some possible sociocultural correlates of the disease including the inebriate's occupation (1868: 7), his race (8), and his geographic location (8). But it was Dr. George Miller Beard's *Stimulants and Narcotics* and Dr. Alonzo Calkins' *Opium and the Opium-Appetite*, both published in 1871, that truly inaugurated the modern scientific push for systematic knowledge about habitual intoxication.

Both Beard and Calkins began their seminal works by denouncing partisan and unscientific approaches to the question of intoxication. Beard admitted that "although the literature of the subject is very extensive…it mostly appears in the form of special pleas, either for or against some one of the more prominent varieties of stimulants and narcotics" (1871: iii). Such works, he continued, "can never satisfy the honest lover of truth," and championed his own analysis as "the first *systematic* attempt of the kind that has ever been made" (*emphasis added*; iii). Calkins criticized many observers' tendency to generalize from sensationalistic and idiosyncratic accounts: "Unique cases, however serviceable to the scientist for supplying chasms in his *Index rerum*, must never be mistaken for representative descriptions" (Calkins 1871: 19). In particular, Calkins cautioned against generalizing from the then-popular auto-

biographical accounts of Coleridge and De Quincey as such "fragmentary records of singular personal experiences" appeared unrepresentative of the phenomenon in general, threatened to misguide the lay reader, and were in any case of little value to the scientist who attempted to discover and posit underlying natural laws (19).

Given "the necessity of discussing a question that is primarily scientific by scientific methods of reasoning" (Beard: iv), both authors provided explicit and detailed methodologies. Rejecting the utility or appropriateness of the emotions to "determine questions of sciences" and asserting that "the sciences of chemistry and physiology are yet too undeveloped" (26), Beard advocated employment of a quasi-experimental method:

> The one and only way by which we can learn the effects of stimulants and narcotics on the human system is by experience; by trying them on a large number of individuals, and observing their effects…at different times, in various climates, and with all sorts of environments…and out of this tangle an approximately correct solution is now obtainable, for we have at command something of the accumulated experience of the world, most of which, during the past two or three centuries is quite available (30-1).

Similarly, Calkins collected and analyzed case histories and patient statistics from "the Records of Medical Journalism," "the Reports of Asylums, and other reformatories" (21). In total, he claimed to have analyzed over 230 individual cases of opium intoxication and cited over 200 physicians, surgeons, and apothecaries (21-2). Regardless of the relative merits of each scholar's preferred empirical method, by formalizing and defending them at the outset of their works, Beard and Calkins reinforced the objective and disinterested spirit in which they were composed and, in turn, reinforced the radical distinction between their physicalist accounts and the more moralistic, and often supernatural, temperance literature.

Throughout their respective analyses, Beard and Calkins repeatedly insisted that inebriety was, in fact, a physiological disease appropriate to biomedical treatment. "Like other chronic nervous diseases," Beard posited, "it is very obstinate and sometimes utterly incurable…moral or metaphysical treatment alone will not avail to cure it…any more than it will avail to cure epilepsy, or neuralgia, or paralysis, or insanity" (72). "The proximate cause," Calkins concurred, "is a corporeal condition, a physical want, a power independent in itself and able to subordinate to itself the entire mental machinery" (188). Further, Calkins affirmed the penetrating and privileged gaze of medical science: "The opium-habit particularly, however carefully covered up against outside observation, must nevertheless drop its veil of concealment when fairly submitted to the scrutiny of an expert" (185).

Even when Beard suggested that abnormal socialization may contribute to certain forms of inebriety, he ultimately denied the conventional temperance view that habitual intoxication represented a personal vice or moral weakness. Rather, he presented a far more sophisticated and sympathetic explanation grounded in a sort of cultural determinism:

> Crime of all kinds is to a certain extent organic, and many of our criminals are often subjected to their own evil organizations, even more than to the laws. Either from an excess of some qualities, or from a deficiency of others…it is as natural for them to get drunk, or to stupefy themselves with opium or tobacco, as it is for other and better formed natures to study philosophy…or to fall on their knees in prayer. The drunkard in the gutter, and philanthropist who lifts him out, may be both acting in obedience to organization, *for which they deserve but little praise or blame*" (*emphasis added*: 72-3).

Ultimately, Beard described "two forms" (72) of inebriety distinguishable by their respective etiologies—inebriety caused by physiological predisposition (often aggravated by abnormal environmental conditions) and inebriety caused by abnormal socialization.

Although many late-nineteenth and early-twentieth-century addiction scientists attempted to eliminate this seemingly normative distinction, it proved a remarkably durable facet of popular discourse regarding inebriety over the following decades. Chapter Five of this work demonstrates how, as they did with the likely apocryphal association between drug use and the Civil War, anti-alcohol and anti-narcotics advocates posited a (far more cynical) interpretation of Beard's distinction in defense of strict legal prohibitions and draconian forms of social control. By the mid-1920s, psychoanalysts like Lawrence Kolb (1925a, 1925b, 1925c) reinterpreted Beard's abnormally socialized inebriate as a "constitutionally inferior" and irredeemable "psychopath." A decade later, sociologists like Alfred Lindesmith (1938a) and Bingham Dai (1937) provided symbolic-interactionist and network analyses, respectively. Despite these sociologists' intentions to draw attention to the social dimensions of addiction, both ultimately retrenched a fundamental distinction between "normal" and "pathological" kinds of addicts. And as Acker (2002) points out, a comparable, though not equivalent, distinction between "deserving" and "undeserving" addicts seems to underwrite the United States' current "two-tier system of response to drug dependence: treatment for the middle and upper classes and incarceration for most others, including the poor, the uninsured, ethnic minorities, and immigrants" (9).

While his distinct kinds of inebriates proved a durable trope in addiction discourse, Beard ultimately was less concerned with nosology than he was with the identification of the proximal causes of inebriate behavior. Where Horace Day (1868) proposed only a few sociocultural correlates of habitual intoxication, Beard devoted multiple chapters and offered his readers a systematic and elegant "grand theory" of inebriety. For the latter scholar, the

frequency of inebriety in a given culture was related directly to its degree of technological progress and civilization. "To sustain the body amid the cares, toils, and pressures incident to advanced civilization," Beard (1871) argued, "men resort not only to a more liberal and abundant variety of food than savages use, but also most employ a wider range of stimulants and narcotics…hence result deplorable consequences" (38). In other words, for Beard, inebriety represented one among many inevitable consequences of "neurasthenia," a disorder of the nervous system supposedly caused by the historically unprecedented pace and psychological demands endemic to industrial bureaucracies (Beard 1881). In addition to the "relative degree of Civilization" (1871: 102), he identified other possible causes of inebriety like "race" (102), "hemispheric location" (105), "dryness of air" (108), "education" (112), "sex" (116), "religion" (117), "form of government" (119), degree of historical unsettledness (e.g., wartime v. peacetime) (124), and "class" (126).

The American Association for the Cure of Inebriety

Amid burgeoning scientific interest in the phenomenon of habitual intoxication, a small group of individuals associated with prominent inebriate treatment facilities met at the New York City YMCA on November 29, 1870, to form the United States' first professional association of addiction workers. Led by Dr. Joseph Parrish, medical director of the Pennsylvania Inebriate Asylum, and Dr. Willard Parker, president of the board of the New York State Inebriate Asylum in Binghamton, fourteen superintendents, physicians, and other representatives of inebriate asylums assembled to found the American Association for the Cure of Inebriety (Mason 1876: 16). (In 1888, the organization changed its name to the more objective and scientific-sounding, American Association for the *Study* and Cure of Inebriety [AASCI]). During its inaugural

meeting, the group formalized a set of organizational goals: "To study the *disease* of inebriety, to discuss its proper treatment, and to endeavor to bring about a cooperative public sentiment and jurisprudence" (*emphasis original*; AACI 1870: Article 3. *Plan of Organization*). They also drafted a declaration of founding principles:

1. *Intemperance is a disease.*
2. *It is curable in the same sense that other diseases are.*
3. *Its primary cause is a constitutional susceptibility to the alcoholic impression.*
4. *This constitutional tendency may be either inherited or acquired* (PAACI 1870: 8).

To the founding members of the AACI, these principles ramified institutionally in at least two significant ways: first, as a "disease of a *special form*," they assumed that the treatment of inebriety demanded "*special* treatment in *hospitals* adapted and devoted exclusively to its cure" (*emphases original*; Mason 1877: 2); and second, if inebriety represented a physical disease over which its sufferer possessed no control, then the AACI sought to amend extant legal statutes that appeared to punish sufferers for involuntary behavior (PAACI 1870).

The Association published in pamphlet form the minutes of its first meeting, including its declaration of principles, resolutions, and motions. As the AACI president, Dr. Parrish (1888), recalled some years later, "The daily newspapers took up the proceedings as narrated and the dogma of disease was barely referred to, except favorably. The temperance and religious weeklies, however, assailed the doctrine with zeal" (191). Even some early AACI members criticized the Association's staunch position that inebriety represented a physical disease. "We do not, either in our name or management, recognize drunkenness as the effect of a diseased impulse," intoned a representative of Philadelphia's Franklin Reformatory Home for Inebriates at the fourth annual meeting of the AACI, "but regard it as a habit, sin and crime, we do not

speak of cases being cured, as in a hospital, but 'reformed'" (PAACI 1874: 80). The Reformatory Home later withdrew from the Association.

However, given its claim that intemperance was symptomatic not of weak moral character, but of some physiological pathology "either inherited or acquired," the young organization simultaneously drew significant praise from many of the scientifically-inclined scholars reviewed in the preceding section. Alonzo Calkins and Albert Day, for example, were both present at the first meeting in New York, and George Miller Beard joined the AACI a few years later. In fact, Beard published an article in the 1876 inaugural edition of the *QJI* (Beard 1876), and Albert Day would prove to be one of the most prolific contributors to the scholarly periodical (Weiner and White 2007). The Association also claimed among its membership distinguished representatives of the broader medical field like Nathan Smith, the founder of the American Medical Association.

Throughout its history, members of the AACI convened on a yearly basis. Beginning in 1876, Association members began reprinting the minutes and addresses of their meetings in the pages of the organization's periodical, *The Quarterly Journal of Inebriety*. By 1887, international interest in the group's scientific approach to inebriety inspired the organization of a major conference, the International Medical Congress for the Study of Inebriety. An editorial in the July, 1887, edition of the *QJI* recorded the proceedings of the inaugural convention:

> On the afternoon of Tuesday last, an influential and representative company assembled in the rooms of the Medical Society of London, on the invitation of President and Council of the Society for the Study of Inebriety…marking the beginning of a new era in the history of this subject (177).

Among others, the convention featured papers concerning “Inebriety in Austria,” “Asylums for Inebriates in Sweden,” “German Law on Inebriety,” “Inebriety in Belgium,” “Continental Legislation for Inebriates,” and “The Physical Aspect of Inebriety,” this final work authored and read aloud by Dr. Nathan Smith. Consistent with the foundational principles of the AACI, the convention’s attendees resolved that “alcoholic intoxicants were always poisonous, and no moral or religious influences could modify the action of a material chemical poison” (177-8). By the early 1910s, in addition to the AACI’s annual meetings and those hosted by the International Medical Congress, at least two other major conferences existed—those organized by the American Committee for the Scientific Study of the Alcohol Question and the International Anti-Alcohol Union. Beyond these major conferences, many experts organized smaller conventions locally (Crothers 1911; White 1998).

Despite sustained criticism from various temperance reformers, religious leaders, and some reformatory institutions, ultimately the support that the AACI did receive, along with the increasing legitimacy of the disease concept and biomedical therapeutic approach that it championed, proved sufficient to leverage the establishment of a network of specialized treatment facilities. As noted above, when the AACI was founded, only six inebriate asylums and homes existed in the United States. Only eight years later, 32 institutions were affiliated with the AACI, and by 1902, over 100 facilities in the US claimed to specialize in the diagnosis and treatment of various forms of inebriety (Jaffe 1978; Baumohl and Room 1987). While the Association proved less successful in its efforts to reform American jurisprudence (e.g., by the 1920s, the Volstead Act and the Harrison Narcotics Tax Act effectively criminalized the behavior that many in the AACI sought to medicalize) and eventually disbanded by the mid-1920s (White

1998; Tracy 1992), its establishment and activities marked a significant watershed in addiction conceptualization and treatment.

The Quarterly Journal of Inebriety

Critical to the dissemination of the AACI's tenets and its modest institutional successes, between 1876 and 1914, the group published a scholarly periodical, *The Quarterly Journal of Inebriety (QJI)*. Acting as both an official record of AACI communications and activities and the formal nexus of the emergent field of addiction sciences, the *QJI* represented the world's first and, for some time after, peerless academic periodical concerning habitual intoxication and its treatment. As the Journal's editor-in-chief, Dr. T.D.Crothers, recalled in 1897, "The time had come for a journal to represent our association and defend its principles" (21). The *QJI*'s publication run included 35 volumes, 141 issues, and over 801 major articles, and faithful to the AACI's position that inebriety was symptomatic of somatic pathology, professional physicians authored over 90% of its articles (Weiner and White 2007: 20).

Throughout its history, the *Quarterly Journal of Inebriety* (its title was shortened to *The Journal of Inebriety* in 1907), represented the preeminent academic periodical of addiction science and medicine. While some inebriate treatment facilities published their own bulletins and newsletters (e.g., more or less concurrently with the *QJI*, the Keeley Institutes published *The Banner of Gold* and *Golden News*, and the Chicago Washingtonian Home published *The Washingtonian*), these other periodicals tended to eschew scientific analysis in favor of anecdotal accounts of patient success stories, facility affairs, and so on, and therefore never competed directly with the *QJI*. Dr. Robert Parrish's *The Probe* and Dr. Kane's *Journal of Stimulants and Narcotics*, on the other hand, represented scientifically-grounded periodicals

similar to the *QJI*. Over twenty years into its run, however, it appeared that "the journal still is without a rival…no other journal has appeared to divide the honors" (Crothers 1897: 27-8). At least, that is, within the United States.

The British Journal of Inebriety (*BJI*), the official communication organ of Britain's Society for the Study of Inebriety, and a periodical that, like the *QJI*, sought to analyze and explain inebriety from a modern scientific perspective, appeared first in 1892. While the *QJI* ceased publication in 1914, the periodical that began as the *BJI* remains in print today. And even as the geographic scope and space constraints of the present work prohibit a fuller discussion, it is worth noting here that successive historical shifts in the *BJI*'s title and substantive focus are suggestive of both the perpetual "wandering" of the human kind and corresponding paradigm shifts within the field of addiction science: *British Journal of Inebriety*, 1902-1946; *British Journal of Addiction to Alcohol & Other Drugs*, 1947-1979; *British Journal of Addiction,* 1980-1992; *Addiction,* 1993-present.

As noted above, Dr. T.D. Crothers served as the editor of the *QJI* throughout its entire run. Crothers, who graduated from Albany Medical College in 1865, was both proprietor and medical director of an inebriate asylum in Hartford, Connecticut, and, in addition to his editorial duties at the *QJI*, served as secretary of the AACI after 1876. The driving force and ultimate gatekeeper of the periodical, Crothers insisted that "the policy of the *Journal of Inebriety* from the beginning has been, to keep prominent the fact that inebriety is a neurosis and psychosis and that alcohol is both an exciting and contributing cause as well as symptom of conditions which existed before" (1911: 144). Accordingly, the physician frequently rejected submissions that he considered "partizan literature and concealed advertisements of the authors" (145).

"The first question," Crothers insisted, "was to make a journal clearly scientific in cast and tone, and free from dogmatism" (1897: 22). By carefully curating articles and publishing only conclusions "founded on experience and laboratory studies" (1911: 145), Crothers sought to establish the *QJI* as a publication disinterested in tone and approach, and uninterested in temperance zeal.

Especially during its first decade of publication, the *QJI*'s reluctance to comment on the temperance question and its staunch position that inebriety represented a physical disease elicited hostile criticism. Religious leaders condemned the journal's physicalist approach as dangerously "materialistic and an effort to excuse crime and dignify vice" (Crothers 1911: 143). Some even suggested that the periodical represented "another scheme of the rum power, to make inebriety respectable" (Crothers 1897: 23). Even many in the medical profession criticized the *QJI*'s disease conceptualization. For example, after touring a number of American inebriate asylums during the mid-1870s, an eminent British alienist named Dr. Bucknill (1878) published a small pamphlet titled "Habitual Drunkenness and Insane Drunkards" in which he derided the medical approach of the asylums and, more generally, the theoretical thrust of the AACI and the *QJI*. In the pamphlet, Bucknill denounced the American Association for the Cure of Inebriates—italicizing the word "cure"—and its advancement of a "Doctrine of Disease" (quoted in Mason 1891: 5). Other physicians charged that the *QJI* was not scientific *enough*, urging Crothers to publish only the "results of post mortems" (Crothers 1897: 25). The editor reminded this dogmatic contingent that even "the most thorough examination of the cadaver had failed to show any disease that was peculiar and common to insanity" (25). Interestingly,

later scholars would seize on this lack of biological evidence to deny the materiality of both mental illness (Szasz 1961; Laing 1960) and addiction (Szasz 1974; Peele 1975; Schaler 2002).

The Physicalist Turn

Like Beard (1871), Crothers acknowledged the relative immaturity of the field of physiological chemistry and the "utter impossibility" (Crothers 1897: 25) of trying to illuminate the disease of inebriety at the cellular level. Further, one of the primary objectives of the AACI and the *QJI* was the cultivation of sympathetic public sentiment—i.e., popular consciousness-raising—and such studies, even if they did exist, would be arcane and accessible to only a handful of specialists. Thus, in addition to the still-young field of physiology, Crothers' *QJI* drew on a number of other emerging human sciences including psychology, sociology, and cultural anthropology. Even if it could not (yet) be demonstrated at the cellular level, the editor insisted that the disease was empirically available and that timeless natural laws determined its course. Toward the end of the journal's publication run, Crothers summarized this position and, in the process, reinforced how theoretically consistent the Journal had remained across five decades:

> Inebriety…is controlled by laws both physical and psychical, which move with the same unerring circumstances as that which governs every disease and degeneration, and it is our work to map out these laws, determine their conditions and movements, and direct and guide them (Crothers 1911: 150-1).

This emphasis on the physical basis of inebriety was evident already in the *QJI*'s inaugural issue. The second major article featured in the issue, Beard's (1876), "Causes of the Recent Increase of Inebriety in America," argued that "inebriety is a neurosis—a functional disease of the nervous system—and should be treated on the same principles as other and allied nervous diseases" (26). Beard went on to condemn as ineffective temperance strategies of moral suasion: "Drunkenness, as a disease, is rarely cured by signing the pledge, or by so-

called moral measures of any kind" (26). In the same issue, Mason (1876) insisted that the shift toward medical treatment of inebriety and a corresponding acceptance of its physical basis among the public and judiciary —both fundamental goals of the AACI—inevitably would "overthrow…one of the greatest obstacles to the welfare of our suffering humanity" (24).

However, even as they contributed to a general physicalist turn in inebriety discourse, many of the earliest works published in the *QJI* betrayed residual temperance moralism. For example, despite his insistence on its essentially physical basis, just as he had in his earlier book, Beard (1876) posited a vague distinction between "volitional" and "juridical"— those that "willingly" engage in a lifestyle of habitual intoxication and those that are bound "unwillingly" to it—kinds of inebriety (the terms "volitional" and "juridical" are Hickman's [2007]). "The habit of drinking to intoxication," he argued, "is partly a vice and partly a disease" (25). Mason similarly offered a more nuanced, but still partially moralistic explanation: "The *sin* of habitual drinking was assigned to the position of *cause*, and the *disease* to that of the resultant *effect*" (*emphasis original*; 1876: 18).

Over the following decades, Crothers attempted to purge the *QJI* of any reference to metaphysical causality. Reflecting on the history of the *QJI* in 1897, Crothers admitted that during its first years in publication, "a large number of papers offered contained most confusing statements of the vice impulse and symptom in inebriety" (26). The editor denounced such conclusions as unscientific and redoubled his efforts to confine published conclusions to those based exclusively on empirical observation and impartial analysis. Likely seeking to clarify the official position of the *QJI* and the AACI, in the December 1877 edition, Crothers reprinted an

excerpt from an address delivered in front of the British Medical Association by the esteemed physician, Dr. G. F. Boddington:

> The confusion between drunkenness as a disease, and drunkenness as a vice, must be cleared up. For my part, I look upon all habitual drunkenness as a disease, and I would boldly call it all dipsomania. It is in its character as a disease that we physicians are entitled to deal with it. When fully developed there are not two kinds of habitual drunkenness. The cases are, one and all, cases of dipsomania, of irresistible, uncontrollable, morbid impulse to drink stimulants (28).

While Crothers thereafter remained unwavering in his refusal to print quasi-moralistic conclusions (and in fact only published one more article by Beard [1878]), as noted earlier, a dichotomous conceptualization proved surprisingly durable, and survived in various forms well into the twentieth century.

Nonetheless, under Crothers' leadership, future *QJI* articles maintained a decidedly disinterested tone, tended to emphasize the fundamental homogeneity and physical basis of even superficially distinct forms of inebriety, and criticized the moralism characteristic of the temperance movement. As early as the Spring 1878 edition, Albert Day furnished a paradigmatic statement of these *QJI* positions. Day offered the example of two men: "Both…had a mind to do right, attended the same church, (and) worshiped at the same altar" (91). "One man," he suggested, "will drink wine and spirits…and never exceed the bounds of moderation." "His neighbor," however, though he also imbibes, "becomes bankrupt in property, morals, and health" (90). The difference between the two men, Day held, "was a physical condition, moral nature having had nothing to do with it" (92). In fact, the scholar continued, "it may be, and often is the case, that the man who falls is far superior in moral culture to the man who does not fall" (92). Further, Day denounced the tendency of the first

man to be "loud in his condemnation of his friend who has *allowed* himself to become a drunkard" (*emphasis added*; 92). The scholar insisted that "religious forms and tenets," while indispensable to certain dimensions of human experience, "do not save men from becoming drunkards" (104). Day concluded his critique of temperance moralism by emphasizing the irresistibility and autonomy of physical forces, and thus the inevitable progression of the disease of inebriety regardless of how devout the drinker:

> Some will say, "Why, he is pious; he can never fall—God will not allow him to become intemperate." Yes; but God will allow it if he drinks, just the same as God will allow him to be poisoned with any other poison which he may take into his stomach. God will not suspend His laws, even to save a good church-member (104).

In further defense of this physicalist interpretation, Day expanded on a metaphor that he introduced a decade earlier in his work, *Methomania* (1867). Toward the beginning of the nineteenth century, Day (1878) argued, "the study of insanity and its treatment stood quite aloof from general medicine" (109). "Consequently, the treatment of the insane was not in the hands of intelligent physicians," he continued, "but was given up to coarse and ignorant jailors…who sought to "whip the devil" out of the insane by cruel lashes, the number of which would be prescribed by the ecclesiastic" (109). Instead of lashes, Day argued, later authorities fined and imprisoned the inebriate "to press the devil out of him" (109). Proclaiming the imminent demise of "such folly" and the inevitable triumph of "common-sense" (110), Day implied that the application of reason and the methods of modern science would demonstrate, as they had with insanity, a strictly physical basis of inebriety. In turn, he assumed that this discovery would effect more humane and effective methods of social control and would appropriately relocate epistemic and therapeutic authority to professional physicians and biomedical scholars. In a word, Day assumed that the empirical demonstration of a physical

basis of inebriety would effect a radical shift in the *dispositif* (Foucault 1980) of addiction treatment and lived-experience.

The analogy between the evolving treatment of the insane and that of the inebriate proved an enduring motif in the pages of the *QJI*. In his article, "A Plea for a Medical Jurisprudence of Inebriety to Keep Pace with the Conclusions of Science Respecting this Disease," Dr. Edward Mann (1884) argued that just as the insane should not be held liable for behaviors that, while they may violate the law, were beyond their control, "the disease of inebriety should be regarded as exempting from the punishment of crime…those who are afflicted with it" (66). The inebriate, Mann held, displays "all the characteristic features of partial madness" (71). In his address marking the twentieth-anniversary of the founding of the AACI, Dr. Mason (1891) celebrated the modest achievements of the group, but noted that, in both public opinion and American jurisprudence, "The important subject of inebriety is regarded now as was insanity some seventy years ago; the disease being considered irremediable and its victims as forever doomed" (3). In sum, *QJI* contributors like Day, Mann, and Mason drew an analogy between insanity and inebriety to emphasize the ultimate physical basis of habitual intoxication, the apparent lag between modern scientific knowledge and prevailing popular belief, and, given the historical progress achieved in respect to the former phenomenon, the enduring hope of epistemic and institutional reform regarding the latter.

Statistics

In the ethical system of temperance, intemperance was a sin that indicated weak moral character, and most reformers located the ultimate source of that sin in the offending substance: whiskey, opium, etc. Accordingly, temperance reformers alternately pursued

strategies of moral suasion (to reinforce individual efforts at resisting the advances of "demon rum" and eliminate sin at the point of consumption) and legal suasion (to stanch the production and distribution of "demon rum" and eliminate the temptation at the point of supply). To these reformers, the body of the intemperate person represented only the medium through which sin was manifest in the world—the material site of conflict between human will and nefarious substance.

By contrast, the new addiction sciences held that the disease of inebriety represented a physical malady "all the way down." The paramount objectives of the biomedical experts whose work filled the pages of the *QJI* concerned the discovery and explanation of the natural laws which determined the course of the disease. It followed that careful study of the inebriate's body would unveil these laws. And not only his body, but his parents' bodies, his physical location, his living arrangements, his social relationships, his occupation, and so forth. The inebriate now represented a distinct "case" that should be qualified and quantified, and compared with other "cases" in order to discover and explain underlying natural laws. While temperance theorists invoked some basic statistics to describe the scope of the social problem and to petition for legal reform (Gusfield 1963; Boyer 1978), few suggested that statistical analysis might yield insight into the nature of intemperance itself. To the new addiction scientists, however, the collection of new kinds of statistics and their analysis represented indispensable means of scientific investigation that promised to disclose otherwise hidden aspects of inebriety.

In the Spring 1881 edition of the *QJI*, Dr. L.D. Mason published one of the earliest quantitative studies of inebriety. Introducing his "Statistical Report of Two Hundred and Fifty-

Two Cases of Inebriety," Mason admitted that he had "very few precedents to guide him in the preparation of these statistics," but maintained the necessity of such studies as the "advance of knowledge of this special disease, as in other diseases can only be secured by the careful study of individual *cases*" (*emphasis added*; Mason 1881: 67). The scholar drew his data from patients treated at the Inebriates' Home for Kings County, located in the Fort Hamilton neighborhood of Brooklyn, New York, where Mason served as superintendent. Following a brief introduction, a massive table spanned the following eight pages of the journal. Each row of the table represented a unique case, and each case was represented by a patient number running from Case 1 to Case 252. From left to right, the columns of the tables read: "age," "sex," "nativity," "religion," "education," "social condition (i.e., marital status)," "occupation," "family history," "associated habits (i.e., use of other drugs)," "years addicted," "periodical or habitual," "complicating disease or injury," "number of attacks of delirium tremens," and "cause of use." Beyond a possible sensitivity to patient privacy, the scholar's assignment of case numbers betrayed the predisposition of the new addiction sciences to view inebriates as distinct permutations of an essential and timeless *kind of person*. Further, each of the table's demographic and social categories—sex, religion, education, social condition, etc.—represented a correlate that the nascent addiction sciences assumed was central to the onset and progression of a particular *kind of abnormal behavior*. And the observation and analysis of variation among these correlates, the addiction scientists assumed, would provide clues to the basic forms of these human kinds.

Mason, for example, identified substantial and meaningful variation throughout the data. The scholar found that inebriates were overwhelmingly male (1881: 77), were more often

professionals, clerks, and merchants (76), tended to display the first symptoms of the disease between the ages of 15 and 35 (78), and often self-identified the exciting cause as either "family troubles or business losses" (83). While Mason acknowledged that "all classes of society" were represented, "the fact that dipsomaniacs come from the more intelligent and educated classes of society is substantiated by these records" (76).

Mason's statistical findings appear to reinforce Beard's (1871, 1881) theoretical work on the relationship between the uniquely modern phenomenon of neurasthenia and the apparent increase within the United States of cases of inebriety. While it is likely that Mason was familiar with Beard's widely-read scholarship and entirely possible that his statistical conclusions betray some degree of confirmation bias, it is more probable that both Beard and Mason identified a spurious relationship. Given Beard's eminence in the field (and commensurate fees) and Mason's position as superintendent of the private (and relatively expensive) Fort Hamilton Washingtonian Home, both physicians seem to have based their conclusions on an unrepresentative and disproportionately wealthy population (Tracy and Acker 2004; White 1998). Nonetheless, Mason's early statistical study of inebriety represented a decisive turn in the historical construction of addiction and the addict.

Nine years later, Mason published in the *QJI* a second major statistical study of inebriety. As in his earlier work, he drew on data collected from patients treated at the Inebriates' Home at Fort Hamilton, though his 1890 study considered far more cases: 4,663 compared with the initial study's 252. In addition to age, sex, occupation, and other "important factors in the etiology of…inebriety" that Mason considered in the earlier study, his 1890 survey included additional biological, psychological, and social correlates such as "climate,"

"temperament," and "custom" (Mason 1890: 246). Most significantly, this massive statistical analysis of inebriety reported on treatment outcomes. Based on the data, Mason claimed a successful cure rate of 43% (251). "Under proper conditions" (i.e., "having the patient brought to us at a reasonable period after the disease…has manifested, and having also the patient remain under our care a reasonable length of time for treatment"), however, Mason argued that "it would be easy to see that our ratio of cures would be 75 to 80 per cent" (251). Around the same time, other physicians and scholars were reporting similarly high success rates (e.g., Chamberlain 1891; Crothers 1893).

Such optimistic findings reinforced the conviction prevailing among early addiction scientists that inebriety represented, as the AACI stated in their founding principles, "a disease curable in the same sense that other diseases are." While Tracy (1992) argues that such private facilities had financial incentives to conduct purposely short-term evaluation periods and thus systematically exaggerate success rates, it is also true that the private facilities where many of these scholars conducted their statistical studies were economically inaccessible to more marginalized inebriates. Consciously or unconsciously, most of these scholars underestimated the obstinacy and the prevalence of the phenomenon. Moreover, exaggerated though they may have been, even success rates of 75 to 80 per cent suggested the presence of some population of physiologically incurable and/or socially recalcitrant inebriates.

As the following chapters demonstrate, first anti-alcohol and anti-narcotics advocates and then various medico-legal elites drew attention to the ultimate failure of the inebriate asylum system and the emergence of an increasingly conspicuous and clannish deviant population—the size of which Mason and others had systematically underestimated. Over the

following decades, public opinion and institutional configurations shifted away from sympathetic medical treatment and toward the criminalization of addiction and draconian methods of social control (Acker 2002; Musto 1973; Courtwright 1982). This work argues that these institutional shifts derived, at least in part, from unanticipated and contingent dialectical relations between a new human scientific classification of human person and those who were so classified. The final section of this chapter considers how, specifically, the first generation of addiction scholars helped to "build" this new human kind.

Birth of the "Addict"

Even as most of its contributors continued to favor the term "inebriety" until *The Quarterly Journal of Inebriety* ceased publication in 1914, a few began referring to "addiction" as early as the mid-1880s. Initially, scholars employed the term to describe only the habitual use of drugs other than alcohol. For example, in 1885, Dr. J.B. Mattison argued that "opium *addiction* is a disease—a well-marked functional neurosis" (italics added; 1). By the turn of the twentieth century, however, authors like Dr. Huntley (1897) began arguing that the perception of distinctions among different types of addictions derived from "universality of prevalence, antiquity of habit, racial peculiarity, and idiosyncrasy" (31) rather than careful empirical observation and impartial analysis. Huntley speculated on the existence of a type of "universal addiction" (35). "In studying these addictions," Dewey noted in 1900, "one is surprised to find how often several of them are combined" (456). Based on the frequency of overlapping habits, Dewey, like Huntley before him, suggested that superficially distinct addictions were all reducible to a single underlying pathology. Anticipating currently prevailing neurobiological theories (e.g., Kalivas and Volkow 2005; Pierce and Kumaresan 2006) by a century, Sterne

(1905) argued that "all drug addictions" radically altered the structure and function of brain cells (164-5). In short, while the earliest addiction scientists recognized ontic distinctions among various forms of habitual intoxication, by the mid-1910s, most scholars posited a single disease and fundamental *kind* of human behavior that may nonetheless manifest outwardly in various forms.

To the extent that the application of modern science had afforded them an historically unprecedented understanding of the natural laws that determined a distinct kind of human behavior, the first generation of addiction scholars assumed that the same methods would, for the first time, disclose a set of characteristics common to all addicts. This marked a radical departure from temperance ideology. To temperance reformers, the drunkard unquestionably drank too much: he was weak-willed and had submitted to the overwhelming power of alcohol, and his habits endangered the fate of his soul and reaffirmed the compelling force of "demon rum." But his habits, in themselves, were self-evident—there was no deeper truth to be discovered in the act of drinking or in the drunkard.

To the modern scientist, however, the body and mind of the addict harbored secrets of the natural world; secrets that he shared in common with all other addicts; veiled secrets that would disclose themselves in the penetrating light of disinterested rationality. Each addict represented a distinct "case," or iteration, that pointed beyond itself toward a more general and basic truth. Modern science encountered him as a datum to be qualified, quantified, and compared with other data in order to grasp fundamental truths. The sum of these cases constituted a circumscribed scientific *kind* distinct from other kinds of people. According to Hacking, however, early addiction scientists were neither "carving nature at the joints" nor

were they mistaking transient cultural categories for timeless natural truths: new human scientific classifications, the philosopher argues, made possible new human realities. The scientific *kind* and the *kind* of person seemed to emerge together.

Authority

Critical to the construction of the addict, early addiction scientists first sought to establish ultimate epistemic and therapeutic authority. Each addict, Mason argued (1893), "must be dealt with as an *individual case*, having its own special needs, and therefore its own special treatment" (*emphasis added*; 117). The scholar continued: "rational treatment of inebriety" demands "first, entire control of the patient…this is essential, indeed a *sine qua non*" (117). And second, "not only should control of the person of the inebriate be secured, but the privilege to exercise that control for a definite period" (118). "Home treatment," Mason maintained, "is out of the question: it is neither the proper place, nor could we exercise the necessary control" (119). If treatment was to be successful, Mason's treatment protocol implied, then we (the physicians) must be able to restrain and surveil them (the addicts).

Mason extended the authority of medical science temporally by arguing that such control should extend for a period of time determined by prevailing biomedical theory and the physician's case-by-case judgment. He also extended scientific authority spatially by denying the appropriateness of home treatment and insisting instead that "an asylum or sanitarium is an absolute necessity" (119). Other scholars (Kellogg 1903; Marks 1896) echoed Mason's emphasis on administrative control and surveillance. For example, Elliott (1903) argued that

most addicts "should be committed to large State institutions for long periods, where they can be kept regularly occupied under strict control" (25).

Latent Moralism

Many early addiction scientists reaffirmed the necessity of authoritative restraint by representing the addict as inherently deceitful and scheming. To the extent that these nefarious tendencies betrayed the consequences of a somatic disease, they were also distinguishing characteristics of the addict, as a classifiable human being. Dr. Marks (1896), the superintendent at the St. Louis City Hospital, emphasized the moral consequences of addiction, and argued that even confined to the sorts of facilities that Mason suggested above, authorities must remain ever-vigilant to the behavior of "alcohol, cocaine, and morphine fiends":

> Even in sanitariums the patients must be…under the special care and watchfulness of the physician in charge. Visitors must be rigidly excluded, for they…are apt to smuggle in liquor, or morphine, or opium. Mail matter should be opened in the presence of the physician, for opium and morphine have been known to travel in that way, and otherwise honorable men will lie and deceive where their special longings are concerned (154).

In 1898, Dr. Waugh described the "cocaine fiend" in even more pessimistic terms:

> He has no moral sense; he has no sense of responsibility, no manly interests, no love for his family, no religious principle, no shame. He will lie for the pleasure of lying, and steal needlessly... Trust his honor and he chuckles at your gullibility. Bring squarely before his face the proof of his deception and oath-breaking and he has no blush of shame, no compunction. He simply laughs, and begins to devise a new scheme to obtain his drug in which he displays much ingenuity (195).

While many of these early addiction scholars were careful to distinguish between the behavior of such "fiends" and other addicts who were "so thoroughly in earnest in overcoming their affliction, with self-control so little impaired, that but a moderate amount of restrain of any kind is necessary in treating them" (Elliott 1903: 24), within two decades, "the addict" had

become all but synonymous with the amoral and socially-disruptive "dope fiend" (Acker 2002; Musto 1973).

As the following chapter demonstrates, taken together with the increasing conspicuity of a population of "pauper inebriates" (Mason 1893: 120) previously unaccounted for by medical authorities (see, e.g., the above section regarding statistics), the institutionalization of new human scientific kinds—addiction and the addict—effected new relationships between authorities and addicts, between the American public and addicts, and between addicts and other addicts. A consideration of these looping effects casts new light on the sociohistorical transformation from pitiful addict in need of medical treatment to nefarious "dope fiend" appropriate to punitive correction. It is interesting to note here, however, that descriptions of "fiendish" behavior did not originate in the vitriolic anti-alcohol and anti-narcotics propaganda of the 1910s and 1920s as some scholars contend (Acker 2002), but may be traced back to such ostensibly disinterested scientific analyses prior to the turn-of-the-century.

Recognizing Kinds

Meanwhile, other scholars attempted to furnish physicians with a set of dependable diagnostic guidelines. Dr. Potter (1895), for example, cautioned physicians against "snap-shot opinions," and insisted that the addict may be very difficult to identify. Potter argued that while the addict may seek to hide from authorities as many symptoms as possible, "there are some symptoms…which the habitué cannot hide" (342-3). Among other overt symptoms, the physician included the following: "The vision will have a peculiar stare…his skin usually itching…his sleep is disturbed and never restful…he stretches out the hours of recumbence to

their last possible extent—with a secret wish to have lain on still…he often rewards the physician not only with ingratitude, but calumny as well" (343-4). Some of Potter's symptoms were sensually available to the physician (e.g., itchy skin, absent gaze), others depended on the patient's self-reports (e.g., disturbed sleep), and still others were based on the physician's intuitions and cultural biases (e.g., the addict's "secret wishes" and slothful behavior).

While some scholars criticized the ambiguity of many of Potter's diagnostic guidelines (Lett [1898], e.g., authored a particularly critical rejoinder), the basic thrust of his work proved influential to later addiction scientists: the addict, Potter implied, represented for the physician a difficult kind of patient—difficult to identify and difficult to treat—but the biomedical gaze could, in fact, grasp the truth of the addict by attending not only to his empirically-available physiological condition, but also to his psychical disposition, his social relations, and his general comportment in the world. In short, Potter held, the addict was deviant, not only in his somatic constitution, but also in his manner: he represented a discrete *kind of human being*.

Beginning especially around the middle of the first decade of the twentieth century, contributors to the *QJI* sought to demarcate the boundaries of the new scientific classification. Dr. Seareg (1906) described the addict in familiar Beardian terms: "A person who is nervous, neurasthenic, over-sensitive, hyperaesthesic…he is too conscious, too sensitive, too much given to bad feeling" (166). While he acknowledged that addicts suffer "weak 'will power,'" he placed the phrase in quotation marks and insisted that the disposition was "transmitted to them through neurasthenic parents or ancestry" (168). In other words, Seareg held that the hereditary neurasthenic disposition often preceded addiction; addiction appeared to be a complication common to those with a certain set of inherited physiological predispositions.

Thus, Seareg implied that the class of people predisposed to addiction is actually quite larger than those who ultimately manifest its symptoms and come to the attention of physicians. Similarly, Dr. Benton (1907) identified a distinct "*class* of patients" that he suggested be called "narcotics *addicts*" (italics added; 192). This class of patients, he continued, shared in common an "individual personality…[which is] the result of heredity, environment, education, etc." (194). Benton suggested that in order to curry public and legislative favor, future scientific arguments should focus on the sympathetic (and inculpable) plight of the addict rather than the nature of addiction: "If instead of saying abruptly that drunkenness is a disease, we affirm that drunkenness or inebriety by drug narcosis is an expression of morbid conditions…I think it may be more easy of mental digestion and excite a lesser feeling of opposition" (193).

Formalizing Kinds

Scientific interest in the addict as a distinct kind of human person increased dramatically during the final years of the *QJI*'s publication run. Scholars articulated more precise definitions of the addict and began to distinguish among addict subtypes. In an article titled, "Five Types of Drunkards and Their Treatment," Drs. Williams and Corres (1910) drew on the emerging insights of Kraepelian psychology to posit five distinct kinds of addicts. "The craving for drugs admittedly arises from perturbations of the nervous system," they argued, "but it is not enough realized that these are of many kinds" (125). Reinforcing Hacking's (1995a) contention that the desire to correct deviant behavior often compels the creation of human scientific kinds, the scholars defend their typology by insisting that "therapeutic power comes only through diagnostic precision" (Williams and Corres: 125).

Insisting that he was "not concerned with drinking as with the drinkers," Dr. Hultgen (1909: 118) provided an alternative typology. Based on a statistical analysis of 406 cases of alcohol inebriety, the scholar divided drinkers into four distinct types: (1) "insane patients," (2) "dipsomaniacs," (3) "proto-dipsomaniacs," and (4) "so-called normal drinkers" (118-9). The physician argued that only those inebriates in the latter category, "those who indulge from force of habit, of socialibility (*sic*), or custom," represent "reformable plastic drinkers" (119). The following chapter demonstrates how prohibition advocates mobilized a variation of this basic distinction between curable and incurable addicts—itself a medicalized variation of the more overtly moral distinction between vice and disease that Crothers sought to exclude from the *QJI*—in order to leverage the passage of sweeping anti-alcohol and anti-narcotics legislation.

In 1909, Dr. Arthur MacDonald, an eminent criminal anthropologist, published in the *QJI* a definitive methodological piece concerning the proper measurement and classification of the addict. In his article titled, "Laboratory Study of Inebriates," MacDonald argued that "if we are to distinguish between different forms of abnormal men, and especially how they all differ from normal men, we must have the same measuring rod to apply to all of them" (104). His proposed "measuring rod" included physiological metrics—"measurements of…height, weight, chest expansion, etc., width, length and circumference of head, etc."—"psycho-physical" metrics—"perception through the senses of sight, hearing, touch, pain, etc."—and various sociological metrics—"age, social surroundings, education, parentage, etc." (104). Like Williams and Corres (1910), MacDonald emphasized the direct relationship between accurate scientific knowledge and the possibility of behavior modification:

> The study of man, to be of most utility, must be directed *first* to the *causes* of crime, pauperism, alcoholism, degeneracy, and other forms of abnormality. To do this the individuals themselves must be studied. The most rigid and best method of study is that of the laboratory, with instruments of precision in connection with sociological data (*emphasis original*; 109).

MacDonald insisted that effective social reform, including reform (or, where necessary, elimination) of the addict, depended ultimately on the accumulation and analysis of empirical data, the grasp of ostensibly "natural kinds" of people (e.g., "genius or insane, criminal or inebriate, normal or abnormal" [104]), and the effective therapeutic mobilization of this corpus of knowledge. While "many worthy efforts are being made to lessen social evils," he suggested, "they are mostly palliative, and do not go to the root of the matter" (110). Only modern science, he implied, with its precise tools and disinterested approach, was able to discover the timeless truths that distinguished different kinds of people, to explain their motivations, and, in turn, to modify their behavior. In order to understand the addict as a discrete *kind of person*, MacDonald argued, the scientist must "measure him anatemically (*sic*), physiologically, and pathologically with instruments of precision" (104).

Legacy of the QJI

In the Winter 1911 edition of *The Quarterly Journal of Inebriety*, its longtime editor, Dr. T.D. Crothers, surveyed the 35-year history of the periodical and considered the current state of addiction science. Under the subheading, "Acceptance of the Early Theories and Their Adoption into the Working Truths of the Scientific World," Crothers (1911) proclaimed:

> In 1909 there were over two hundred articles published in the medical and scientific press of the world, on the effects of alcohol and the psychosis of inebriety. In 1910 a much larger list was noted and with it several books of scientific prominence. The great reform societies of the churches and of temperance work are

> turning to science for facts and assistance in the teachings and promotion of truths concerning this great problem.
>
> Every great reform society has a scientific department in which the subject of alcohol comes in for special consideration, without any timidity or hesitation. Two books have appeared this year, devoted to the medical study of alcohol. Last year the Government published the transactions of our Society as a public document to be distributed all over the country as an authorative (*sic*) contribution to the subject. This year another great Anti-Alcoholic Congress has been held at the Hague to discuss the scientific aspects of the subject, and there is a tremendous forward movement (146).

By the time the *QJI* folded three years later, a robust consensus concerning the physical basis of addiction existed among legislators, physicians, and even temperance reformers (Morgan 1981; White 1998). Researchers regularly published their empirical findings in scholarly journals like the *QJI* and presented them to peers at one among several specialized conferences. Attempting to discover underlying patterns of use and identify important correlates of the disease, the scientists collected, compiled, and analyzed statistics. "Addiction" represented a discrete and classifiable *kind* of human behavior—a phenomenon that proceeded according to a set of empirically-available natural laws against which particular instances could be explained deductively.

If addictive behavior signaled underlying somatic and psychical disorder, then, the first generation of addiction scientists assumed, the people who exhibited the deviant behavior likewise constituted a discrete class of human beings. Throughout the publication run of the *QJI*, and especially during its final two decades in print, contributors worked to demarcate the theoretical boundaries of this new human classification. These scientific activities initiated the transformation of the nineteenth-century drunkard, who had elicited in the temperance

reformer both pity and scorn, into the twentieth-century addict, who represented to the modern scientist a single "case" *that* (i.e., rather than *who*) afforded researchers access to underlying natural law. And by the end of the first decade of the twentieth century, many researchers were elaborating fine-grained typologies of addict subclasses. In sum, the first generation of addiction scientists, a majority of whom contributed to the *QJI*, represented the addict as a discrete *kind* of person, empirically and theoretically distinguishable from other kinds of people.

In Marxian terms, at this early point in the history of the human scientific kind, addicts constituted a class(ification)-in-itself, defined and grouped together by scientific elites "from above." To better understand the sociohistorical conditions under which addicts developed a class(ification) consciousness sufficient to the (partial) appropriation of their kind-term from medico-elites during the 1930s and '40s, it is critical to understand how the new scientific classifications reconfigured the "social matrix" (Hacking 1995a, 1999) of material and ideal realties to which addicts were exposed and against which they came to understand themselves and each other in new ways.

Chapter Five: Institutionalization

> *Classifications do not exist only in the empty space of language but in institutions, practices, material interactions with things and other people…Interactions do not just happen. They happen within matrices, which include many obvious social elements and many obvious material ones.*
>
> —Ian Hacking (1999: 31)

The present chapter considers how medico-legal authorities institutionalized the new scientific classifications in practice. By surveying the same historical period covered in Chapter Four (i.e., from the early 1860s to the late 1910s), I seek to demonstrate here how the new scientific classifications became "embedded in a complex matrix of institutions and practices" (Hacking 1999: 112), and how shifts in the addiction "dispositif" (Foucault 1980) effected among addicts new kinds of behaviors, experiences, and social relations. During this period, medico-legal authorities inscribed the new classifications on the bodies of American addicts and began to change them by treating them as discrete *kinds* of people. The first part of the chapter considers two of the earliest and most important types of medically-directed facilities that made use of the new scientific classifications: government-subsidized inebriate asylums and for-profit sanitaria and institutes. The second part reviews select causes and consequences of the anti-alcohol and anti-narcotic movements that gained momentum during the first decades of the twentieth century.

Inebriate Asylums

Ian Hacking's theory of human kinds assumes temporal lag between the elaboration of new human scientific classifications and their institutionalization in practice. He argues that

human kinds tend to emerge first in laboratories, arcane scholarly journals, scientific conferences, and so forth. Subsequently, the new classifications tend to "trickle down" from scientific elites to the street-level professionals who are charged with the care and/or discipline of those who are so classified. Hacking's implicit premise: because there is rarely overlap between the actors who produce the scientific classifications and those who realize them in practice, cutting-edge scientific kinds must be translated between fields, and this tends to take time. Hacking observes such lag in the histories of the multiple personality split (1995b), the child abuser (1995a), and the mentally retarded child (1999). In each of these instances, the ideal preceded the material—theory preceded practice.

If substantial lag between theory and practice is typical of the historical constitution of new human kinds, then, in some interesting ways, the addict represents an anomalous case. With few exceptions, the scholars who elaborated the cutting-edge scientific classification of addiction were responsible simultaneously for the treatment of those who suffered from it. Many of the most prolific contributors to the *QJI* like Drs. Albert Day and T.D. Crothers also served as medical directors of prominent inebriate asylums in the United States around the turn of the twentieth century. While evidence suggests that theory still preceded practice (e.g., the establishment in the 1860s of the first medically-directed asylums *presupposed* the physiological etiology of addiction), the ideal and the material were so tightly coupled in inebriate asylums as to be only analytically distinguishable: new classifications drove new forms of treatment and treatment outcomes determined revised classificatory schemes. Thus, if Hacking (1986) holds that "the category and the people in it emerged hand in hand" (229) even

in more typical cases of kind-creation, this was appeared to be doubly true in the case of the addict.

In addition to the for-profit sanitaria considered in the following section, inebriate homes and inebriate asylums dominated the addiction treatment field in the United States around the turn of the twentieth century. In line with prevailing temperance ideology, inebriate homes tended to view inebriety as a moral failing, and treatment often included motivational talks, scriptural interpretation, prayer meetings, journaling, and daily periods of self-reflection (Arthur 1877: 550). The inebriate homes often employed reformed inebriates who represented both facility success-stories and moral exemplars (Tracy 1992).

By contrast, inebriate asylums were medically directed facilities that located the etiology of inebriety in an underlying physiological pathology. Accordingly, many of these facilities appropriated from mainstream American medicine state-of-the-art therapeutic methods: closely surveilled chemical detoxification, electrotherapy, induced aversion techniques, and hydrotherapy, among others (White 1998: 38-9). Self-consciously modern and medically oriented, most asylums approximated the sanitized and neutral décor of contemporary hospitals (Tracy 1992). To the extent that most asylum directors recognized inebriety as a physiological disease "curable in the same sense that other disease are" (PAACI 1870: 8), they often took care to hire only licensed physicians and frequently criticized the practice, common in the inebriate homes, of employing reformed inebriates. Dr. T.D. Crothers (1897), for instance, argued that:

> …while a large number of inebriates who have been restored engage in the work of curing others suffering from the same trouble, no one ever succeeds for any length

> of time or attains any eminence…In the history of the asylums in this country, no reformed man has ever continued long in the work, or succeeded as a manager or physician in the medical and personal cure of inebriates (79-81).

Later, Crothers (1912) lamented the influence that the apparent value of experiential knowledge of inebriety had exerted on scientific discourse:

> Many men of much prominence who write on this subject begin and end their papers with statements concerning their personal use of spirits, particularly saying that they are not teetotalers. No doubt such authors think that this admission gives greater weight and strength to their conclusions. In reality it is the survival of a delusion…that the personal use of alcohol gives the writer a clearer idea of its effects (148).

Crothers and others in the emergent asylum system sought to fortify—materially and ideally—a strict distinction between knowing experts and known addicts. In short, the inebriate asylum in physical appearance, staffing, and organization reinforced the authority of biomedical knowledge and supported a strict hierarchy between knowing experts and known patients.

Following prevailing biomedical theory (Beard 1871; Crothers 1876) that partially attributed the development of inebriety to the stresses and excitements of modern life, many asylums were located in pastoral settings in rural or suburban areas. Further, many facility directors, citing scientific opinion, openly supported the passage of legislation that would forcibly relocate inebriates to the pastoral sites and mandate extended stays (Crothers 1902; Parrish 1883). Physicians associated with the asylums regularly argued that the inebriate's separation from general society, forcible restraint, close surveillance, and, especially, his prolonged treatment were essential to successful cure (Dana 1901; Marks 1896; Waugh 1898). "No treatment," Crothers (1902) argued, "should be for less than from six months to a year" (46). The Massachusetts State Asylum even established a "prison ward" to restrain those inebriates most given to "eloping" before their treatment period had ended (Dodge 1877).

Regardless of the efficacy of these therapeutic principles, by physically separating the inebriate from "normal" American life and quarantining him for extended periods, it is likely that the patient began to understand himself as a particular *kind* of person: fundamentally different from "normal" others and dangerous—to both himself and the broader social order.

Not only did the inebriate asylums reinforce addicts' difference from normal Americans, the facilities simultaneously accentuated a basic homogeneity among their superficially diverse patient populations. While they proliferated rapidly toward the close of the nineteenth century, only six inebriate asylums existed in the United States in 1870 (Jaffe 1978: 173). "Because local addiction services were rare," White (1998: 33) argues, "alcoholics and addicts traveled great distances in search of a cure." Not only were asylum patients drawn from a broad geographical area, they often represented a wide range of occupations, ethnicities, religions, and different substance habits (e.g., alcohol inebriety, opium inebriety, cocaine inebriety, etc.). While some inebriate asylums, like Dr. Albert Day's Fort Hamilton Home, instituted elaborate classificatory schemes, most directors argued that such patient divisions were counterproductive:

> I can conceive of no classification of patients in an inebriate asylum which would not be attended with disastrous results. If patients are classified according to character, culture, pecuniary means, or social standing, those who are ranked or think they are ranked in inferior groups will naturally be wounded (Dodge 1871: 98).

Following prevailing theory, which held that superficial distinctions in habit were reducible to a single underlying physiological condition and that this condition proceeded according to natural laws impervious to sociocultural factors, most asylum directors rejected physical divisions

between patients. To the contrary, many sites instituted communal meals and common residential arrangements (Tracy and Acker 2004).

Some asylums went even further. Dr. D.G. Dodge (1877), the superintendent of the New York State Asylum, insisted that "the most intimate association should be encouraged" among patients (129). With the support of asylum management, inebriates frequently organized mutual-support associations. One of the earliest such associations, the New York Asylum's Ollapod Club, formally resembled the Washingtonian meetings that had achieved popularity during the mid-nineteenth century. The Club required members to sign a pledge of abstinence and publically "confess" their past transgressions. As one member recalled: "In this candid little lodge of ours the masks and dominos of character are dropped, and the man, morally naked, regards himself in the clear, true glass of his own confession" (MacKenzie 1875: 17). While this sort of moralism ran counter to the principles of the medically-directed asylums, and few directors believed that the patients' discourse could directly affect—for better or worse—the underlying physiological condition, authorities also acknowledged that patients who were involved with the associations seemed less likely to "elope" and more acquiescent to asylum strictures (White 1998). Many patients sought to sustain these forms of mutual support even after discharge, and the facility-based associations often "evolved into aftercare clubs or community-based temperance organizations" (White 1998: 38).

In sum, regardless of their possible therapeutic efficacy, inebriate asylums effected among their patients embryonic forms of class(ification) consciousness. By physically relocating and sequestering inebriates to sites isolated from the rigors of modern American life, evidence suggests that patients internalized their essential difference from "normal" individuals.

Further, prevailing addiction science furnished the organizing principles around which the medically-directed asylums operated and organized their patient populations. If all inebriates suffered a common physiological pathology that proceeded according to timeless physical laws, then it followed that even superficially distinct forms of inebriety should respond similarly to the same forms of treatment, and electrotherapy, aversion therapy, and hydrotherapy were widely prescribed.

Also consistent with prevailing theory, many facilities mandated communal meals and instituted combined residential arrangements among a patient population drawn from a broad geographical area and representative of a wide variety of sociocultural positions. By encouraging among the inebriates frequent and intimate association, asylum directors further reinforced patients' awareness of an essential likeness and a shared plight. By institutionalizing in practice the cutting-edge human scientific classifications, inebriate asylums increased the likelihood that those who were classified from without would eventually recognize their own class(ification) position from within.

Keeley Institutes

Like the directors of the inebriate asylums, Leslie E. Keeley, the founder of a network of for-profit addiction sanitaria, believed that addiction had a physiological basis. "If a man who takes poison, who takes a disease, or eats opium, or drinks whiskey, cannot create in his tissue cells a variation of structure, enabling him to resist the poison," Keeley (1893a) held, "then the poison will kill him, or the disease will kill him" (4-5). In this interpretation, addiction, as a kind of human behavior, proceeded from inadequate cellular adaptation, and the addict, as a kind of human person, was one whose "nerve cells [were] very impressionable" (1893b: 336). Echoing

the physicalist interpretation promoted by contributors to the *QJI*, Keeley denied that the addict's behavior reflected a sinful constitution. He assumed that addiction proceeded from some form of physiopathology rather than immorality.

Double Chloride of Gold

If his repeated ingestion of psychotropic substances had disturbed the addict's nervous system, then, Keeley held, treatment should seek to restore balance at the cellular level. The cure doctor touted his proprietary Double Chloride of Gold compound as a medicinal specific that bolstered the body's ability to adapt structurally to the physiological effects of the poisons. Developed together with John R. Oughton, a formally-trained chemist, Keeley long refused to disclose publically the ingredients of his proprietary Double Chloride of Gold, and, as a result, he never patented the compound. Independent analyses and attempts to reverse-engineer the medicinal specific discovered such diverse substances as alcohol, strychnine, willow bark, ginger, hyoscine, coca, opium, and morphine, but ironically, rarely gold (White 1998: 54-5; Hickman 2007: 51-58). Keeley faced severe criticism from an increasingly professionalized medical field that emphasized transparency and peer-review, and that increasingly associated the therapeutic implementation of precious metals with superstition and folk remedies. Dr. T.D. Crothers (1895), for example, insisted that Keeley's gold cure was "an inebriate's theory for the cure of inebriates; a scheme of degenerates for the restoration of degenerates; an insane man's treatment for the cure of the insane" (284).

Whatever its ingredients or true physiological actions, Keeley's Double Chloride of Gold represented the centerpiece of a treatment system that gained widespread popularity between

the 1880s and 1920s. Patients admitted to the flagship Keeley Institute in Dwight, Illinois, or any of the other 117 franchises located throughout the United States, England, Finland, Denmark, and Sweden, received four injections daily of the compound (Tracy 2005; White 1998). The popularity and rapid spread of the Keeley Institutes may be traced to a decisive publicity stunt in 1891. Confident in the efficacy of his treatment system, Keeley challenged Joseph Medill, the publisher of the *Chicago Tribune*, to "send me six of the worst drunkards you can find…and in four weeks I will send them back to Chicago sober men." Medill agreed, sent the men to Dwight, and upon their sober homecoming, exclaimed, "They went away sots and returned gentlemen" (*Chicago Tribune* 1900: 5). News of Keeley's success spread as rapidly as his franchises. And by the turn of the twentieth century, "The billboards and wall-sized signs proclaiming the presence of a Keeley Institute were almost obligatory for a city to be up-to-date" (Morgan 1981: 75).

Keeley Culture

Nonetheless, Keeley's Double Chloride of Gold compound remained a mystery, and it was unclear exactly how it had "cured" Medill's drunks. Like all other patients at the Keeley Institutes, the men from Chicago had received daily injections of the compound. But rather than attributing the patients' sobriety to the physiological actions of the specific, many contemporary observers ascribed the apparent success of Keeley's therapeutic system to the indirect effects of the patients' daily regimen and the organization of the facility, both of which revolved around the Double Chloride injections. In fact, Keeley himself provided similar explanations: "My cure is the result of a system, and cannot be accomplished by the simple administration of a sovereign remedy" (quoted in Clark 1898: 117).

Like the inebriate asylums, the Keeley Institutes, and especially the famed flagship facility in Dwight, Illinois, drew patients from a broad geographical area. In line with prevailing scientific theory, Keeley held that superficially distinct forms of inebriety were reducible to a single underlying physiological condition: his Institutes therefore accepted, integrated, and treated similarly (i.e., with daily injections of Double Chloride of Gold) inebriates claiming addictions to various substances. Also like the asylums, the Institutes' intake profiles depict a patient population that varied widely according to ethnicity, religion, and occupation (Tracy 2006).

Treatment was similarly expensive. In 1914, the Keeley Institutes charged patients $100 for four weeks of treatment, in addition to $20 for housing (Lender and Martin 1982). Like the inebriate asylums, these expenses rendered extended treatment at the Keeley Institutes prohibitive to many. So while both types of facilities may have been able to claim ethnically, religiously, and occupationally diverse patient populations, they were "almost all White, and…drawn primarily from the middle and upper socioeconomic classes" (White 1998: 33). In any case, no less than the inebriate asylums, the Keeley Institutes concentrated and integrated a relatively diverse patient population. Organized around cutting-edge human scientific classifications, both the inebriate asylum and the Keeley Institute encouraged social intercourse among individuals who would have likely never interacted otherwise. Both types of medically-directed facilities effected among their patients mutual recognition of both difference from "normal" Americans and a basic kinship grounded in a newly discovered physiological condition.

While similar to the inebriate asylums in many ways, the Keeley Institutes rejected all forms of restraint and administrative surveillance, and facilitated—informally and formally—a degree of patient association that surpassed any that materialized within the asylums (Keeley 1893b). While most asylum directors considered such patient solidarity incidental, or at best a useful supplement, to state-of-the-art forms of biomedical treatment—electrotherapy, hydrotherapy, etc.—it figured centrally in Keeley's therapeutic system. Whatever their physiological actions, the time that Keeley's patients spent conversing in long queues at the facilities' "shot towers" awaiting their four daily injections of Double Chloride of Gold fostered an "atmosphere that was informal and friendly" (White 1998: 54). Further, according to two popular memoirs published by former Keeley patients—Clark's (1898) *The Perfect Keeley Cure* and Calhoun's (1892) *Is It "A Modern Miracle?"*—facility staff encouraged patients to commune freely in the meantime between injections. Incoming patients often reported surprise at the Institutes' optimistic and egalitarian community of inebriates:

> The person arriving at the train station in fair weather or foul usually saw a group bidding goodbye to an apparently cured patient, exhorting him or her to keep the newly found faith. Once in the clinic the newcomer ceased to be defensive or ashamed. On all hands, he encountered alcoholics or addicts eager to discuss their lives and help each other. Here was a cross section of humanity, volunteering for a cure program, each member reinforcing his reviving strength of body and mind through contact with others (Morgan 1981: 79).

"The whole atmosphere of the place," a former patient wrote, "was that of a camp meeting or a revival" (Wood 1893: 147). Even physicians who remained dubious of the physiological effects of Keeley's Double Chloride of Gold acknowledged the indirect benefits of the patient's daily regimen and the Institutes' informal culture. In 1893, the otherwise skeptical Dr. Richard Dewey admitted:

> An enthusiastic hope is engendered and the operation of this emotion alone may produce greater results than any drug is capable of…Further, the intensification of this effect by bringing large numbers together with the same hope and enthusiasm is a factor that it is hardly possible to overrate (1172).

Like Dewey, many contemporary observers attributed the apparent effectiveness of the Keeley Cure not to the direct effects of the Double Chloride of Gold compound, but to the indirect organizational and cultural effects to which its daily injections contributed.

As early as 1891, Keeley patients began to formalize the associations forged in the long injections queues. First called Bi-Chloride of Gold Clubs, and then Keeley Leagues, patients established mutual-support organizations that, like the Ollapod Club in the New York State Asylum, served various extracurricular functions (White 1998). The Keeley Leagues offered patients the opportunity to participate in religious meetings, assorted social events, and the daily ritual—sacred in the Leagues—of greeting new arrivals at the local train station (Clark 1898). A former Keeley patient and member of the Keeley League chapter in Dwight, Illinois, Calhoun (1892) recounted the affection that developed among the organization members:

> …the names of new members are read and each one is called on for a speech, and then the farewell speeches of men who expect to go home are listened to with much interest. When the farewell words are spoken and the last good-byes are being said I have seen men break down and cry like babies, while the entire audience would appear to be afflicted with sudden colds; and these are men, too, who only a few weeks ago were all strangers to each other (220).

Keeley Culture Beyond Facility Walls

Eager to sustain the mutual-support that many believed instrumental to their sobriety, upon discharge from the Institutes, Keeley patients began to establish Keeley Leagues in their hometowns. According to the historian William L. White (1998), these satellite organizations eventually claimed 30,000 former Keeley patients and 370 different chapters (56-7). All of the

chapters subscribed to the Keeley League constitution, which specified four central aims: (1) "*curing* the drunkard of the *disease* of intemperance," (2) "preventing the youth of the country, by education and example, from *contracting* it," (3) "binding together in one fraternal bond all who have taken the Keeley treatment," and (4) "extending public knowledge of the Keeley cure" (*emphasis added*; Flinn 1892: 654). The Keeley Leagues, both within and without facility walls, appeared to reinforce among patients a robust class(ification) consciousness grounded in their newfound awareness of a shared physiological condition.

The increasingly organized network of Keeley "graduates," who hosted seven national League conferences between 1891 and 1897, began publishing their own periodical, employing sophisticated speech codes, and donning meaningful forms of adornment. In 1894, The Keeley Leagues began publication of their *The Banner of Gold*, which, in addition to printing a number of Keeley's own analyses of inebriety, collected the personal stories of former patients, raised funds to support organization chapters, and represented the primary organ of communication among Keeley graduates and Leagues (Morgan 1981; White 1998; Hickman 2007). League members often recited publically the Leagues' official motto: "We were once as you are; come with us and be cured" (quote in Barclay 1964: 341). Simultaneously, it became common for League members to decline propositions to drink alcohol or use other drugs with the phrase, "No thank you; I've been to Dwight." As Keeley (1893a, 1896) liked to point out, the saying gained national currency for a time. Finally, League members often embroidered their lapels with a large "K" set atop a horseshoe bearing the acronym, "B.C.G.C." While the "K" obviously signified "Keeley" and "B.C.G.C." referred to the Leagues' original name, the Bi-Chloride of Gold

Club, Flinn (1892: 656-57) explained that the horseshoe represented a blacksmith's shop, allegedly the site at which the organization's inaugural meeting was held.

Like the inebriate asylum directors, Keeley organized his Institutes around a new physical representation of habitual intoxication and the corresponding scientific codification of all those who suffered the newly discovered disease. By locating the facilities in pastoral settings, combining otherwise disparate populations, prescribing routine injections of a proprietary medicinal specific, and encouraging intimate patient association, the Keeley Institutes not only realized the cutting-edge human scientific classifications in practice, but also impressed upon patients their essential difference from other Americans, and cultivated a shared sense of belonging within a recently discovered human kind, "the addict." Through a series of cultural innovations, Keeley graduates reinforced and perpetuated this class(ification) consciousness beyond the facility walls. In sum, by treating the addict as an empirically-distinguishable, discrete kind of person, both the inebriate asylums and Keeley Institutes produced that kind of person and began to change his behavior.

The Decline and Fall of the Addiction Treatment Field

The conceptualization and treatment of addiction as a discrete somatic disorder peaked in the United States around the turn of the twentieth century. In his review of the inebriate asylum movement, Jaffe (1978) found that by 1891, over 2,000 American physicians subscribed to the *Quarterly Journal of Inebriety* (143). Baumohl and Room (1987) verified the existence in 1900 of more than 100 medically-directed facilities specializing in the treatment of various forms of addiction. As noted above, this figure suggests a rapid increase, up from only six such facilities in 1870 and a still sparse 32 in 1878 (Jaffe 1978; Baumohl and Room 1987). And even

this relatively lofty figure does not include the numerous proprietary and for-profit facilities, such as the Keeley Institutes. Regarding the latter, by the early 1890s, Keeley's empire extended from New York to California and spanned the Atlantic, claiming franchises throughout Western Europe (White 1998). Dr. T.D. Crothers (1893) proclaimed for the field a future "radiant with promises of greater progress" (93). Dr. Charles Parker speculated in *The Medical Record* that the burgeoning field of addiction studies and treatment would soon number among the "most important specialties in the medical profession" (quoted in Douglas 1900: 410-11).

No sooner had observers like Parker proclaimed its exceedingly bright future than the addiction treatment field began a precipitous decline. At the time of Leslie Keeley's death in 1900, for example, less than 50 Keeley Institutes existed worldwide. This figure, less than half of what it had been only seven years earlier, continued to decline throughout the first few decades of the twentieth century: 44 Keeley Institutes were in operation in 1907, 35 in 1916, and just four remained in 1935 (Weitz 1989). The pace at which these proprietary facilities proliferated during the last quarter of the nineteenth century was matched only by their rapid decline during the first few decades of the twentieth, and this pattern extended also to the inebriate asylums. Jaffe (1978) found over 100 asylums operating in the United States at the turn of the century, but this figure had dipped to a scant 23 by the late-1910s (Pollock and Furbush 1917: 565).

The sudden disappearance of both institutional forms—proprietary facilities and inebriate asylums—signaled also declining confidence in physicians' ability to cure addiction, and more generally, growing skepticism regarding the somatic explanations upon which their treatment modalities were based. In 1904, The American Association for the Cure of Inebriety

(AACI), which had been instrumental to the physicalization of addiction, merged with Dr. Nathan Davis' pro-Prohibition organization, the American Medical Temperance Association (AMTA); the emergent organization proceeded under the name of the American Medical Society for the Study of Alcohol and Other Narcotics (AMSSAON). Three years later, *The Quarterly Journal of Inebriety* merged with the *Archives of Physiological Therapy*. While the resulting periodical retained the former title, its publication was transferred in 1907 to the Gorham Press in Boston, and transferred again in 1913 to the Therapeutic Publishing Company, also in Boston. While no one of the above institutional shifts or organizational mergers signaled a legitimation crisis, the sum of these various transitions suggested the mounting economic, political, and instrumental challenges faced by turn-of-the-century addiction scientists. It also foreshadowed the eventual collapse of both a particular set of ideas about addiction and their most influential carrier groups. *The Quarterly Journal of Inebriety* published its final edition in the spring of 1914, Dr. T.D. Crothers died four years later, and the AMSSAON folded "unnoticed" in the early 1920s (White 1998: 28).

Historians have offered various explanations for the decline and fall of the addiction treatment field in the United States during the first decades of the twentieth century (Morgan 1981; Hickman 2007). In his comprehensive review of the period, William L. White (1998) alone identifies at least eight distinct causes ranging from economic forces without facilities to ethical abuses within them. In particular, White emphasizes the Weberian problem of leadership succession among treatment facilities that had flourished under the autocratic guidance of such charismatic figures as Leslie Keeley and T.D. Crothers (27-31). Sarah Tracy (1992), a historian of medicine, suggests that early twentieth-century journalistic accounts of the undesirable

conditions within the proprietary facilities and inebriate asylums (i.e., often sensationalistic, "yellow" accounts) seemed to strengthen popular acceptance of disease-definitions of addiction even as they undermined support for these particular institutional forms.

Early twentieth-century reformers, including muckraking journalists, sought to expose not only corruption and inhumane conditions within government-subsidized facilities, but also the facilities' therapeutic ineffectiveness. By drawing attention to an apparently swelling population of relapsed, recalcitrant, or otherwise hopeless addicts, popular exposés implicitly repudiated the AACI's strict physiological interpretation of the phenomenon. If addiction was a disease, then, as early twentieth-century reformers increasingly argued, it appeared to include a mental or functional dimension in addition to its somatic basis. Further, the disease now appeared to be incurable in many cases, and support for government subsidized treatment facilities began to wane (Tracy 1992; Musto 1973). Below, this work considers at greater depth two tightly-coupled causes of the collapse of the United States' first addiction treatment field: (1) facilities' tendency to "cream" incoming patients, and (2) to overestimate treatment success rates. Coupled with new addict behaviors and shifting demographics (Courtwright 1982), the present work argues that the institutional tendencies considered below culminated during the 1910s in a sociopolitical shift away from the medical treatment of current addicts and toward efforts to curtail the "spread" of addiction through legal prohibition.

"Creaming" and Treatment Success Rates

While public treatment facilities were often obliged to accept all court-ordered and otherwise officially-mandated cases regardless of the patient's financial means or the severity

of his condition, private facilities often engaged in "creaming" (Lipsky 1980). According to Lipsky, organizations like turn-of-the-century inebriate asylums and proprietary facilities that are inundated with requests for treatment "often choose (or skim off the top) those clients who seem most likely to succeed in terms of bureaucratic success criteria" (107). Typically, these bureaucratic criteria demanded that incoming patients possessed the financial resources and familial and occupational affordances necessary for the long-term stays mandated by the facilities, and that the patients presented with physical symptoms more likely to result in successful reform.

In other words, by creaming patients based on their financial resources and prospects for achieving sobriety, many turn-of-the-century inebriate asylums and proprietary facilities neglected the neediest cases in favor of long-term organizational goals. Such patient selectivity, which proved widespread among private inebriate asylums and proprietary sanitaria, resulted in relatively homogenous patient populations. While patients often differed by occupation, religion, and preferred psychoactive substance, the vast majority of addicts in these facilities occupied similar economic positions and tended to exhibit less severe symptoms of addiction (Morgan 1981; White 1998).

As demonstrated in the previous chapter, this homogeny influenced the statistical analyses that asylum directors conducted among their patient populations. Either inattentive to or unconcerned with such unrepresentative samples, scholars produced equally unrepresentative clinical generalizations regarding the predisposing causes of addiction, its physiological course, and the typical behavior of the addict (see, e.g., Mason 1881, 1890). Most significantly, because inebriate asylums and proprietary facilities tended to "cream" incoming

patients, and because the resulting patient pools often represented addiction scientists' sole source of data regarding addiction, the scientists' conclusions tended to systematically underestimate the scope of the problem among the general American population as well as the intractability of addiction in more severe cases. While he acknowledges the relative dearth of reliable statistics from the period (303 *n*13), Musto (1973) holds that by 1900, the population of narcotics addicts in the United States had swelled to "perhaps 250,000" (5). Only a fraction of these 250,000 addicts ever passed through the doors of the relatively exclusive facilities reviewed above. Consequently, a population of poor and infirmed addicts expanded exponentially beyond the walls of the inebriate asylums and proprietary sanitaria and often beyond the gaze of the emergent addiction sciences. Early twentieth-century reformers pointed to this discrepancy as evidence of either a medical field that grossly underestimated the scope and severity of the social problem or ineffective therapeutic technologies, or both (Musto 1973; Hickman 2007).

Treatment Outcomes

Exacerbating growing skepticism regarding the effectiveness and suitability of medical approaches to addiction, inebriate asylums and proprietary facilities often overestimated their success rates. At the inaugural meeting of the AACI, asylum directors reported cure rates ranging between 33 and 63 percent (AACI 1870: 75-7). In 1874, Dr. Joseph Edward Turner, the superintendent of the New York State Asylum, held that a full 66 ½% of admitted patients remained either "temperate" or "total abstainers" five years following medical treatment at the facility (quoted in Crothers 1893: 220). As mentioned in the previous chapter, Dr. T.D. Crothers found in a follow-up study that almost 60 percent of the 3,380 addicts treated at the Fort

Hamilton Asylum were either "doing well" or were "improved." Further, Crothers (1893) noted that this figure did not include the almost 20% of former patients who could not be located at the time of the study, suggesting that Fort Hamilton success rate may be even higher (128).

Leslie Keeley made even more incredulous claims regarding the effectiveness of his Gold Cure. Keeley boldly asserted that his Double Chloride of Gold compound effected among alcohol addicts a "cure in every instance" (quoted in Hargreaves n.d.: 6) and that it proved equally efficacious among narcotics addicts: "By the magic of the Gold Remedy the opium habit is cast out easily and permanently" (Keeley 1892: 10-11). In his work, *Opium: Its Use, Abuse and Cure*, Keeley (1890) claimed that out of 1,000 patients who had received treatment at his flagship Institute in Dwight, Illinois, only 4.7% later relapsed; a cure rate above 95%. In fact, as White (1998: 57) notes, Keeley "suggested in various publications that the rate was actually higher."

It is likely that, even beyond the obvious economic and political incentives to exaggerate success rates, and the likelihood that many facilities purposely avoided longer-term follow-up studies (Tracy 1992: 76), the impressive treatment outcomes that were reported by turn-of-the-century inebriate asylums and proprietary facilities reflected prevailing understandings of addiction and especially the phenomenon of "relapse." Given an exclusively somatic conceptualization of addiction, most medical directors of inebriate asylums and proprietary facilities assumed that medical treatment sought to purge the body of toxins, restore the patient to a physical condition that preceded his first use of the given psychoactive substance, and help to stave off future physical cravings. In a farewell speech to a group of his "graduates," Keeley insisted:

> You must remember that I cannot paralyze the arm that would deliberately raise the fatal glass to the lips. When you go out into the new life, I will have placed you exactly where you were before taking the first drink. You will look back over the past and then contemplate the future, and you will then choose which path you will follow the balance of your days (quoted in Clark 1898: 93).

Dr. Benjamin Rush and most nineteenth-century Temperance reformers assumed that intemperance affected both body *and* spirit—physiology *and* will. The addiction scientists and medical directors at the turn of the twentieth century sought to redefine the phenomenon in strictly physical terms. It followed that efforts to affect or bolster a patient's "willpower" upon discharge represented metaphysical ministration and a bit of anachronistic superstition antithetical to the goals of the emergent medical field. Most scientific authorities therefore distinguished clearly between a former patient's recidivism and the effectiveness of the treatment that he received while under close medical supervision and care. In short, a Keeley graduate's lapse did not necessarily implicate the effectiveness of the gold cure, and nor did analysts always count it against a facility's overall success rate (Jaffe 1978; Baumohl 1990).

Nonetheless, evidence of widespread relapse continued to mount. Former patients of the inebriate asylums and proprietary facilities who had attended, but could not afford—economically, professionally, socially, etc.—to return to, legitimate treatment often resumed their habits in spaces popularly associated with vice and urban blight (e.g., saloons, brothels, dance halls, jazz clubs, etc.) alongside poor and otherwise marginalized addicts (which inebriate asylums and proprietary facilities systematically neglected) and a new generation of younger and "slicker" addicts who incorporated alcohol and drug use into countercultural identities and lifestyles (Courtwright 1982). Despite earlier claims to universal treatability, in light of public outcry regarding this new "kind" of addict—apparently given to relapse, criminality, and "bad

associates" (Dai 1937)—addiction scientists increasingly acknowledged certain cases as incurable. By 1898, for example, Crothers was forced to admit that "even under the most skillful care…[addiction] is often incurable and only temporarily influenced by therapeutic measures" (1147).

Addiction, as a discrete human kind of behavior, no longer appeared completely explainable in strictly somatic terms or treatable exclusively through physiological technologies. Even the phenomenon of relapse, which Benjamin Rush and other temperance-era experts had acknowledged for over a century, assumed a new significance in light of prevailing physiological explanations of addiction. Medico-legal authorities increasingly sought new theories able to account for such anomalies.

By the late-1910s, addiction experts claimed to be on the brink of "discovering" some previously unacknowledged functional facet or psychological dimension intrinsic to certain instances of addiction (White 1998; Musto 1973). Against a backdrop of glaring discrepancies between treatment facilities' reported success rates and an apparently swelling population of hopeless and destitute addicts, human scientific classifications and explanations of addiction and the addict began to shift. As Morgan (1981: 86) argues:

> Fifty years of elaborate treatments based on cleansing the body of wastes and drugs and trying to restore it to normality had clearly failed. Theorists and practitioners now increasingly relied on psychology to explain why so many people were unable to attain permanent abstinence once their bodies were drug-free. It now seemed that some intangible, psychological factors were at work.

The following chapter considers at depth the emergence of these psychological theories of addiction, but suffice to say here that the apparent "discovery" that addictive behavior betrayed some functional disorder not only facilitated the development of new scientific

paradigms, but given addicts' increasingly socially disruptive behaviors (e.g., an apparently swelling population of relapsed, recalcitrant, or otherwise hopeless drunks and drug users congregating in illicit, if often conspicuous, social spaces) and the perceived impotence of prevailing therapeutic modalities, it also recommended radical institutional shifts.

From Medical Treatment to Legal Prohibition

By the first decades of the twentieth century, treatment facilities' institutionalization of physiological explanations of addiction and attendant practices of patient selectivity, along with shifting demographics among addicts themselves, had effected the popular perception of a dichotomous population of addicts in the United States: on the one hand were wealthier patients who appeared more "deserving" of and responsive to medical treatment, and on the other were impoverished and "hopeless" addicts who seemed to suffer an intractable functional disorder. The former group enjoyed access to reputable forms of treatment. These addicts were often hidden from public view and tended to escape popular criticism. By contrast, and as noted above, the latter group tended to procure drugs from "dope" and "script doctors," and increasingly congregated in disreputable urban spaces like saloons, brothels, dance halls, and jazz clubs. Far more visible than the wealthier addicts who continued to seek relief through legitimate channels, early twentieth-century reformers increasingly associated the more impoverished and "incurable" addicts with the functionally disordered criminals and degenerates with whom they socialized (Musto 1973; Acker 2002; Courtwright 2001).

Journalists, political activists, and legislators argued that, in light of the recent "discovery" of certain incurable strains of addiction and the increasing conspicuity of

degenerate addicts, public resources ought to be redirected away from the medical treatment of current addicts and reinvested in governmental regulation of drugs and alcohol. In short, new scientific explanations and classifications of the addict affected public attitudes regarding the people who were so classified—especially attitudes concerning the more conspicuous and "hopeless" kind of addict. Dr. Lawrence Kolb, a psychologist whose theories of addiction (1925a, 1925b, 1925c, 1928) proved hugely influential throughout the 1920s and 1930s, and about whom much more will be said in the following chapter, recalled that the general store near his childhood home:

> …had on its shelves a jar of eating opium, and a carton of laudanum vials—ten percent opium. A respectable woman in the neighborhood often came in to buy laudanum. She was a good housekeeper and the mother of two fine sons. Everybody was sorry about her laudanum habit, but no one viewed her as a…menace to the community. We had not yet heard the word 'addict,' with its sinister, modern connotations (Kolb 1956: 19).

The emergence of an apparently new "sinister" and "menacing" addict proved coincident with a radical institutional shift away from sympathetic medical treatment and toward legal prohibition. As early as 1903, James H. Beal, a lawyer-pharmacist, suggested that "the principal object of the law must be to prevent the creation of drug habits, rather to reform those who are already enslaved" (485-6). Over the following decades, Beal's suggestion materialized in the passage of the Harrison Narcotics Tax Act (1914), the ratification of the Eighteenth-Amendment (1919), the enforcement of the Volstead Act (1919), and ultimately the de facto criminalization of addiction.

Much of the history of the push toward the legal prohibition of narcotics and alcohol falls outside the scope of the present work. Like the Temperance Movement, the Progressive-

era drive toward prohibition represented a highly complex social movement motivated by multiple and sometimes conflicting interests—national and parochial, economic and moral—advanced under a set of unsettled sociohistorical conditions (e.g., the outbreak in 1914 of World War I and the United States' entrance three years later, increasing public disillusionment at the perceived failures of the Progressive Era, etc.). Not only is much of this history tangential to the central thesis of this work, but space limitations preclude a more comprehensive treatment of federal Prohibition. Other scholars have offered more penetrating and illuminating analyses of its intricacies than is possible or appropriate here (see, e.g., Musto 1973; Clark 1976; Courtwright 1982; Morgan 1981; Pegram 1998; Moore and Gerstein 1981).

Many of these accounts draw attention to the significance of social movement organizations like the Woman's Christian Temperance Union (WCTU) and the Anti-Saloon League (ASL) (Gusfield 1963); others suggest how pro-prohibition propaganda identified alcohol and drug habits with various minorities and otherwise marginalized populations. Hickman (2007), for example, demonstrates how anti-alcohol and anti-narcotics reformers mobilized a particular discourse of addiction that "both reflected and helped to produce the rhetorics of Orientalism, Jim Crow, and Sentimental Domesticity" (60). Rather than revisit these important insights or retread ground covered extensively elsewhere, this work considers below two of the consequences of the anti-alcohol and anti-narcotics movements that proved most significant to the historical construction of the addict: (1) the material and symbolic reinforcement of a distinction between legitimate and illegitimate addicts, and (2) the further alienation of physicians and pharmacists from the latter group.

Iatrogenesis

Long before the collapse of the addiction treatment field during the 1910s, many observers—both within and without the field—worried that the disease was at least partly iatrogenic. On the eve of the Civil War, Oliver Wendell Holmes, Sr. (1860), argued that physicians' "constant prescription of opiates…has rendered the habitual use of that drug…very prevalent" (quoted in Musto 1973: 4). In his autobiographical account of narcotic addiction, *Doctor Judas: A Portrayal of the Opium Habit*, Chicago journalist William Rosser Cobbe (1895), argued that many instances of addiction began at the hands of irresponsible doctors: "Users who take the drug into the circulation by the stomach or by injection, never form the habit by deliberate purpose; they are tied hand foot by the physician" (124). "It is a sad commentary on the heedlessness of some medical men," Church and Peterson (1914) argued in the eighth edition of their seminal text, *Nervous and Mental Diseases*, "but the family physician is responsible in almost every case of development of the morphin (*sic*) habit and its far-reaching consequences" (quoted in Terry and Pellens 1928: 113). And as noted earlier, reformers regularly argued that Civil War physicians' irresponsible use of narcotics had contributed to the spread of the "Army Disease" during the last quarter of the nineteenth century and warned against a similar outcome if and when the US entered the Great War (see Courtwright 1978: 101-11). By the mid-1910s, as Progressive-era optimism in an addiction cure waned and war erupted across the Atlantic Ocean, the threat of reproducing the "Army Disease" in another generation of American soldiers proved to be a particularly powerful discourse in the push for medical regulation and legal prohibition (Musto 1973).

Beyond the possibility that the medical field was at least partly responsible for the spread of the condition to others, reformers drew attention to the high incidence of addiction among physicians themselves. In 1893, Dr. J.B. Mattison lamented that "among our own profession morphinism finds its favorite victims" (804). Six years later, T.D. Crothers (1899) estimated that 8-10% of all physicians were addicts, though he admitted that because they often sustained their habits in secret, precise figures proved elusive (784-86). The January 1900 edition of the *Quarterly Journal of Inebriety* drew attention to the problem in an article titled, "Morphinism Among Physicians" (98-100). Later, in his congressional testimony supporting the passage of the Harrison Narcotics Tax Act—legislation ostensibly designed to curtail the importation of narcotics into the United States, though later interpreted to grant Federal oversight over, and regulation of, physicians' and pharmacists' prescribing practices—its author, Dr. Hamilton Wright (1910), argued that physicians accounted for over two percent of the addicted population in the United States, the highest proportion among all professions (see Musto 1973: 63-5). One of the most popular professional handbooks among American physicians at the turn of the twentieth century, Dr. D.W. Cathell's (1913) *Book on the Physician Himself*, warned of the "temptations to which the practice of medicine exposes you." "The irregularities, anxieties, and exhaustion," inherent to the profession, Cathell continued, "all unite to tempt physicians to use alcoholics, cocain (*sic*), morphia, chloral, etc." (118-19). Regardless of whether the actual rate of addiction among American physicians was nearer Crothers' 8-10% or Wright's 2%, by the mid-1910s, it was clear that medical practitioners were particularly susceptible to the condition. Further, many of these critics implied that the prevalence of addiction among doctors and pharmacists suggested that they would be more

likely to treat alcohol and narcotics as panaceas, prescribing them wantonly regardless of the patient's presenting symptoms or his potential to become addicted.

Regulation

Progressive-era reformers petitioned local and federal legislators to limit physicians' and pharmacists' ability to prescribe alcohol (which remained a popular treatment for many conditions) and narcotics indiscriminately. Initially, organizations like the American Medical Association (AMA) and the American Pharmaceutical Association (APhA) fought such efforts on the grounds that legislative encroachment threatened professional autonomy. As noted above, many in the medical field recognized the need for reform, but held that such reform should be instituted from within and warned against the precedent of external intrusion. Musto (1973: 58) recalls this early position: "If the government could establish control over one part of the practice of medicine, even if the goal was admirable, what could government not do?"

At the turn of the twentieth century, however, both the AMA and APhA were relatively weak institutions, and the medical fields that they represented remained immature—epistemically and organizationally (Starr 1982). While many within their ranks initially decried potential governmental intrusion, this ultimately proved a minority report; most were willing to trade the possibility of decreased autonomy for greater professional organization and popular legitimacy. Regardless of the actual scope of physicians' and pharmacists' personal use of psychoactive substances or irresponsible prescribing practices, many within the aspiring medical fields acknowledged the potentially delegitimizing perception of widespread corruption. Physicians and pharmacists increasingly regarded governmental regulation as a

valuable opportunity to standardize prescribing practices and purge from their ranks the "'dope doctors' who made enormous profits selling prescriptions or habit-forming drugs," most often to the more socially and economically marginalized class of addicts (Musto 1973: 83). And in 1913, at its Annual Conference on Medical Legislation, the AMA expressed its "approval of all legislative efforts which may be necessary to restrict the employment of habit forming drugs to proper and legitimate uses" (*JAMA*: 518).

One year later, Congress passed the aforementioned Harrison Narcotics Tax Act, which regulated and levied the importation, production, and distribution of opiates, opiate derivatives (e.g., morphine), and coca derivatives (e.g., cocaine). As Morgan (1981) notes, rather than addiction as such, most of the congressional discussion surrounding the Act concerned "treaty obligations, foreign policy goals, and the general desire to regulate dangerous drugs" (107). Even as it mandated that practitioners keep meticulous records of their patients and the treatment regimens that they prescribed, as initially drafted, the Harrison Act seemed to allow physicians and pharmacists substantial therapeutic discretion (*JAMA* 1915: 912); most hailed the legislation as a reasonable compromise and a potential boon to professional organization and legitimacy (Musto 1973; Hickman 2007).

When Congress passed the Harrison Narcotics Tax Act in 1914, most legislators and medical practitioners assumed that, in addition to providing the Federal Government a new revenue stream, the law was designed to gather information about prescribing patterns and the scope of narcotics use in the United States. More importantly, physicians and pharmacists who feared the potential loss of professional autonomy assumed that the Harrison Act was *limited* to such information- and revenue-gathering activities, and, beyond identifying and purging the

worst of the "dope doctors," would not impinge on legitimate medical practice or independent discretion. And in an early legal challenge to the authority of the new law, the Supreme Court appeared to reinforce these assumptions.

On December 7, 1915, the Justice Department argued before the Court that by prescribing a small amount of morphine to a patient for the sole purpose of maintaining his addiction, a doctor named Jin Fuey Moy had violated the Harrison Act. The Court ultimately decided *US v. Jin Fuey Moy* 7-2 in favor of the defendant. Despite his father's earlier statements regarding physicians' over-prescription of opiates, Justice Oliver Wendell Holmes, Jr. delivered the majority opinion. Holmes held that the Harrison Narcotics Tax Act did not warrant Congress to "make the probably very large proportion of citizens who have some preparation of opium in their possession criminal or at least prima facie criminal and subject to…serious punishment" (1916: 1064). In other words, the *US v. Jin Fuey Moy* decision interpreted the Harrison Act as strictly a tax- and information-gathering measure and, assuming their compliance with the Act's various registration and reporting stipulations, upheld medical practitioners' autonomy and their patients' legal right to possess and consume narcotics.

Five years later, however, the Supreme Court decided two cases on March 3, 1919—*US v. C.T. Doremus* and *Webb et al. v. US*—that contradicted this earlier position and strongly influenced the future course of federal drug policy in the United States. In its verdict in the *Doremus* (1919) case, the Court ruled that physicians could not lawfully prescribe narcotics for the sole purpose of maintaining a patient's addiction. If many instances of addiction were in fact incurable, the Court reasoned, then such prescriptions offered no therapeutic value and thus represented illicit distribution rather than legitimate medical treatment. In short, by ruling

in favor of the Justice Department in *Doremus v. US*, the Supreme Court effectively extended the constitutional reach of the Harrison Narcotics Act into everyday medical practice. In *Webb et al. v US* (1919), the Court ruled that the *possession* of narcotics by either the medical practitioner—regardless of his proper licensure—or the patient for the sole purpose of addiction maintenance likewise violated the Harrison Act. Taken together with the *Doremus* verdict, the Court's ruling in the *Webb* case effectively criminalized the lived-condition of addiction and implicated as potential accessories those medical practitioners who prolonged that condition. Simultaneously, the rulings affirmed the constitutionality of federal efforts to enforce the de-facto prohibition of narcotics and cocaine within both private medical practices and more marginal urban spaces like brothels and dance-halls.

Historians have provided a range of explanations for the Supreme Court's sudden and radical reversal of opinion regarding the federal powers and the constitutional reach of the Harrison Narcotics Act. Musto (1973) argues that shifting attitudes toward addiction maintenance followed more general and radical sociocultural shifts: "World War I had been fought, the Eighteenth-Amendment had been adopted, and the liberalizing movements of LaFollette, Theodore Roosevelt, and Wilson had declined into a fervent and intolerant nationalism" (133). These nationalistic and xenophobic tendencies, he continues, recast recalcitrant addicts, who were increasingly associated with minorities and foreigners, as conspicuous threats to national security and progress. Courtwright (2001) holds that the Court's sudden reversal of opinion and de facto prohibition of narcotics reflected growing concerns over shifting demographics within the addicted population: "sinister" and "menacing" addicts who populated jazz clubs and brothels seemed to have displaced completely Kolb's

kindly mother of two with the unfortunate laudanum habit. By the late 1910s, the apparent failure of inebriate asylums, proprietary sanitaria, and other contemporary treatment modalities suggested that the disease was incurable in many cases. Official tolerance of medical maintenance seemed to render the federal government a willing accessory to the spread of an intractable and dangerous "epidemic."

Whatever the precise cause or causes of the shifting attitudes toward medical maintenance of addiction, the decisions that the Supreme Court delivered in early March of 1919 institutionalized de jure the de facto distinction between "deserving patients" and "undeserving criminals" that had emerged after a half-century of medical treatment dominated by relatively exclusive inebriate asylums and proprietary facilities. The Court's rulings also initiated a period of widespread surveillance and aggressive prosecution of medical practitioners in violation of the reinterpreted Harrison Act. Federal authorities mobilized an extensive network of operatives, plainclothes officers, individuals posing as addicts in order to secure illicit drugs, and even real addict-informants who cooperated under threat of personal indictment. White (1998) notes one of the great ironies of this period of aggressive enforcement: "The Department of Treasury regularly doled out narcotics to their informants to ensure their cooperation—then indicted the physicians who would have done the same thing" (114).

In his work, *Drug Addicts are Human Beings*, Dr. Henry Smith Williams found that, between 1914 and the year of the book's publication in 1938, the Department of Treasury indicted over 25,000 medical practitioners under the Harrison Act; more than 3,000 were jailed and the remainder were forced to pay substantial fines. During the same period, many other

practitioners began to refuse treatment to addicts, not out of fear of prosecution, but in order to avoid the onerous new record-keeping procedures stipulated by the law (Courtwright 2001; Acker 2002). As the head of the Louisiana State Board of Health, Dr. Oscar Dowling (1919), put it:

> Any physician is more than willing to write a prescription, if need be, every other day for patients with incurable diseases, but he does not want on his mind or in his visiting clientele the average users. The druggist, likewise, does not want the burden of constant watchfulness as to prescriptions and amounts, with the clerical work and responsibility entailed (192-3).

Still others saw in the Harrison Act the opportunity to cease treatment of "troublesome and untrustworthy" addicts and return to their normal rounds (Musto 1973: 92). The sum effect of these new conditions was that physicians and pharmacists stopped treating addicted patients. By the end of the 1910s, the social historian H. Wayne Morgan (1982) argues, "this gulf between addicts and the medical community was unbridgeable" (117).

Municipal Narcotics Clinics

No longer able to secure through dependable medical channels the substances to which they were addicted, authorities feared that addicts would turn violent, or, suffering withdrawal symptoms, at least overwhelm public health resources. Even if addiction increasingly appeared to be an incurable disease, most medico-legal authorities agreed that it remained a *disease* and held that the sudden deprivation of narcotics was not only dangerous—to both the addicted body and the body politic—but inhumane. Others worried that the criminalization of legitimate medical maintenance left a void that would be filled inevitably by illicit alcohol and drug economies. In response, between 1919 and 1921, local and state authorities established around forty-four municipal clinics dedicated to the treatment of currently-addicted persons.

Designed to provide addicts temporary relief from withdrawal symptoms, patients of the municipal clinics were expected to taper their doses until either they were cured or could be transferred to more permanent medical facilities. The most famous, or in many cases, *infamous*, clinics were located in Memphis, Tennessee, Shreveport, Louisiana, Jacksonville, Florida, and New York City. (Terry and Pellens 1928: 849-76; Graham-Mulhall 1921).

The New York City clinic, located on Worth Street, embodied the most significant successes and failures of the short-lived movement. Between April 1919 and March 1920, about 7,700 addicts sought treatment at the Worth Street clinic. While this relatively low figure betrays the groundlessness of fears that withdrawing addicts would overrun public health facilities, clinic administrators nonetheless struggled initially to track and monitor the patients who frequented the clinic (Graham-Mulhall 1921). If addicts were able to sustain a steady dose by providing site administrators a series of pseudonyms, employing disguises, or frequenting more than one municipal clinic each day, then the facility risked violating the Harrison Act's prohibition of addiction maintenance. In response, the New York City clinic eventually established elaborate systems of identification, registration, and medical supervision. Authorities photographed and fingerprinted addicts, recorded their case histories, and collected comprehensive statistics regarding addicts' sex, age, religion, socioeconomic position, occupation, and so on (Graham-Mulhall 1921, 1926).

These statistical profiles often informed governmental estimates of the scope and prevalence of addiction (see, e.g., Kolb and DuMez 1924; Dai 1937), determined the direction of enforcement efforts (Terry and Pellens 1928), and inspired the influential 1920s psychological theories considered in Chapter Six (Acker 2002). Additionally, clinic administrators

experimented with "marking" patients' hands with ink and silver nitrate in order to ensure that they did not return to the facility later in the day or seek doses elsewhere (Morgan 1981). The queue of addicts waiting to receive doses often wrapped around one or more city blocks, a spectacle that alarmed bystanders, attracted the curiosity of tourists, and drew the ire of local law enforcement (Graham-Mulhall 1921; Musto 1973):

> The facility in New York City seemed to symbolize all the problems inherent in stereotyped drug use. Peddlers roamed the adjacent streets despite the police. Most addicts seemed interested in cheap supplies rather than any long-term cure. Some used drugs in nearby parks, even in the presence of school children. Tawdriness reached some kind of apogee as sightseers took bus tours to see the "great and only dope line" of addicts waiting to receive medication on Worth Street (Morgan 1981: 112-13).

The bureaucratic procedures to which addicts submitted in order to secure minimal amounts of narcotics at the Worth Street clinic—disclosing personal information, being fingerprinted and photographed, standing in long queues, allowing hands to be marked with ink or silver nitrate after dosing, etc.—represented a set of "degradation rituals" (Becker 1963) that manifested and reinforced a basic distinction (increasingly conceptualized in psychological terms) between addicts and non-addicts. Especially to non-addicted bystanders, the conspicuous queues outside further exoticized the addict as a peculiarly deviant kind of human person. Among the addicts themselves, the time spent in the long dosing lines often facilitated the sort of camaraderie and class(ification) consciousness that similarly long queues had effected among those wealthier addicts who once awaited injections of double-chloride of gold at the Keeley Institutes (Graham-Mulhall 1921). Further, the clinics' systematic collection of addicts' demographic profiles reinforced the prevailing presupposition that addicts represented "clinical material" proper to empirical observation, cumulative analysis, and nomothetic

deductive forms of explanation. In short, the material and ideal conditions that addicts encountered in the municipal narcotics clinics seemed to reaffirm—among both addicts and non-addicts—the "actuality" (Whitehead 1929) of the human kinds "addiction" and "the addict."

By the first years of the 1920s, even its once-staunch supporters conceded that the municipal narcotic clinic experiment had failed (Graham-Mulhall 1926). Contemporary legal authorities insisted that by providing a ready supply of drugs to addicts, the clinics' good intentions had, in fact, only perpetuated and deepened patients' addictions (White 1998; Musto 1973). In this light, the maintenance clinics were comparable to the sympathetic, though ultimately harmful, family members of which many of the earlier inebriate asylums had been so wary. Summarizing an increasingly popular position, Dr. Arthur Braunlich (1920: 49) insisted: "To take away all possibility of getting the drugs is, in my opinion, the only way of getting a cure." Moreover, if addiction in fact proceeded from underlying psychological disorder, then abrupt withdrawal posed no immediate physiological danger to the addict: "There will be no panic or falling in the streets, or robbing of stores or crowding physicians' offices by the addicts affected…if they cannot obtain a supply, they will reform, and it is certain that not a fatality will be recorded" (Hubbard 1920: 42). The physical closure of the municipal clinics in the early 1920s reflected a radical shift in public perception and social policy:

> If no cure was more effective than just keeping the addict away from drugs, then the problem really was: How do you keep addicts away from drugs? And this question was not medical, it was an enforcement problem (Musto 1973: 143).

The shift from medical treatment to legal prohibition effected profound material and ideal shifts among American addicts. In 1926, Sarah Graham-Mulhall, the Deputy Commission

of the State of New York Department of Narcotic Control, observed that since the closure of the municipal clinics:

> Addicts are not only turned away from hospitals, but they are shunned by civic philanthropic organizations. Every one is afraid of them; no one cares what becomes of them. They are hardened and embittered by their ostracism; they are driven to places where their drug habit is commercialized (125).

Cut off from legitimate medical treatment and closely surveilled by federal anti-narcotics authorities, opiate and cocaine addicts increasingly turned to underworld economies in order to sustain their habits, and often relocated to marginal and transient urban spaces where detection was less likely and the illicit market more accessible (Acker 2002; Musto 1973). The ratification of the Eighteenth-Amendment in January 1919 and the passage of the Volstead Act later the same year effected similar consequences among alcohol addicts (Tracy 2005). Addicts' increasing social marginalization likely augmented the class(ification) consciousness that emerged first in inebriate asylums and propriety sanitaria around the turn of the twentieth century, and later in the municipal narcotics clinics. By the early 1920s, a half-century of various forms of medical treatment and radical shifts in public policy had resulted in, as Acker (2002) puts it, a "more tightly knit, if socially disconnected, [addict] subculture" (5).

In sum, medical directors of turn-of-the-century inebriate asylums and proprietary facilities organized treatment around cutting-edge classifications of human behavior and human persons. By physically removing addicts from the non-addicted American population, and encouraging among them intimate association during and after their treatment stays, the facilities reinforced degrees of class(ification consciousness) and effected among addicts new

relations and behaviors. Simultaneously, the facilities' tendency to "cream" incoming patients and misrepresent successful treatment outcomes also contributed to the unanticipated emergence of a surprisingly large and conspicuous population of marginalized addicts apparently prone to repeated relapse. Contemporary critics increasingly identified such recalcitrant and poor "illegitimate" addicts with other *kinds* of deviant individuals. Driven by the specter of a growing population of menacing addicts, public policy gradually shifted away from sympathetic medical treatment and toward legal prohibition. Fearing federal prosecution and seeking greater professional legitimacy, medical practitioners grew increasingly reluctant to treat addicts, and by the early 1920s, the groups appeared to be alienated irrevocably.

Under these conditions, addicts grew increasingly clannish and suspicious of outsiders (Graham-Mulhall 1926). Neglected by the medical field and harried by legal authorities, they began to relocate to peripheral urban areas where they were better able to secure illicit substances and evade official surveillance and legal pursuit (Acker 2002; Musto 1973). In other words, the ways that medico-legal authorities institutionalized the cutting-edge human scientific classifications—addiction and the addict—had, by the early 1920s, transformed the behaviors, spatial and social relations, and self-understandings of those who were so classified. In turn, the 1920s addict comported himself in radically different ways than had the 1870s addict; he behaved differently and he related—to himself and to others—differently, and so *was* different, and demanded new scientific explanations or at least the amendment or reformulation of old ones.

As the following chapter demonstrates, when the next generation of addiction scholars—most notably the psychologist, Lawrence Kolb, and the sociologists, Alfred Lindesmith

and Bingham Dai—set out to observe and explain the addict as a discrete human kind, they encountered a radically different kind of person than had the late nineteenth-century contributors to the *QJI*. Given their emergence in an ongoing reactive historical sequence, the new theories of addiction helped to reconcile earlier physiological conceptualizations with addicts' new behaviors and relations. Rather than the empiricist's evidence of advancing knowledge about the addict, or the constructionist's refraction of shifting sociocultural conditions and values, the following chapter seeks to demonstrate how the psychological and sociological theories of addiction that emerged during the 1920s and 1930s betrayed the "looping effects" of the addict as a Hackian human kind.

Chapter Six: The "Psychopathic" Addict

> *To create new ways of classifying people is also to change how we can think of ourselves, to change our sense of self-worth, even how we remember our past. This in turn generates a looping effect, because people of the kind behave differently and so are different. That is to say the kind changes, and so there is new causal knowledge to be gained and perhaps, old causal knowledge to be jettisoned.*
>
> —Ian Hacking (1995a: 369)

> *There is a regular attempt to strip human kinds of their moral content by biologizing or medicalizing them… The world would be a better place if there were no single parents / child abusers / suicides / multiple personalities / vagrants / prostitutes / juvenile delinquents / recidivists / bulimics / alcoholics / homosexuals / paedophiles / chronic unemployed / homeless / runaways, etc. But let us not blame them, let us medicalize them. This fits well with the metaphysical thrust that I mentioned earlier, that somehow causal connections between kinds are more intelligible if they operate at a biological rather than a psychological or social level.*
>
> —Ian Hacking (1995a: 367)

Kolb, Lindesmith, Dai, and the New Addiction Research

In a series of articles published between 1924 and 1928, Lawrence Kolb, a major contributor to the first wave of state-sponsored addiction research, elaborated a typology of addicts that helped explain the persistence of addiction under post-Prohibition and post-Harrison Act conditions. He posited a basic distinction between "accidental" addicts, whose habits followed medical treatment and who derived no pleasure from substance use, and "dissipaters," whose habits began in the company of other addicts and who seemed to derive significant pleasure from continued use. Kolb argued that, aside from the manifestation of addictive behaviors, the first type of "legitimate" addict was indistinguishable psychologically from other normal Americans; this type was capable of permanent cure. By contrast, he traced

the addictive behaviors of the latter, "illegitimate" addict to an underlying and pre-existing psychopathy; this type was likely to relapse repeatedly (1925a, 1925b). Because Prohibition and the Harrison Narcotics Tax Act ostensibly shielded otherwise stable and normal individuals from becoming addicted "accidentally" and disciplined only "psychopathic" addicts and the few irresponsible medical practitioners, Kolb's influential psychiatric conceptualization helped to legitimate scientifically the de facto criminalization of addiction.

While Kolb (1924, 1925a, 1925b, 1925c, 1927, 1928) traced addiction to underlying psychopathic tendencies, Alfred Lindesmith (1938a, 1938b, 1947) and Bingham Dai (1937) elaborated sociological theories that explained addiction as a meaningful social ritual learned and internalized in conversation with other addicts, and as a peculiar social activity transmitted among individuals who occupied similar socioeconomic positions, respectively. Both Lindesmith and Dai were graduates of the University of Chicago's renowned sociology department, and their respective accounts of addiction exemplified that program's most significant theoretical contributions: symbolic interactionism and urban sociology. If Kolb explained addiction as the consequence of innate psychological defects, then, albeit in slightly different ways, Lindesmith and Dai explained addiction as an acquired human kind of activity dependent on an individual's emergence within or exposure to a peculiar network of deviant actors and its attendant universe of meanings.

Considered collectively, the new addiction research attempted to explain a range of behaviors and relations for which the earlier physiological theories appeared unable to account. Kolb sought to explain differential etiology and the persistence of "incurable" kinds of addiction; Lindesmith, the emergence of rich and meaningful subcultural jargon and the

frequency of relapse; and Dai, the apparent communicability of addiction among individuals located in close-knit and socially marginalized spaces. Significantly, each of these theorists encountered the addict of the 1920s and 1930s, not as an historically contingent personhood that unfolded against ongoing interactions between earlier scientific classifications and the humans who were so classified, but as a timeless human kind of person who betrayed universal truths.

Odd Wanderings

While Lindesmith and Dai's accounts (and subsequent sociological arguments like Becker's (1953, 1963)) remained peripheral to mainstream addiction science (Acker 2002), by the late 1920s, Kolb's psychiatric elaboration of the addict as a psychopathic human kind had effected radical shifts in the common sense of the field of addiction science (Terry and Pellens 1928). The seat of addiction appeared to have "wandered" from the Temperance reformer's "demon rum" to the addict's body and now to his mind. Simultaneously, epistemic authority wandered from physiology to psychopathology, and therapeutic authority wandered from physicians and pharmacologists to psychiatrists and public officials. Drawing attention to the similarly wandering "child abuser," Hacking suggests:

> Despite its role in social rhetoric and politics of numerous stripes, child abuse was first presented and is still intended to be a "scientific" concept. Of course, there are demarcation disputes. Which science? Medicine, psychiatry, sociology, psychology, social work, jurisprudence, or self-help? Whatever the standpoint, there are plenty of authorities firmly convinced that there are important truths about child abuse. …Thus far, the complaint is only about the type of expert, not about the very possibility of expertise (1995a: 358-9).

By positing the child abuser as a discrete and empirically available kind of person, Hacking argues, the human sciences inevitably change the behavior of their object such that the

elaboration of new knowledge becomes necessary. Previously unconnected scientific disciplines may claim to offer perspectives better able to reconcile such behavioral changes. Human kinds thus appear to wander historically among various disciplines, each claiming hegemonic, though ultimately temporary, epistemological privilege.

Nevertheless, Hacking suggests that a basic and largely tacit logic structures the *possible* directions in which human kinds tend to wander. Regardless of their particular paradigm, each successive generation of empiricists tends to assume *a priori* that human kinds like the child abuser and the addict represent timeless kinds of human persons appropriate to empirical observation, discrete classification, and some form of nomothetic deductive explanation. Interpreted in terms of a reactive historical sequence, the shift during the 1920s from physiological to psychiatric and sociological theories of the addict therefore represents an *incremental*, rather than a *revolutionary*, development in the historical construction of the human kind. Chapter Seven reviews a more revolutionary development: the emergence of Alcoholics Anonymous as a vehicle through which addicts successfully contested expert knowledge and self-ascribed their kind-term.

In light of the second epigraph above, Hacking implies that human kinds tend to wander according to a particular "metaphysical thrust": *from* psychological and social *toward* biochemical explanation. Chapter Four demonstrated how the first generation of addiction scientists provided physiological explanations that "stripped" the addict of the "moral content" that had animated Temperance activity throughout most of the nineteenth century. And Chapter Eight reviews E.M. Jellinek's (1960) *Disease Concept of Alcoholism*, which marked a representational shift during the 1940s and 1950s back toward physicalist interpretations. The

psychiatric and sociological explanations of addiction that gained traction during the 1920s and 1930s therefore represent a theoretically surprising interval in Hacking's predicted epistemic trajectory.

This shift toward psychological and social explanations appears to reinforce the value in reading the historical construction of the addict through a reactive, rather than a self-reinforcing, sequence. Not only does the self-reinforcing model allow for such historical contingencies and underdetermined outcomes, but it also reinforces Hacking's (1986) suspicion that it is unlikely "that we shall ever tell two identical stories of two different instances of making up people" (170). To the extent that the addiction sciences turned *from* physiological accounts *to* psychiatric and sociological explanations during the 1920s and 1930s, then, in light of Hacking's argument, it follows that the latter explanations might *re*introduce more overt forms of moralism. Indeed, the following review of Kolb's deeply normative typologies, and even Lindesmith's and Dai's ostensibly more objective sociological analyses, throws into relief the conspicuity of moralism during this period.

The Addict as Addicted to "Other Drugs"

Before turning to the addiction theory that emerged during the 1920s and 1930s, it is important to note that during this period, critics increasingly associated "the addict" with the person who was addicted to drugs other than alcohol. While the three perspectives considered in this chapter may betray a more overt moralism, all of Hacking's human kinds are, by definition, deeply moral systems of classification; the push toward naturalism merely renders such moralism oblique and latent. According to Hacking (and Weber [1949] before him), we

tend to study particular kinds of people that we would like to change: extra-theoretical common sense tends to determine the direction of scientific inquiry, if not its findings. In other words, scientific human kinds unfold against popular concern regarding particular types of deviance. "Human kinds are formulated in the hope of immediate or future interventions in the lives of individual human beings," Hacking (1995a: 351) argues, "If we can change the background conditions we can improve the person, if only we can understand what kind of person we are dealing with." By the mid-1920s, when Kolb published a series of seminal articles (1924, 1925a, 1925b, 1925c) concerning the addict, the exotic "street junkie" alarmed the general American public far more than the more familiar drunk. While Kolb still referenced and attempted to explain the alcohol addict, his work, like the vast majority of addiction research conducted during the 1920s, primarily concerned the narcotics addict and the possible means of his reform (Terry and Pellens 1928).

After the repeal of Prohibition in 1933, addiction researchers largely abandoned the question of the alcohol addict. In fact, a robust field of alcohol and alcoholism science would not reemerge again in the United States until 1940 (Roizen 1991). In the interim, most researchers encountered the local drunk as an inevitable, if unfortunate, consequence of the legalization of alcohol: perhaps incurable, but generally harmless, and thus of less immediate scientific interest than the menacing opiate and cocaine junkies. By the mid-1930s, Lindesmith (1938a, 1938b) and Dai (1937) associated "addiction" almost exclusively with addiction to "other drugs." Chapter Seven demonstrates how, taken together with medical practitioners' ongoing reluctance to treat alcoholics, this period of diminished scientific interest in alcohol

addiction proved critical to the rise of Alcoholics Anonymous and alcohol addicts' appropriation of the human kind from scientific elites.

Lawrence Kolb, Sr. and the Public Health Service

Lawrence Kolb was born in Galesville, Maryland, on February 20, 1881, and he graduated with honors from the University of Maryland medical school in 1908. The following year, Kolb accepted the position of Assistant Surgeon in the United States Public Health Service. He would spend the following thirty-six years, the bulk of his professional career, in various capacities within the PHS and related governmental agencies (Musto 1973; Morgan 1981). One of Kolb's earliest postings was at Ellis Island, where he spent six years developing a battery of tests used to screen prospective immigrants. In order to distinguish potentially valuable individuals from those unfit or unable to contribute to the social order, he helped to develop standardized intelligence measurements and a series of psychiatric tests. Caroline Acker (2002) argues that Kolb's approach reflected his admiration for the work of Adolf Meyer, a Swiss-born psychiatrist who embraced functionalist explanations of society and whose methodology emphasized theoretical deduction based on observed behaviors and the results of standardized mental tests rather than the identification of physical legions.

Correspondingly, at Ellis Island, Kolb inferred psychological fitness by observing the prospective immigrant's behavior and evaluating his potential for successful incorporation within an assumedly organic social order (Acker 2002: 129-40). Many of the tests that the young psychiatrist-surgeon employed in order to separate the wheat from the chaff presumed a correlation between manifest deviance and underlying defects of character. Defending his

rejection of certain immigrants, Kolb often relied on the newly emergent diagnosis of "psychopathy," a vague catch-all label that American psychiatrists increasingly "attached to individuals who…were unable to adjust to the demands for self-restraint and social conformity called for by a complex society, but who lacked symptoms of severe mental illness" (Acker: 135). Kolb's work at Ellis Island foreshadowed the angle at which Kolb later approached the question of the addict (Acker 2002; Kolb 1962).

In 1923, PHS reassigned Kolb to the Hygienic Laboratory (the institutional predecessor to the National Institute of Health) in order to study the increasingly urgent social problem of drug addiction in the United States. Upon his arrival, the Laboratory partnered the psychiatrist with Andrew DuMez, a Public Health Service pharmacist, in order to estimate the scope—in various urban areas and nationwide—of narcotics use. Drawing on data from state and federal surveys, United States Army records, and municipal narcotics clinic registers, Kolb and DuMez published their findings in 1924 under the title, "The Prevalence and Trend of Drug Addiction in the United States and Factors Influencing It." At the time of publication, Kolb and DuMez estimated that there were 110,000 narcotics addicts in the United States, this figure representing a significant decrease from 264,000 at the turn of the century (1202-03). Among other factors, the scholars attributed this decline in use to the enactment and enforcement of prohibitive legislation like the Harrison Narcotics Act and medical practitioners' growing reluctance—due to fear of legal prosecution, increased awareness of certain drugs' addictive properties, general irritation at the burdensome addict, or some combination among these—to maintain addicts' habits (1199).

In their report, Kolb and DuMez distinguished between "normal" and "delinquent" kinds of addicts. The scholars held that while the latter kind of person appeared particularly susceptible to repeated relapse, they affirmed that "in the course of time those [addicts] *who are fairly normal* are permanently cured" (*emphasis added*; Kolb and DuMez 1924: 1200). Even as the authors found that the total number of addicts in the United States declined between 1900 and 1923, they noted that the "proportion of the *delinquent type* of addict is gradually increasing" (*emphasis added*; 1203). Kolb and DuMez attributed this proportionate increase not to the growth of the "delinquent" addict population, but to a "gradual elimination of normal types" (1203).

The authors argued that the population of "normal," or, as Kolb (1925b, 1928) would later call them, "accidental," addicts appeared to be declining because medical practitioners appeared less likely to prescribe narcotics than they had been around the turn of the century. Emphasizing immanent psychological, rather than brute physiological, causes of the particularly intractable cases of addiction, the authors suggested that "while physicians have been credited with being responsible for the creation of many addicts in the past, it is concluded…that but few cases of recent addiction can be so attributed" (1203). Kolb and DuMez concluded their report with the following "optimistic" statement:

> From the trend which narcotic addiction in this country has taken in recent years as a result of the attention given the problem by the medical profession and law enforcement officers, it is believed that we may confidently look forward to the time, not many years distant, when the few remaining addicts will be persons taking opium because of an incurable disease and addicts of the psychopathic delinquent type, who spend a good part of their lives in prisons (1203).

Over the following decade, Kolb published a series of works (1925a, 1925b, 1925c, 1927, 1928) that represented this basic distinction between the "normal," or "accidental," kind of addict and the "psychopathic delinquent" kind as a timeless and universal truth. By the 1940s, the theories that Kolb elaborated in these early works informed the doxa in the field of addiction research and treatment, and most of his contemporaries revered the psychiatrist as the preeminent authority on the subject. "Dr. Lawrence Kolb, Sr. of the United States Public Health Service," Musto (1973) insists, "represented the highest level of medical research in addiction from the 1920s into the 1940s" (84). The following section considers at greater depth these seminal statements.

The Addict as Psychopath

Kolb took the material conditions that he encountered in the mid-1920s to be indicative of universal and generalizable truths about addiction and the addict. Based on his empirical observations of these prevailing conditions, the psychiatrist posited a fundamental etiological distinction between "pure dissipators (*sic*) and those whose addiction resulted from medication" (1928: 171). Kolb argued that the former kind of person was a psychopath who consumed drugs or alcohol in order to "raise [himself] above his usual emotional plane," while the latter, otherwise "normal" individual consumed such substances only to relieve the immediate suffering of a physiological ailment (1925c: 699). This distinction, which the psychiatrist assumed captured a timeless truth regarding human kinds of behaviors and persons, represented the organizing principle of Kolb's research throughout the 1920s.

Beyond this overarching distinction between "legitimate" and "illegitimate" addicts, in "Types and Characteristics of Drug Addicts," Kolb (1925b) offered a more fine-grained typology. On page 301, he distinguished among five distinct kinds of addicts:

1. People of normal nervous constitution accidentally or necessarily addicted through medication in the course of illness.
2. Care-free individuals, devoted to pleasure, seeking new excitements and sensations, and usually having some ill-defined instability of personality that often expresses itself in mind infractions of social customs.
3. Cases with definite neuroses not falling into Classes 2, 4, or 5.
4. Habitual criminals, always psychopathic.
5. Inebriates.

Kolb argued that the first class of "accidental" addicts had "been prescribed (opiates) to the point of addiction to relieve the suffering of some prolonged physical condition" (301). Kolb argued that the "accidental" addict derived no significant pleasure from his habits and was unlikely to "become addicted except through the necessities of unusual stresses, and [his] addiction is usually quickly cured when the stress is relieved" (1928: 712). In other words, this kind of addict, whom Kolb associated with "the highest type of citizen," seemed to "start off with a varying degree of mental and moral equipment that has not been demonstrably changed by opium" (712). Consequently, Kolb presumed that he was unlikely to relapse once deprived of narcotics and cured of the referring physiological ailment. He found that this kind of addict constituted only five percent of the total addict population (1925b), and as Kolb noted in the earlier report that he co-authored with DuMez (1924), under prevailing medical and legal conditions, the psychiatrist predicted that this class would eventually dwindle to a negligible proportion.

Kolb argued that the individuals who populated the remaining four classes demonstrated varying degrees of psychopathy. He held that these latter kinds of addicts were fundamentally "different from the average stable individual" and betrayed underlying psychopathic tendencies that often preceded their addictive behaviors (1925b: 302). In contrast to the otherwise normal, "accidental" addicts, Kolb assumed that these psychopathic kinds seemed to derive significant pleasure from narcotics: "It would appear…that those individuals who are made happy by opium must have some special mental conflict that the drug relieves" (1928: 703). The psychiatrist compared the use of narcotics by these kinds of addicts to "the compensation of little men who endeavor to lift themselves into greatness by wearing "loud" clothes or by otherwise making themselves conspicuous," when, he added, "effacement would be more becoming" (1925b: 303). Elsewhere he describes the psychopathic addict as a "spoiled, complaining, selfish neurotic weakling," who, regardless of access to narcotics, probably "would have made a contemptible showing in the world" (1925c: 719).

Ultimately, Kolb decided that addiction to both narcotics and alcohol assuaged the same underlying psychopathic tendencies. "The so-called intoxication and narcotic impulses," he held, "are identical" (1925b: 313). In sum, the psychiatrist argued that such hedonistic, insecure, and immoral individuals "struggle with a sense of inadequacy…or with unconscious pathological strivings that narcotics (or alcohol) temporarily remove" (304). Because their addiction derives from an "apparent hereditary defect" of character (308), Kolb held that relapse is inevitable and cure is impossible "by any means except enforced confinement over long periods of time" (1927: 24).

Psychological Representations

Kolb was not the first expert to draw on the insights of psychology and psychiatry in order to describe and explain the addict as a discrete human kind of person. Among others, B. H. Hartwell (1889), Pichon (1889), and Lambert (1913) suggested that addiction often emerged in the conflict between environmental pressures and an overburdened psyche. L.L. Stanley (1915) argued that "there is a nervous strain of modern life, or the 'Mania Americana,' which is temporarily relieved by the soothing effects of opium, but which is subsequently made worse by the continued use" (586; quoted in Terry and Pellens 1928: 113).

Many of these perspectives echoed George Miller Beard's (1871) argument that modern Western conditions—America's new technologies, social relations, pace of daily life and work, etc.—threatened the late nineteenth-century individual's mental stability and increased the likelihood that he would turn to mood-altering substances in order to meet such unprecedented demands or escape them altogether. The vast majority of these early psychological explanations of inebriety represented the problem as one of environmental encroachment upon a vulnerable psyche. Importantly, to the extent that nineteenth-century Americans experienced the unprecedented demands of modern life more or less in common, nineteenth-century psychological explanations of inebriety assumed that the behavior constituted a public issue, not a personal trouble.

By contrast, Kolb (1924, 1925a, 1925b, 1925c) held that addiction signaled an underlying psychological defect. Unlike the earlier conceptualizations, which suggested addiction proceeded inward, from a polluted environment to the addict's sensitive constitution, for Kolb,

the problem of addiction proceeded outward, from the individual's diseased mind to an increasingly polluted environment. By extension, where the earlier psychological theories suggested optimistically that efforts at environmental reform might reform the individual addict, Kolb's theory entertained no such hope. Environmental reform, such as enforcement of the Harrison Narcotics Act, would only diminish the population of "accidental" and otherwise stable addicts. The psychopathic addict, however, suffered an immutable psychological defect and he would continue to relapse, regardless of efforts toward environmental reform.

In short, Kolb held that some addicts were curable and some were not, and that the difference between these human kinds concerned mental fitness. Just as the late nineteenth-century physiologists enjoyed at their backs the winds of positivism, disenchantment, and instrumental rationality, so too did Kolb's addiction research benefit from the early twentieth-century sociohistorical trend toward subjectivization and the post-Progressive-era tendency to trace public issues to personal troubles. Morgan (1981: 129) explains:

> Psychological explanations for drug use seemed logical in the 1920s, when they became popular in analyzing other human behavior. The approach now seemed subtle and complex rather than obscure and made sense given the failure of prior explanations based on body actions. And the new psychological categories of behavior enabled observers to see types rather than mere cases.

The Addict as Criminal

A major focus of Kolb's research during the 1920s concerned the correlation between addiction and criminality. Public policy on addiction, and especially the ongoing enforcement of the Harrison Narcotics Act and Volstead Act, depended on the precise specification of this relationship. In fact, when the PHS reassigned Kolb to addiction research in the early 1920s, the agency was particularly interested in his conclusions regarding this topic (Musto 1973; Acker

2002). The psychiatrist wasted no time. Less than a year after co-authoring with DuMez the report on the prevalence of drug addiction in the United States, Kolb (1925a) published an article titled, "Drug Addiction In Its Relation to Crime." The psychiatrist sought to dispel the "widespread popular belief that narcotic-drug addiction has in recent years been responsible for much violent crime" (1925a: 74). Rather than a causal relationship between addiction and criminal behavior, Kolb argued that both behaviors derived from a more fundamental and preexisting psychopathy. "Habitual criminals are psychopaths," he argued, "and psychopaths are abnormal individuals who, because of their abnormality, are especially liable to become addicts" (88). In other words, Kolb argued that congenital psychopathy was likely to cause criminal behavior in some individuals, addiction in others, and the concurrent manifestation of both behaviors in still others. Therefore, the relationship between addiction and crime appeared to be spurious: "Addiction is only an incident in [psychopaths'] delinquent careers, and the crimes they commit are not precipitated by the drugs they take" (88).

Even as it contradicted the presumed causal relationship between addiction and crime, Kolb's research nonetheless legitimated scientifically the ongoing enforcement of the Harrison Narcotics Act and the Volstead Act. First, Kolb argued that the psychopathic addict used drugs and alcohol in order to compensate for immutable character defects. Unlike the mentally stable individual who could achieve permanent cure, the psychopath was destined to relapse for as long as he had access to drugs and alcohol: "The relapse of drug addicts is mainly due to the same cause that is responsible for their original addiction…a pathological nervous constitution with its inferiorities, pathological strivings, etc." (1927: 42). In order to decrease addiction among the psychopathic type, therefore, Kolb's research encouraged authorities to

deprive potential addicts of all access to drugs and alcohol in order to prevent their potential development of addictive behavior, and to confine current addicts indefinitely so as to forestall otherwise inevitable bouts of relapse.

Second, Kolb argued that in milder cases, the psychopathic constitution structures, but does not determine, an individual's future behavior. He implied that the ongoing enforcement of prevailing public policies would encourage some number of psychopathic addicts to channel their energies into more socially beneficial and productive activities. Kolb (1925b) explained:

> The pathological alcoholic or drug craving is not specific for alcohol or drugs. It is an unconscious striving or longing which is satisfied by these agents, but which in their absence might find expression in some useful or innocent form of activity. We have seen (in a case study presented earlier in the article) how the drunkard became an evangelist and still had surplus energy which he used in raising pure-breed horses and dogs. If circumstances had been different, he might have done these things from the beginning without passing through a period of alcoholic dissipation. Likewise, no one who has these unusual strivings or longings need resort to alcohol or drugs. The avenues of adjustment available and the accidents of environment have much to do with it (312).

This argument reinforces the subtle but important difference between Kolb's and the turn-of-the-century psychological explanations of addiction considered earlier. Beard and likeminded contemporaries held that addiction proceeded inward, from disordered environmental conditions to the vulnerable psyche. In this light, environmental reform might eradicate completely the uniquely modern condition of addiction. By contrast, Kolb's above statement suggests that addiction proceeded outward, from the immutable and historically invariable constitutional defects of the psychopathic mind. While environmental reform may limit the possible forms in which this psychopathic impulse was able to manifest, it could never eliminate the underlying mental disorder.

The Addict as a Human Kind of Person

If the first generation of addiction scholars were preoccupied with addiction as a discrete and empirically available human kind of behavior, then Kolb's psychiatric model concentrated almost exclusively on the addict as a discrete human kind of person. For the earlier thinkers, the "inebriate" or "addict" represented an object of secondary significance. Even as their conclusions differed, scholars like Beard and Crothers similarly sought to explain the alarming emergence of a kind of human behavior that appeared unique to modern Western conditions. Kolb's research inverted the focus of the addiction sciences. His psychiatric model represented the addict's behavior as an historically contingent manifestation of a timeless mental disorder. In fact, Kolb's research conceded an insight central to the early physiological theories: addiction represented a disease "curable in the same sense as other diseases." The behavior appeared to be uncorrectable only in *certain kinds* of people: hedonists, neurotics, and others classifiable according to various forms of psychopathy. Thus, in order to explain the persistence of relapse, to dictate appropriate therapeutic regimens, and to advise medical and legal authorities, Kolb insisted that the person, not the manifest behavior, represented the object of greatest significance to the addiction researcher.

This argument presented Kolb with a fundamental methodological problem: psychopathy, unlike behavior, was unobservable and thus empirically unavailable. Just as he had while screening immigrants at Ellis Island, Kolb constructed his addict typology by imputing underlying mental states from observable behavior. For example, the psychiatrist classified as a "habitual criminal" type the addict who presented with a history of legal infractions, as an "inebriate" type the addict who presented with a history of alternating alcohol and narcotics

use, as a “hedonist” type the addict whose substance use co-occurred with other illicit activities like gambling, and so on. In fact, Kolb did not automatically classify as “accidental” addicts all of those whose habits followed legitimate medical treatment. He noted that “the usual history” of the “inebriate” addict “was that the physician prescribed morphine during several sprees, until the patient found out about it and thereafter treated himself by the same remedy until addicted” (1925b: 304). “The inebriate craving,” Kolb continued, “explains in a measure many of the relapses to opium” (304). Thus, empirical evidence of “self-medication” and relapse signaled the existence of underlying psychopathy and therefore disqualified the addict from classification as an “accidental” type.

Kolb’s psychiatric model assumed that different behaviors indicated distinct etiologies and, by extension, betrayed the existence of timeless human kinds of people awaiting scientific discovery. Despite (or perhaps because of) its dependence on circular logic, Kolb elaborated a deductively consistent typology of addicts that appeared better equipped than preceding physiological theories to explain both the existence of an increasingly clannish population of menacing addicts and the persistence of relapse. Since only his fifth, “inebriate” category resembled the earlier physiologists’ sole classification, Kolb’s theoretical accommodation of such extant anomalies simultaneously produced at least four new kinds of people. In other words, by elaborating a psychiatric explanation of addiction, Kolb unintentionally expanded America’s horizon of possible ways-of-being-in-the-world.

Institutionalization

When the U.S. Public Health Service opened the nation's first Federal Narcotics "Farm" in May 1935, the agency tapped Kolb to serve as its medical director. Situated on over 1,000 acres of farmland in Lexington, Kentucky, the massive complex embodied a hybrid hospital/prison that accepted both self-admitting addicts and those serving criminal sentences. Ostensibly, the Lexington facility and its sister site in Fort Worth, Texas, which opened three years later, allowed physicians to employ and test the effectiveness of experimental therapeutic modalities, and offered addiction researchers a captive population and controlled space for study. "One function the farms performed," Musto (1973) notes, "was to provide training for the later leadership of the National Institute of Mental Health" (206). In fact, perhaps the most significant function that the farms performed was to unburden the federal penitentiaries that, since the early 1920s, had struggled to absorb the thousands of addicts prosecuted yearly under the Harrison Narcotics Act (Goldberg and Latimer 1981).

Space constraints prohibit a comprehensive review of the day-to-day operation and institutional histories of these Federal Narcotics Farms, and other scholars have provided excellent accounts elsewhere (see, in particular, Goldberg and Latimer 1981; Livingston 1963; Campbell et al. 2008). Nevertheless, certain aspects of Kolb's medical direction of the Lexington facility deserve careful review. Most significantly, the psychiatrist organized the massive patient population according to the following classification system:

> *Class I* was comprised of mentally healthy people who had become addicted accidentally or necessarily through the use of narcotic drugs for the treatment of illness.

> *Class II* consisted of hedonistic individuals who both before and after their addiction had spent their lives seeking pleasure, new excitements and sensations…
>
> *Class III* were psychoneurotics who exhibited mild hysterical symptoms, various phobias and compulsions, and other neurotic pathology.
>
> *Class IV* was made up of habitual criminals with severe psychopathology which was expressed in extreme antisocial behavior.
>
> *Class V* comprised addictive personalities, who had an ungovernable need for intoxicants (Kolb 1962: 38-9).

This system of patient classification corresponded almost exactly to the addict typology that Kolb elaborated theoretically in the mid-1920s. Just as the first generation of addiction scientists institutionalized their physiological theories within inebriate asylums and proprietary sanitaria around the turn of the twentieth century, Kolb and other authorities began to organize treatment around prevailing psychopathological explanations of addiction.

By classifying and segregating incoming addicts according to his classificatory scheme, Kolb cast his psychiatric model into the world. If his addiction research during the 1920s expanded the horizon of possible personhoods ideally, then his work at the Lexington Farm during the 1930s realized those personhoods materially by inscribing them on real human bodies. Beyond its other medical and penal functions, the Lexington Narcotics Farm thus represented a critical site of interaction between the new psychiatric human kinds and the humans who were so classified. Not only did Kolb's psychiatric model unfold against the historically contingent looping effects of prior human scientific classifications, its institutionalization at the Lexington Narcotics Farm effected new kinds of people and thus influenced the subsequent path of the wandering addict.

A New Sociology of Addiction

Given Kolb's stature in the field of addiction studies, his influential position as state-appointed medical director of the Lexington Narcotics Farm, and the increasing valence of psychological explanations of human behavior under sociohistorical conditions of deinstitutionalization, interwar pessimism, and subjectivization, Kolb's psychiatric explanation of addiction, far more than Lindesmith's (1938a, 1938b, 1947) and Dai's (1937) sociological explanations, profoundly affected the construction of the addict between the 1920s and 1950s. As Acker (2002: 10) notes, "academic sociologists were rarely included in the funding and policy circles" from which Kolb and other psychiatrists benefitted during these decades. Further, because the latter scholars often published conclusions aligned with prevailing federal drug policy, and the former tended to critique—implicitly or explicitly—the punitive treatment of addicts, sociological studies remained peripheral to the addiction treatment field throughout the first half of the twentieth century.

Nonetheless, to the extent that they sought to account theoretically for the same behavioral anomalies with which Kolb's earlier analyses wrestled, a review of the sociological explanations of addiction that Lindesmith and Dai elaborated during the mid-1930s remains valuable to the present work. In other words, regardless of their ultimate political ramifications, Lindesmith's and Dai's respective sociological analyses of addiction, no less than Kolb's psychiatric model, seem to betray the looping effects of the addict as a human kind of person.

Lindesmith and the Meaningful Dimensions of Addiction

Both Alfred Lindesmith and Bingham Dai were students at the University of Chicago during the early 1930s. It is unsurprising, therefore, that their respective interpretations of addiction reflected the two paradigms with which the Chicago School of sociology is most closely associated: symbolic interactionism and urban sociology. A native of Clinton Falls Township in Minnesota, Lindesmith earned an MA in education from Columbia University before beginning his studies at the University of Chicago in 1931. Under the direction of Herbert Blumer, Lindesmith completed his dissertation in 1937. And while he did not publish that work until 1947, Lindesmith published in 1938 an article in the *American Journal of Sociology* that outlined what remains to this day "the classic sociological theory of addiction" (Weinberg 1997: 150).

Lindesmith (1938a) began his seminal article, "A Sociological Theory of Drug Addiction," by recounting the currently prevailing psychiatric explanation. "Psychiatrists have often regarded the use of opiates as an escape from life," he argued, "and have viewed addicts as defective persons seeking to compensate for, or avoid, their inferiorities and mental conflicts" (594). Lindesmith cited Kolb's (1925a, 1925b) finding that "86 per cent of the addicts…had defects antedating, and presumably explaining, the addiction" (596). How, Lindesmith challenged, did Kolb explain the remaining 14 per cent of cases? "Are these persons addicts because they are free from defects?" he asked, or perhaps they suffered from "secret defects" (596)? The sociologist soundly rejected such circular reasoning as unscientific:

> In general, it appears that the conception of the drug addict as a defective psychopath prior to addiction is more in the nature of an attempt to place blame

> than it is an explanation of the matter. It is easy and cheap to designate as "inferior" or "weak" or "psychopathic" persons whose vices are different from our own and whom we consequently do not understand. Similarly, the "causes" of addiction as they are often advanced—"curiosity," "bad associates," and the "willingness to try anything once"—suffer from the same moralistic taint (596-7).

The scholar sought to elaborate a theory of addiction that did not reduce the deviant behavior to either the outcome of brute physiological effects of psychoactive substances or to the inevitable consequences of underlying psychological defects. Instead, he argued that opiate addiction represented a meaningful and pragmatic response to the undesirable symptoms that accompanied withdrawal from the drug. This patterned behavioral response, Lindesmith continued, was neither an automatic physiological reaction nor an activity exclusive to "psychopathic" persons, but was learned in conversation with others—fellow addicts or medical practitioners—who possessed knowledge of opiates' ability to mitigate withdrawal symptoms. On page 599, Lindesmith summarized this argument:

> Addiction begins when the person suffering from withdrawal symptoms realizes that a dose of the drug will dissipate all his discomfort and misery. If he then tries it out and actually feels the almost magical relief that is afforded, he is on the way to confirmed addiction.

Elsewhere, the sociologist represented the development of addiction as a two-step process involving:

> 1. The interpretation of the withdrawal symptoms as being caused by the absence of opiates, followed by
> 2. The use of the drug for the consciously understood purpose of alleviating these symptoms or of keeping them suppressed (606).

In sum, given his emphasis on "interpretation" and "conscious understanding," Lindesmith implied that opiate addiction was not reducible to physiological response or psychological predisposition, but was instead an eminently social activity learned in conversation with others.

Addiction was, he argued, "peculiar to man living in organized society in communication with his fellows" (607).

In light of Lindesmith's theory, all individuals appeared equally susceptible to opiate addiction, not just those who possessed vulnerable physiologies or underlying character defects. Therefore, his symbolic interactionist interpretation rejected any human scientific efforts to classify people from birth. Addiction, for Lindesmith, was a learned behavior, not a congenital predisposition. Therefore, the sociologist implied that proper scientific classification should turn on an individual's acquisition and employment of knowledge regarding opiates' "almost magical relief" of withdrawal symptoms. "Anyone was has ever been 'hooked,'" Lindesmith insisted, drawing on his studies of underworld argot (1938b), "is forever *classified* by himself as well as by other addicts…as an addict" (*emphasis added*; 1938a: 600). This argument draws attention to addicts' awareness and application of the human scientific kind, "addict," and, by extension, to the ongoing looping effects between elite knowers and the lay known. Additionally, it suggests that Lindesmith assumed *a priori* that addicts constituted a discrete and empirically available kind of person, even as he insisted that proper classification must be deferred until the emergence of a certain behavioral pattern.

For Kolb, relapse indicated underlying psychological disorder and immoral predispositions, but for Lindesmith it represented the *sine qua non* of addiction. Because the latter scholar held that addiction represented a learned social behavior and, further, that all individuals may acquire the knowledge that precipitated its development, his theory appeared to avoid the overt moralism implied by the psychiatric explanation. However, according to

Lindesmith's theory, being "hooked" implied a corresponding and more widespread shift in the addict's *weltanschauung*. The sociologist explained:

> [The addict] learns to attribute effects to the "stuff" which are in part imaginary—or rather, projections of the need for it which he fells. When he is off, every vicissitude of life tends to remind him of his drug and he misses the supporting and sustaining sense of its presence. And so the ordinary pleasures of life are dulled, something seems to be amiss, and the unhappy addict eventually relapses—either deliberately or otherwise (606).

Such depictions of an "unhappy" addict who is unable to cope with the "vicissitudes of life" and who subsequently relies on the "supporting and sustaining sense of [the drug's] presence" seem to echo Kolb's earlier descriptions of psychologically disordered individuals who gain pleasure from the normalizing effects of psychoactive substances. For Kolb, the addict is born unsuited to social life; for Lindesmith, he is made that way through a sequential process involving meaningful social interaction, internalization, and intentional self-medication. But once he was of the kind, Lindesmith's addict appeared as deviant and immoral as Kolb's psychopath.

Lindesmith criticized Kolb's argument for resting on circular reasoning and thus being untestable. By contrast, he claimed that his novel sociological theory of addiction was "essentially experimental in character in the sense that it is open to disproof" (608). Further, Lindesmith boldly insisted that his theory was applicable across time and space: "It is…stated in universal form and is therefore not dependent upon or relative to a particular culture or a particular time" (599). While he invited efforts at falsification, the sociologist assured his reader that "from our analysis of the cases that have come to our attention, both directly and in the literature, it appears to be true without exception" (599).

Lindesmith's symbolic interactionist interpretation of addiction appeared well equipped to explain a particular human kind of person—the addict—given a set of manifest behaviors and material conditions prevailing in the United States during the early 1930s. Specifically, his argument presupposed the existence of a relatively close-knit and socially marginalized addict subculture within which experiential knowledge was transmitted, acquired, internalized, and embodied. The previous chapter suggested that these prevailing sociocultural conditions were actually contingent outcomes of interactions between prior scientific theories and those individuals to whom the theories referred. In his attempt to explain various behavioral and relational anomalies for which earlier physiological theories appeared ill-equipped, the present study argues that Lindesmith elaborated a theory that reflected a particular historical juncture in an ongoing reactive sequence rather than universal and timeless truths regarding a "natural" kind of person.

Bingham Dai: Addiction as a Consequence of Disordered Social Relations

Dai, who was born in Gutian, Fujian Province, China in 1899, was the elder of the two scholars. He entered the University of Chicago in 1929, and after receiving his MA in 1932, began work on a PhD dissertation under the direction of the distinguished criminologist, Edwin Sutherland (Dai 1937). If Lindesmith's theory had analyzed the mechanism of addiction at the micro-level, then Dai's (1937) work, *Opium Addiction in Chicago*, generally proceeded at the meso-level. Specifically, Dai hypothesized that the prevalence of addiction in a community was related to its members' exposure to particular kinds of physical conditions and sociocultural relations. Like Lindesmith, Dai employed a symbolic interactionist perspective, but he supplemented it with an "ecological approach" (13). Citing Park's (1925) seminal

methodological contribution, Dai argued that "a knowledge of the spatial distribution of drug addicts in [Chicago] is considered an essential…step in exploring what may be called the addicts' social and cultural environment, in the light of which only can we expect to understand drug addiction" (13). Ultimately, Dai's theory of addiction recognized the opium addict "as a member of society and a carrier of culture" and sought to "locate the etiological factors of opium addiction as well as the effective methods of rehabilitation in the addict's relation with other people and with culture" (v).

His account proceeded in two parts: a quantitative analysis of the addict population in Chicago and a qualitative analysis of "prolonged" interviews that the author conducted among the city's addict. Dai gained unprecedented access (Acker 2002) to quantitative data amassed by the Federal Bureau of Narcotics in Chicago, the Narcotic Division of the Chicago Police Department, and the Cook County Psychopathic Hospital. On page 45, Dai (1937) acknowledged the possible limitations of data drawn exclusively from these medico-legal sources: "Most of [the data] were originally obtained from addicts by law enforcement officers or hospital authorities who were not primarily concerned with scientific research."

Nonetheless, Dai drew on these data to determine the spatial organization of the addict population within Chicago. "The process of acquiring the drug habit cannot take place in a social vacuum," he argued, "It presupposes a *milieu* that may be considered as especially conducive to drug addiction" (*emphasis original*; 73). Ultimately, Dai found a concentration of addicts in derelict sections of Chicago's inner-city characterized by "unstable communal life" (77), "physical deterioration" (80), and "transitory migration" (80). He argued that such physical and social conditions contributed to an environment:

> …in which individuals live mostly by and for themselves, in which the amount of social control is reduced to the minimum, and in which opportunities for unrestrained dissipation and various forms of personal disorganization abound (95).

Based on the qualitative data that Dai analyzed in the second part of his book, he argued that such anomic conditions appeared favorable to the spread of addiction. The present work argues that, even if Dai was correct, and the spatial concentration of addicts that Dai observed in Chicago during the early 1930s represented a significant independent variable in the further spread of addiction, it also represented a radically contingent outcome of certain medical and legal policies enacted during the 1910s and 1920s.

Having demonstrated a correlation between the relative prevalence of addiction and dilapidated, socially disorganized sections of Chicago, Dai began the second part of his study by admitting that even such anomic conditions did not determine in every case the development of addiction. "Such a general characterization of the environment of drug addicts," he acknowledged, "still does not give us sufficient information as to why A instead of B…becomes a drug addict" (95). In order to better explain why some individuals become addicts and others did not, Dai analyzed data from interviews that he conducted among addicted patients undergoing treatment at the Cook County Psychiatric Hospital, individuals to whom the researcher was referred by law enforcement authorities, and others who were identified through a crude form of snowball sampling (95-6). Based on these data, Dai ultimately concluded that those who developed addiction tended to suffer an abnormal *personality*. Rather than a set of durable predispositions inherited at birth, however, Dai's use of "personality" should be read through Cooley's (1902) and Park's (1931) respective social-

psychological perspectives, which instead represented it as a property acquired through social interaction. On page 10, Dai clarified this definitional distinction:

> There are two principal sets of influences that shape and mold not only the exterior mannerism but the innermost being of an individual, that give him desires and habits, in fact, character and personality, and that remains with him as long as he lives. For the purposes of this study, one may be conveniently called the "social," and the other the "cultural." The former refers to the affectional and prestige relations between the individual and other members of this group, and the latter to the conditioning of the individual's behavior by the folkways and mores of his group.

Further, Dai argued that the relative stability of an individual's personality upon first exposure to drug use appeared to be a reliable predictor of future addiction. If, prior to this first exposure, individuals suffered an abnormal personality and felt "inferior, inadequate, or insecure" (191) in various social situations, then, Dai argued, they were more likely to embrace the relatively stable, if illicit, social role of the drug user. Such people, he argued, appeared particularly "inclined to identify themselves with [drug] users, who might be the formers' heroes, intimate lovers, and to do what the other did" (190). After all, Dai suggested, "if one were emotionally self-sufficient, it seems very unlikely that one would readily accept the suggestion of a drug user and to enchain one's self to a practically lifelong habit" (190-1). Once this kind of person began using opiates, Dai argued, he inevitably found it "difficult to face reality again without the help of the drug" and often suffered repeated relapses (191).

Despite his efforts to remove blame from the individual and reframe addiction as a consequence of anomic sociocultural conditions, ultimately Dai's social-psychological account and Kolb's psychopathic model resounded at similar moral frequencies. Unlike Kolb, who located addiction etiology in congenital character defects, Dai traced the individual's deviant

behavior back to a more basic "social and cultural environment which was…responsible for the formation of their personality traits" (123). In doing so, however, the sociologist did not remove blame so much as he seemed to shift it from the individual to the community. While it is true that the psychiatrist and the sociologist disagreed significantly regarding the etiology of personality defects, the relative significance of culture, and the possibility for individual recovery through environmental reform, similar moral overtones ran through both scholars' arguments. For example, Dai concluded his quantitative and qualitative findings in this way:

> Opium addiction cannot be considered as a purely physical disease or a vice that is inherent in the individual or race; it is essentially a symptom of a maladjusted personality, a personality whose capacity for meeting cultural demands has been handicapped by inadequate emotional and social development, for which…the general cultural chaos and social disorganization that is characteristic of modern society is mainly responsible (191).

Lawrence Kolb, Alfred Lindesmith, and Bingham Dai contributed to a paradigm shift in the addiction sciences during the 1920s and 1930s away from strictly physiological explanations. These scholars and their contemporaries elaborated psychological and social explanations of addiction that appeared better able than the earlier physiological theories to account for a set of behavioral and relational anomalies that increasingly alarmed authorities and the American public during the first few decades of the twentieth century. Among others, such anomalies included the emergence of an illicit market for drugs, the concentration of addicts in marginal urban spaces, the consequent development of underground social networks that enabled addicts to begin and sustain their habits beyond the boundaries of legitimate medical practice, and the increasing conspicuity of endlessly relapsing addicts. While all human

kinds may have “intrinsic moral value” (Hacking 1995a: 367), between the mid-1920s and late 1930s, Kolb, Lindesmith, and Dai elaborated more overtly moralistic classifications, exemplified most explicitly by the former scholar’s “psychopathic addict.” This moral turn contributed to a set of material and ideal conditions that proved conductive to the most radical event yet in the ongoing reactive historical sequence of the addict: lay addicts’ self-ascription of their own kind-term.

Chapter Seven: The Self-Ascriptive Turn

> *It became a moral imperative for people of the kind to identify themselves, to ascribe a chosen kind-term to themselves. That way they also became the knowers, even if not the only people authorized to have knowledge…A very general process of self-ascription of kinds has arisen, which I believe will go on affecting human kinds in ways that we cannot foresee.*
>
> —Ian Hacking (1995a: 381)

> *It did not satisfy us to be told that we could not control our drinking just because we were maladjusted to life, that we were in full flight from reality, or were outright mental defectives.*
>
> —*Alcoholics Anonymous* (1939: 2).

> *We are like men who have lost their legs; they never grow new ones. Neither does there appear to be any kind of treatment which will make alcoholics of our kind like other men. We have tried every imaginable remedy…[but] there is no such thing as making a normal drinker out of an alcoholic. Science may one day accomplish this, but it evidently hasn't done so yet.*
>
> —*Alcoholics Anonymous* (1939: 42).

The previous chapter considered the emergence during the 1920s and 1930s of psychiatric and sociological explanations of addiction. This work argues that scholars like Kolb, Lindesmith, and Dai elaborated new theories and typologies in order to account for the early twentieth-century addict's anomalous behavior and social relations; anomalies that were co-determined in part by the elaboration and institutionalization of prior physiological explanations. During the first few decades of the twentieth century, epistemic authority shifted from biomedical researchers and directors of sanitaria to psychiatrists, legislators, and wardens of penitentiaries. Especially the more politically significant psychiatric models relocated the seat of addiction from the addict's body to his mind. Among other consequences, the turn toward psychological and social explanations contributed to the re-moralization of the addict and his behavior. Rather than a return to the temperance reformer's metaphysical explanations, however, experts like Kolb insisted that the "psychopathic" addict's

transgressions signaled an underlying mental disorder that, while accessible to the penetrating psychiatric gaze, was ultimately uncorrectable. By relocating addiction etiology from the body to the mind, Kolb and likeminded addiction scientists muddled prevailing assumptions regarding volition and culpability, and helped to legitimize scientifically the increasingly punitive treatment of addicts.

In 1935, ten years after Kolb published a series of seminal articles regarding the "psychopathic addict" and the same year that federal authorities opened the first of two massive Narcotics "Farms," a pair of alcohol addicts, Bill Wilson ("Bill W.") and Bob Smith ("Dr. Bob"), founded Alcoholics Anonymous (AA). Over the next several years, Wilson, Smith, and other early adherents refined many of the tenets and practices that, to this day, remain central to the mutual-help fellowship: emphasis on the alcohol addict rather than addiction *as such*, eschewal of professional intervention in favor of individual rehabilitation through a "spiritual experience," insistence on the practical utility of the alcoholic's experiential knowledge of addiction, the convention of weekly face-to-face meetings, establishment of a 12-step therapeutic process, administration through a decentralized and non-hierarchical organizational model, and so on. In 1939, the young group formalized many of these principles in the book, *Alcoholics Anonymous*.

This text, which AA members refer to as the "Big Book," is now in its fourth edition and remains the most complete statement regarding Alcoholics Anonymous doctrine and sanctioned practice. Rather than a mere repository for various organizational tenets and regulations, however, the text represents an organic extension of the program itself. By documenting personal narratives of rehabilitation and enabling the lay addict to carry the

message to other addicts, the book simultaneously satisfies two obligations central to AA membership: the call for open confession of past transgressions and active proselytization. These demands, to which the text alludes on page 40, contributed to the rapid growth of the fellowship throughout the twentieth century:

> Our hope is that many alcoholic men and women, desperately in need, will see these pages, and we believe that it is only by fully disclosing ourselves and our problems that they will be persuaded to say, "Yes, I am one of them too" (*Alcoholics Anonymous* 1939: 40).

Scholars have offered valuable analyses of Alcoholics Anonymous as a uniquely American contribution to modern theology (Kurtz 1979), a quasi-religious institution that mimics many of the structures and rituals typical of more traditional religious organizations (Tiebout 1944; Jones 1970; Greil and Rudy 1983), and a therapeutic social movement (Blumberg and Pittman 1991; Makela 1996). Kurtz's (1979) seminal work, *Not-God*, draws important attention to the resonance of Alcoholics Anonymous doctrine given the "felt loss of absolutes and the increasing sense of limitation that marked the history of American civilization in the middle third of the twentieth century" (230). Meanwhile, Blumberg and Pittman (1991) emphasize how the mutual-help fellowship represents a successful therapeutic social movement in which the fellowship member's "protest" is inward- rather than outward-directed: "The participant is 'discontented with himself' rather than the society and accepts the blame or responsibility as his own" (6-7). In other words, Kurtz's argument helps explain the valence of Alcoholics Anonymous' anti-intellectual doctrine under postmodern sociohistorical conditions, while Blumberg and Pittman's social movement analysis paradoxically emphasizes the fellowship's innovative adaptation of prevailing scientific discourse that located the etiology

of addiction in the individual rather than the substance that he consumed or the social forces to which he was exposed.

While these and other analyses remain indispensable to a comprehensive explanation of the rise and eventual success of Alcoholics Anonymous, the present work suggests a novel interpretation of the mutual-help fellowship that helps reconcile and extend many of these extant interpretations. The argument presented in this chapter suggests that the emergence of Alcoholics Anonymous is best understood as a particularly radical historical event that occurred within an ongoing reactive sequence of looping effects between human scientific classifications of the addict and the behavior of the addicts who were so classified.

The Addict as a Self-Ascriptive Human Kind

From this perspective, mutual-help fellowships like AA represented vehicles critical to the advancement and expression of lay addicts' class(ificaiton) consciousness. By the late 1950s, addicts who were active in Alcoholics Anonymous and other 12-step groups claimed "rights to their own knowledge" (Hacking 1995a: 382) of the human kind over which scientific elites had long enjoyed exclusive epistemic authority. The mutual-help fellowship challenged not only the psychiatrist's prevailing "psychopathic" model, but all human scientific claims to epistemic privilege and authoritative knowledge regarding addiction. In fact, early Alcoholics Anonymous doctrine attributed the progression of the disease in part to the addict's overreliance on human reason and his unrealistic expectations of complete self- and environmental-mastery. In this light, not only was the addict "beyond human aid" (*Alcoholics Anonymous* 1939: 35), but any turn to modern science in pursuit of a cure only seemed to

exacerbate his condition. Alcoholics Anonymous insisted that the addict's experiential knowledge of addiction yielded certain therapeutic privilege—"you can help when no one else can" (101)—but that, ultimately, cure was possible only through the relinquishment of faith in human reason and a transformational "spiritual experience" (56). In other words, the lay alcohol addicts who founded AA denied that any man or man-made perspective—physiology, psychiatry, sociology, etc.—possessed an epistemic advantage over any other; only God, as the sole Privileged Observer, was able to rehabilitate the addict.

The majority of the historical shifts reviewed in previous chapters have been incremental. Over the fifty years following the emergence of the addict as a discrete kind of person, which represented a radical historical breakpoint initiating a new reactive sequence, the human kind followed a relatively conventional, if not always predictable, path among various social matrices and epistemic authorities. Even the theoretically surprising shift from the physiologist's "inebriate" to the psychiatrist's "psychopathic addict" reflected a "normal" boundary dispute regarding the particular scientific field best equipped to diagnose and treat the human kind.

Alcoholics Anonymous, however, challenged the implicit assumption that the machinery of modern science—empirical observation, statistical analysis, deductive nomological explanation, etc.—could uncover otherwise hidden truths about the addict. In other words, the mutual-help fellowship contested the "very possibility of expertise" (Hacking 1995a: 359). The historian, Ernest Kurtz (1979), argues that early Alcoholics Anonymous doctrine recommended "immense reverence for 'the common man' and vast trust in 'ordinary people' but also consequent wariness of any 'expert' claim to be more than ordinary, to be less limited than the

common man" (189). This was a revolutionary challenge to conventional addiction discourse, and the maturation of Alcoholics Anonymous between the mid-1930s and late 1950s represented an equally revolutionary turn in the meandering path of the addict.

In order to reinforce materially the fellowship's egalitarian doctrine, early AA adherents established a non-hierarchical and decentralized organizational model and enforced a strict code of anonymity among members. Over the following decades, Alcoholics Anonymous attracted tens of thousands of addicts to its mutual-help meeting rooms, which proliferated rapidly throughout the United States between the 1930s and 1950s. While scholars (Blumberg and Pittman 1991; Room 1993) have attributed the fellowship's historical perseverance in part to its peculiar organization form, its hub-and-spoke structure and its emphasis on anonymity inevitably presented record keepers with certain logistical difficulties in attempting to track group membership over time. Nonetheless, according to estimates published by Alcoholics Anonymous' General Service Office, and as noted earlier, membership in the fellowship rose from 1,400 in 1940 to over 162,000 in 1960 (AA GSO 2016).

By the early 1950s, individuals began to adapt Alcoholics Anonymous' doctrine, 12-step therapeutic program, and organizational model to accommodate other forms of addiction: Narcotics Anonymous (NA) was founded in 1953 and Gamblers Anonymous (GA) was established four years later. By the late 1950s, the exponential growth of Alcoholics Anonymous and the progressive expansion of the mutual-help model into new facets of human experience represented a groundswell of theoretically unanticipated and "autonomous behaviors of the person so labeled, which pressed from below, creating a reality every expert must face" (Hacking 1986: 234).

Passive vs. Active Looping Effects

Prior to the emergence and rapid growth of mutual-help fellowships between the mid-1930s and late 1950s, the looping effects of the "addict" were generally *passive*. In other words, earlier physiological and psychiatric classifications determined the contours of the social matrices in which expert knowledge interacted with those who were known. While these interactions changed addicts in unanticipated ways over time, under these conditions addicts' behavioral changes tended to be reactive; authoritative scientific knowledge drove the interactions, even if they did not determine the ultimate trajectory of the reactive sequence. To this point, "there were plenty of looping effects, but the known were passive and did not take charge of the knowledge themselves" (Hacking 1995a: 381).

Alcoholics Anonymous and other mutual-help groups represented vehicles critical to lay addicts' claims to partial authority over their own human kind. By wresting from scientific elites and self-ascribing the "addict" classification, members of these lay fellowships inaugurated a "wholly new type" (382) of *active* looping effect. Grounded in a claim to self-knowledge based on their lived experiences of addiction, addicts challenged scientific elites' epistemic authority over the human kind, and transformed themselves from the "known" into the "knowers." By the late 1950s, lay addicts' ideas and practices proved decisive to the constitution of the social matrix within which human scientific kinds and kinds of people interacted.

The Addict as a Moral Kind of Person

Hacking (1995a; 1999) argues that in the process of self-ascription, mutual-help groups like Alcoholics Anonymous tend to re-moralize human kinds. If the human sciences objectify

the human person and explain his behavior in terms of irresistible and timeless natural laws (e.g., chemical, genetic, etc.), then it seems to follow that successful self-ascription of the kind-term implies a humanistic revolt, and by extension, the reintroduction of agency, morality, and personal fallibility. Hacking suggests that the histories of human kinds like the homosexual (Hacking 1986), the handicapped person (1995a), and the autistic person (1995a) are paradigmatic of this process. Moreover, he identifies Alcoholics Anonymous as one of the first mutual-help fellowships to resist the "demoralizing impact of biologization" and represent its self-ascribed human kind as a "moral failing" (1995a: 373). Evidence presented in this chapter suggests that Hacking is only partly correct about AA.

In addition to the fellowship's claim that addiction proceeded from a metaphysical and moral lapse, early Alcoholics Anonymous doctrine insisted that addiction constituted a somatic illness involving a heritable and ultimately intractable "physical allergy" (*Alcoholics Anonymous* 1939: 7). "We are sure that our bodies were sickened as well," the lay addicts argued, and "any picture of the alcoholic which leaves out this physical factor is incomplete" (2). Significantly, the lay fellowship emerged in the United States during the mid-1930s. By then, medico-legal authorities largely had abandoned earlier physiological explanations in favor of psychiatric theories that tended to legitimate scientifically the punitive treatment of "psychopathic" addicts.

The first cohort of Alcoholics Anonymous members encountered a social matrix of ideas, institutions, and practices hostile to the supposedly menacing and morally corrupt addict. Thus, rather than re-biologizing or de-moralizing the human kind, Alcoholics Anonymous' emphasis on the physiological dimensions of addiction helped to *renormalize* the addict. "We

are," the lay addicts insisted, "average Americans" (*Alcoholics Anonymous* 1939: 27). In other words, because it unfolded against hegemonic psychiatric explanations that represented the addict as a dangerously immoral Other, the lay addicts' rhetoric proved to be far more complex than Hacking predicts. The present work finds that while self-ascription may often coincide with the re-moralization of a human kind, the case of Alcoholics Anonymous suggests that the particular doctrinal form of a self-ascriptive movement is contingent ultimately on the historical juncture at which it emerges within an ongoing reactive sequence of looping effects.

Ancillary to its central aim, which concerns the explanation of the meandering path of addiction in the United States between 1860 and 1960, the present work seeks to specify the sociohistorical conditions that made possible lay addicts' self-ascription of the human kind. The first part of this chapter attempts to specify a number of these conditions: the character of prevailing addiction theory, the configuration of the addiction treatment field and its relation to alcoholics, the significance of class(ification) consciousness, and the valence of Alcoholics Anonymous doctrine relative to the sweeping cultural shifts that transpired between the mid-1930s and late 1950s. The latter part of this chapter examines the first edition of AA's basic text, *Alcoholics Anonymous*, which the young mutual-help fellowship published in 1939. This latter section seeks to clarify the argument through which lay alcohol addicts normalized the addicted person and successfully wrested from medico-legal elites a significant share of authority over their own classification. In short, the first part of this chapter seeks to disclose a set of sociohistorical conditions conducive to self-ascription and the second part attempts to explain its symbolic accomplishment.

Sociohistorical Conditions Favorable to Self-Ascription

Addiction Theory

As demonstrated in the preceding chapter and noted above, between the mid-1910s and the late 1920s, medico-legal authorities in the United States turned to psychological accounts of addiction in order to explain early twentieth-century addicts' anomalous behavior and unprecedented social relations. Particularly the new psychiatric models proved politically significant. By attributing most forms of addiction to an underlying and immutable psychopathy, psychiatrists like Lawrence Kolb legitimated scientifically the indictment and mass incarceration of tens of thousands of physicians and addicts who violated the Harrison and Volstead Acts. In addition, medical and legal authorities institutionalized the cutting-edge psychiatric typologies at treatment facilities and penitentiaries. As mentioned in the previous chapter, for example, when he was appointed medical director of the Federal Narcotics Farm in Lexington, Kentucky, Kolb segregated the patient population and organized treatment regimens according to a classification scheme that distinguished among several subtypes of "psychopathic addicts" (Kolb 1925b, 1962). These psychiatric models contributed to the crystallization in the United States of an increasingly punitive and fatalistic social matrix of ideas, practices, and institutions concerning the addict.

While the majority of scientific research during the 1920s concerned opium and cocaine addiction, scholars frequently drew comparisons between these relatively exotic conditions and the more mundane and familiar phenomenon of alcohol addiction. Kolb (1925b), for instance, attributed certain forms of both narcotic addiction and alcohol addiction to a common

"inebriate impulse." He argued that the "inebriate impulse," or compulsion to self-intoxicate, "is one of the most important, if not the most important, causes of drug addiction" (304). Kolb insisted that the "vicious" (307) inebriate class of addict, no less than other kinds, suffered from an intractable "hereditary defect" (308). Like the "psychopath," the "psychoneurotic," and other "temperamental individuals," the psychiatrist held that the "inebriate's" use of substances represented a "mechanism of inferiors who are striving to appear like normal men" (304).

However, Kolb insisted that only the inebriate addict gained similar degrees of satisfaction from both narcotics and alcohol. "It is a common thing," he noted of inebriates, "to find patients who have changed from alcohol to opium and from opium to alcohol" (305). Significantly, the psychiatrist argued that because narcotics "sap his vitality and more effectually sooth his cravings," the narcotic addict is less likely to commit violent crime than the alcohol addict (1925a: 81). Elsewhere he recounts the case history of a man "who had apparently been lifted out of the gutter into respectable citizenship by his shift from alcohol to morphine" (1925c: 713). Kolb concluded that almost universally, "drunkards are improved socially by abandoning alcohol for an opiate" (1925b: 313).

While the psychiatrist cautioned that narcotic addiction appeared to be more difficult than alcohol addiction to abandon completely, his conclusions suggested that, in addition to the psychopathy that the alcoholic shared with other kinds of addicts, he alone was subject to forms of *socio*pathy. If prevailing psychiatric models depicted all "psychopathic addicts" as abnormal and intrinsically "inferior" kinds of people, then this appeared to be doubly true of persons addicted to alcohol. Unlike narcotic addicts, scholars like Kolb insisted that alcoholics

were particularly prone to violent crime and "moral deterioration" (Kolb 1925b: 310). The ratification in 1933 of the Twenty-First Amendment and the subsequent repeal of federal prohibition rendered the alcohol addict an even more conspicuous and anomalous kind of person relative to the many more Americans that were able to resume drinking in moderation.

Under these conditions, addiction scientists increasingly turned their attention away from the increasingly diffuse alcoholic population, and toward the opiate and cocaine addicts who, given ongoing enforcement of the Harrison Narcotics Act, were spatially concentrated and more accessible to scholars (Goldberg and Lattimer 1981). By the late 1940s, the Addiction Research Center, which was housed in a wing of the Narcotics Farm in Lexington, Kentucky, represented the physical and conceptual core of the addiction sciences field in the United States (Musto 1973; Acker 2002). The relative dearth of alcohol research in the years following Repeal enabled Kolb's representations of a psychopathic and sociopathic alcohol addict to go unchallenged by disconfirming evidence or alternative explanations for over a decade and a half (Roizen 1991). In fact, *The Quarterly Journal of Studies on Alcohol* (*QJSA*), which began circulation in June, 1940, represented the first scholarly periodical dedicated to the scientific analysis of alcohol and alcoholism to appear in the United States since the demise of the *Quarterly Journal of Inebriety* in 1914.

Alcoholics Anonymous emerged during the mid-1930s under these gloomy conditions. Not only had scholarship on alcohol addiction stalled around the repeal of Prohibition in 1933, but the prevailing expert opinion, which largely had gone unchallenged since the mid-1920s, held that the alcoholic suffered simultaneously from hereditary psychopathy and acquired sociopathy. The following section of this chapter considers how lay addicts mobilized a claim to

exclusive experiential knowledge in order to challenge psychiatrists' moralistic representations of an incurable and morally corrupt drunk. Suffice to say here, early Alcoholics Anonymous doctrine held that the alcohol addict was an "otherwise normal" kind of person who suffered a "progressive illness" (*Alcoholics Anonymous* 1939: 41) that affected not only his mind, but also his body and spirit.

In sum, the possibility for self-ascription was contingent partly on the ideal conditions prevailing in mid-1930s America. These conditions—the relatively brief, but significant discontinuance of academic research on alcoholism and the persistence of dominant representations of a "psychopathic" and "sociopathic" alcohol addict—help explain why the mutual-help fellowship emerged at this particular historical juncture, how Alcoholics Anonymous offered a vehicle through which lay addicts were able contest stigmatizing human scientific classifications and reclaim human dignity, and why alcoholics, rather than, for example, opiate addicts or cocaine addicts, spearheaded the self-ascriptive movement. Hacking's (1995a) contention that "the greater the moral connotations of a human kind, the greater the potential for the looping effect" (370) helps explain why the morally freighted alcoholic of the 1930s may have reacted against prevailing expert knowledge in such radical ways.

Addiction Treatment

The American addiction treatment field flourished during the last decades of the nineteenth century. Public hospitals, inebriate homes and asylums, private sanitaria, and proprietary facilities like the Keeley Institutes were ubiquitous and together comprised a

widespread, if diffuse and decentralized, network of medical services specializing in the treatment of alcohol and narcotic addictions. During the first decades of the twentieth century, however, evidence of frequent patient relapse and misleading reports regarding treatment outcomes contributed to fundamental theoretical and practical shifts. Authorities increasingly embraced psychological and social explanations of addiction in lieu of the physiological theories around which many of the early treatment facilities were organized. Simultaneously, political will in the United States increasingly shifted toward legal, rather than medical, solutions. The field of addiction treatment began to decline after the turn of the twentieth century, and virtually collapsed in the late 1910s after the passage of the Harrison Narcotics Tax Act and the Volstead Act. Two years following Prohibition, the Scientific Temperance Federation found that only 27 addiction treatment facilities remained in operation. Of these, 12 were Keeley Institutes: a significant share of the field remaining in the United States, but a mere vestige of Keeley's former empire, which once claimed over 100 facilities (Stoddard 1922).

In fact, few of the facilities that emerged during the first wave of addiction treatment survived the 1920s. Coincident with the theoretical turn from physiological to psychiatric classification, legislators increasingly diverted economic resources toward state-operated psychiatric hospitals and correctional facilities. The addiction treatment facilities that managed to remain solvent during this decade tended to be expensive, exclusive private hospitals like the luxurious Charles B. Towns Hospital, which was located on the Upper West Side of Manhattan (Musto 1973). And even these few remaining private facilities struggled to attract patients following the Wall Street crash in 1929 (Pittman 1988). The historian, William White (1998), describes the practical consequences for the alcohol addict:

> By 1930, most of the early-20th-century "drying-out" institutions had closed their doors, and those that remained were closed to all but the most affluent or well-connected alcoholics. Overcrowding in city hospitals and state psychiatric hospitals in the early 1930s made it increasingly difficult for alcoholics to get admitted. For many, what remained were impulsively purchased home cures that uniformly turned out to be frauds (127).

The home cures may have been obvious frauds, but even legitimate addiction science and medical practice had yet to provide alcohol addicts with a dependable and efficacious form of treatment. In fact, having endured decades of failed therapies—whether physiologically- or psychiatrically-driven—many alcoholics grew as skeptical of claims to permanent medical cure as those critics who supported prohibitive legislation during the late 1910s. The text, *Alcoholics Anonymous*, is littered with anecdotes that reflect this collective frustration. The following passage is paradigmatic of alcoholics' growing resentment toward an impotent and increasingly dismissive medical establishment:

> A certain business man had ability, good sense, and high character. For years he had floundered from one sanitarium to another. He had consulted the best known American psychiatrists. Then he had gone to Europe, placing himself in the care of a celebrated physician who prescribed for him. Though experience had made him skeptical, he finished his treatment with unusual confidence…Nevertheless, he was drunk in a short time…In the doctor's judgment he was utterly hopeless; he could never regain his position in society and he would have to place himself under lock and key, or hire a bodyguard if he expected to live long. *That was a great physician's opinion* (*emphasis added*; *Alcoholics Anonymous* 1939: 36-7).

After the repeal of Prohibition in 1933, legislators redirected the majority of state-sponsored addiction research and professional treatment away from alcoholics and toward opiate and cocaine users (Acker 2002; White 1998). By the mid-1930s, addiction scientists and medical practitioners in the United States appeared to have given up on alcohol addicts as much as those addicts appeared to have given up on medical treatment.

While there were faint indications at the periphery of the field of renewed scholarly and professional interest in alcoholism during the 1930s, significant academic organization and therapeutic innovation ensued only around 1940 (Roizen 1991). Five years prior to the reemergence of integrated professional field of alcohol research and practice, lay addicts founded Alcoholics Anonymous. Established during the Great Depression, when few treatment options remained for alcohol addicts and fewer still were affordable to the majority of alcoholics, the mutual-help fellowship represented an attractive (and free) alternative. Further, by the mid-1930s, many alcohol addicts resented the decades spent circulating among various ineffective and, more recently, moralistic therapeutic regimens. If expert knowledge and practice appeared unable and increasingly unwilling to help the alcohol addict, then the emergent mutual-help fellowship appeared to provide a universally accessible therapeutic program through which alcoholics might help themselves. The founders of AA proclaimed: "There are no fees to pay, no axes to grind, no people to please, no lectures to be endured—these are the conditions we found most effective" (*Alcoholics Anonymous* 1939: 29).

Class(ification) Consciousness

Alcoholics Anonymous represented a vehicle through which alcoholics successfully claimed self-knowledge and challenged expert claims to exclusive epistemic authority over their human kind. The emergence of AA and other 12-step groups between the 1930s and 1950s disrupted the traditional relationship between "knowers" and "known," and inaugurated a new wave of *active* looping effects between human scientific classification and the classified. In other words, rather than the function of a social matrix determined by expert scientific knowledge, AA doctrine and practice reflected the relatively autonomous behavior of

class(ification)-conscious actors. By the late 1950s, Alcoholics Anonymous and other 12-step groups had successfully wrested from elites a share of epistemic authority, and had begun to co-determine the social matrices within which authoritative knowledge and human persons interacted.

Unlike the natural kind, which is indifferent to scientific classification, Hacking argues that the human kind may become aware of his classification and, in turn, embrace it, reject it, escape it, and so forth. The philosopher insists that the probability of such self-conscious behavior varies directly with the moral content of a given kind. "Human kinds are kinds that people may want to be or not to be," Hacking (1995a) argues, "not in order to attain some end but because the human kinds have intrinsic moral value" (367). Even under normal conditions, where the labeled possess little to no class(ification) consciousness, self-conscious individuals may "want to be or not to be" a particular human kind given its moral connotations; the labeled may behave similarly, *if not together*. Under "revolutionary" conditions, however, where the labeled possess sufficient class(ification) consciousness, the labeled *group* may act in its own interests and "rise up against the experts" (360).

Thus, the question central to this section concerns the sociohistorical conditions under which the atomized self-consciousness of human scientific classification became a shared class(ification) consciousness. This work argues that the fount of necessary class(ification) consciousness may be traced to turn-of-the-century inebriate asylums and proprietary facilities, the municipal narcotics centers of the late 1910s, and other forms of addiction treatment popular during the early twentieth century. Further, the weekly face-to-face meetings that are

central to 12-step practice proved critical to the maturation of class(ification) consciousness during the second third of the twentieth century.

Alcoholics Anonymous as the Outcome of Incipient Class(ification) Consciousness

By the mid-1930s, most American alcohol addicts had undergone some form of biomedical or psychiatric treatment (Tracy 2005). Previous chapters considered how the physical configuration and treatment philosophies of various treatment sites (e.g., inebriate asylums, proprietary facilities, municipal clinics, etc.) facilitated among addicts a recognition of shared plight and common interests. To review briefly, however, turn-of-the-century inebriate asylums and proprietary facilities like the Keeley Institutes physically concentrated addicts from all over the country and encouraged frequent fraternization among their addicted patients. Informally, this occurred in the long queues in which Keeley patients waited to receive their three daily injections of double-chloride of gold, and during the obligatory communal meals and recreation periods common at inebriate asylums. Formally, inebriate asylums and propriety facilities sanctioned the formation of patient-run support groups like the Ollapod Club (White 1998: 38) and the Bi-Chloride of Gold Club (56-7). These groups reinforced among addicts a collective identity and helped to sustain a model of mutual-support between "the collapse of the Washingtonian movement in the mid-1840s and the rise of Alcoholics Anonymous in the 1930s" (63).

Between the late 1910s and early 1930s, the means by which legal authorities tracked and managed the addict population at municipal narcotics clinics and psychiatric hospitals inadvertently reinforced this nascent class(ification) consciousness. Increasingly wary of "psychopathic addicts'" nefarious dispositions and their own liminal legal position relative to

new prohibitive legislation, narcotic clinic managers instituted elaborate systems of registration and surveillance designed to monitor their patients' activities both within and without site boundaries. Depending on the particular clinic, authorities photographed patients, recorded personal information including place of residence, marital status, occupational status, and drug history, took fingerprints, provided ID cards, and following each dosage, sometimes marked the addicts' palm with silver nitrate in order to prevent him from seeking additional narcotics elsewhere (Acker 2002; Morgan 1981). These degradation rituals inscribed—symbolically and materially—the expert classification on the addict's body, and reinforced both among the public and addicts themselves their fundamental abnormality and essential difference from the general population.

Like at the Keeley Institutes, the material organization of the municipale clinics facilitated among the "inebriate addicts" (Kolb 1925b) who waited in long queues for their dosages interaction, commiseration, and ultimately class(ification) consciousness. Further consolidating addicts' collective identity, just as medical directors of turn-of-the-century inebriate asylums organized their patient populations and treatment regimens around prevailing physiological typologies (see, e.g., Mason 1881, 1890), during the 1920s and early 1930s, directors of state-operated psychiatric hospitals arranged addicted patients and psychological therapies according to then-dominant psychiatric models (Kolb 1962). In sum, despite their lack of therapeutic efficacy, sixty years of wandering among various treatments seemed to effect among alcoholics "the feeling of having shared in a common peril" (*Alcoholics Anonymous* 1939: 27).

Alcoholics Anonymous as the Agent of Effective Class(ification) Consciousness

If the possibility of Alcoholics Anonymous was contingent on a modicum of class(ification) consciousness among addicts, then the activities of the mutual-help fellowship between the mid-1930s and the late 1950s significantly accelerated its transmission. Distinguishing between the homosexual and the multiple personality split as particular kinds of people that emerged first in scientific discourse, Hacking (1986) argues that the existence of gay bars proved decisive to the former group's ability to "rise up against the experts" and self-ascribe their kind-term. "Splits, insofar as they are declared, are under care, and the syndrome, the form of behavior," Hacking argues, "is orchestrated by a team of experts" (233). Given access to material sites conductive to class(ification) consciousness like gay bars, however, "the homosexual person became autonomous of the labeling" (233). The argument presented here suggests that Alcoholics Anonymous' weekly face-to-face meetings furnished for the alcoholic what gay bars furnished for the homosexual: a material site conducive to empathic interaction, the re-narrativization of the alcoholic experience, and the accrual of degrees of class(ification) consciousness sufficient for self-ascription.

The weekly face-to-face meeting constitutes the practical core of Alcoholics Anonymous. Given the fellowship's attribution of addiction to a type of spiritual atrophy, the meeting offers the AA member the opportunity to confess his past transgressions and recall his conversion experience, to declare his personal powerlessness over addiction, and to reaffirm faith in an "infinite God rather than our finite selves" (*Alcoholics Anonymous* 1939: 57).

Especially this first dimension—relating one's own experience with alcohol addiction—proved critical to addicts' class(ification) consciousness and self-ascription of their kind-term. Over time, narrative variation condensed around a common addicted experience: *my* experience with alcohol became *our* experience with alcohol. "Our stories disclose in a *general* way," the Big Book insists, "what *we* used to be like, what happened, and what *we* are like now" (*emphasis added*; 70). AA members grounded the addict personhood in a shared and recognizable experience rather than the hidden physiological, psychiatric, and social characteristics accessible exclusively to the scientific gaze. At weekly face-to-face meetings, alcohol addicts not only confessed past transgressions and conversion experiences, but reaffirmed the group's conventional addiction narrative, and their own proper classification: *I am an alcoholic!*

Early founders established a 12-step therapeutic program designed to help members relinquish aspirations to self- and environmental-control and accept humans' fundamental shortcomings. The twelfth of these steps emphasizes the alcohol addict's privileged capacity and moral obligation to aid other addicts: "Having had a spiritual experience as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs" (*Alcoholics Anonymous* 1939: 72). While the fellowship acknowledged that ecclesiastical and medical elites offered potentially valuable insight, AA emphasized the practical benefits of the addict's exclusive possession of first-hand knowledge of the phenomenon. "Because of your own drinking experience," the text insisted, "you can be uniquely useful to other alcoholics" (101-2). Programmatically and morally obliged to carry

fellowship doctrine to other addicts, participants broadcast class(ification) consciousness throughout the United States.

Scholars have demonstrated how, once recruited, new members are encouraged to recount personal experiences in terms faithful to institutionalized narratives, and to embrace their proper classification as an addict (Davis and Jansen 1998; Hanninen and Koski-Jannes 1999). Both within and without weekly face-to-face meetings, the participant—whether in AA, NA, or GA—represents himself as a *kind* of person distinguished from others by a set of peculiar material and spiritual experiences. These activities, which unfold beyond the purview of medico-legal authorities in the sacred spaces of inter-addict communication and 12-step meetings, helped lay addicts establish partial autonomy from experts' labels, even if they never achieved the degree of self-determination that Hacking associates with Gay Liberation.

Alcoholics Anonymous in Historical Context

Alcoholics Anonymous and other mutual-help fellowships did not emerge in a social vacuum or exclusively in relation to prevailing expert classifications, but in fact reflected and contributed to sociocultural shifts that transcended the field of addiction treatment. In other words, beyond the various conditions reviewed above, the possibility and eventual success of self-ascriptive activities were also contingent on certain contemporaneous historical trends. The present work argues that Alcoholics Anonymous' anti-intellectualism and avowed faith in the lay addict's experiential knowledge of addiction resonated in an American culture increasingly wary of the limitations of modern science and the potential pitfalls of technologies driven by scientific knowledge.

Disenchantment

The addiction sciences initially crystalized during the final quarter of the nineteenth century. Biomedical researchers, scholars, and medical directors of inebriate asylums and proprietary facilities represented the addict as an object that behaved according to predictable and timeless natural laws. By couching their work in the emergent field of physiology, turn-of-the-century scientists sought to absolve addiction of any supernatural vestiges of temperance thought. In fact, their embrace of physiology reflected a more pervasive and profound cultural turn toward a naturalistic *weltanschauung*. Extending well beyond the medical field, this epistemic transformation is perhaps the most important constitutive element of the general historical process that Nietzsche called "nihilism" and Weber termed "disenchantment."

If in slightly different ways, both of these scholars insisted that Western rationalization was inherently hostile toward traditional sources of morality and belief. More specifically, Nietzsche argued that the ascendency of metaphysical naturalism implied the nihilation of the supernatural realm, and with it, Western culture's transcendent source of highest values, cosmological meaning, and Absolute Truth. If this "death of God" deflated and localized the Good, the Beautiful, and the True, then it also marked the collapse of philosophical metaphysics and the possible rise of radical moral relativism. Relatedly, Weber worried that the rationalization, bureaucratization, and secularization increasingly common in the modern West threatened to flatten human experience by repudiating the cosmic order that had once enchanted everyday life within traditional cultures. Considered in the light of such classical anxieties, the emergent addiction sciences both reflected and contributed to this general sociohistorical transformation by extending ontological and methodological naturalism into yet

another facet of human experience that had long carried clear moral and metaphysical connotations: habitual drunkenness and drug use.

Subjectivization

Social critics (Gehlen 1956; Berger et al. 1973; Schelsky 1957) argue that the scientific repudiation of longstanding supernatural interpretations alienated the modern Western individual from traditional sources of meaning and selfhood. In short, these scholars suggest that the twentieth-century American can no longer *recover* a durable identity or moral orientation from established institutions like religion, but must now *discover* them through a "turn inward." If Nietzsche's "nihilism" and Weber's "disenchantment" concern macro sociohistorical trends, then Gehlen's (1956) "subjectivization," Berger's (1973) "individuation," and Schelsky's (1957) "*dauerreflektion*" ("permanent reflection") suggest ways that these broader trends affected individual experience. These latter writers follow the former by assuming that the corrosive forces of rationalization and physicalization inexorably delegitimate and "hollow-out" collectively shared sources of the self, morality, and Truth. In the wake of this process of "de-institutionalization" (Gehlen 1956), the modern individual is forced to construct his own identity and settle on certain moral commitments through ongoing introspection. Once ascribed by durable structures from without, the modern Western person must now "settle" his self and ultimate truth from within.

Regardless of its phenomenological ramifications, however, modern science promised an historically unprecedented means of improving Americans' quality of life, particularly for the poor, the sick, and the disenfranchised. The turn-of-the-century addiction scientists, for

example, who rejected temperance-era moralism and re-presented habitual intoxication in strictly physical terms reflected this widespread optimism. The Progressive Era represented the apogee of American faith that modern science inevitably would effect profound social reform. By the late 1910s, however, many recognized as practical failures various scientifically-informed efforts at social engineering (Boyer 1978). In this light, the passage of the Harrison Narcotics Tax Act and the Volstead Act reflected waning optimism in modern science, and, more specifically, represented fatalistic reactions to the apparent impotence of earlier physiological therapies.

In fact, between the late 1910s and the mid-1940s, a succession of profound historical events further eroded popular faith in explicit knowledge and scientific intervention. Poets like Sassoon and Owen decried as dehumanizing the distinctly modern chemical warfare of WWI; Americans suffered through a Great Depression that economists had failed to predict or arrest; the horrors of the Holocaust proceeded according to the banal expediency of instrumental rationality and bureaucratic administration; and the nuclear holocausts at Hiroshima and Nagasaki threw into sharp relief the potential pitfalls intrinsic to the technological application of morally-ambivalent scientific knowledge. Not only had modern science failed to deliver on its promise of universal prosperity and health, but, by the 1950s, Americans increasingly feared its capacity for social devolution and dehumanization.

Post-Positivism and the Limits of Modern Science

The emergence of post-positivism reflected intellectually such popular skepticism regarding scientific intervention. Bookending the early phase of Alcoholics Anonymous'

maturation, Popper (1934) and Kuhn (1962) published seminal accounts that demonstrated, in distinct ways, a basic incompatibility between modern science and epistemic certainty. Rather than the gradual accumulation of positive knowledge and a slow, but certain, progression toward Absolute Truth, these scholars showed how modern science tends to unfold through a series of falsifications and nonlinear paradigm shifts. Lacking a metaphysical basis against which truth claims may be measured or an end point identified, these philosophers suggested that modern scientific knowledge exists perpetually in flux and in doubt; it is intrinsically, not just temporarily, "in progress."

The post-positivist philosophical position described an intellectual quagmire analogous to social critics' arguments regarding the modern Western individual's anomic existence. Theorists like Gehlen, Berger, and Schelsky implied that the twentieth-century American inevitably encounters the same uncertainty that plagues modern science. Similarly lacking any metaphysical or traditional bases, the modern individual's introverted effort to sustain a durable identity and life-world appears doomed to perpetual doubt and ongoing amendment. Under these conditions, his pursuit of identity and moral certainty, like modern science's search for Absolute Truth, is viciously circular and appears destined to continue *in perpetuum*. Schelsky's (1957) *dauerreflektion* ("permanent reflection") is particularly evocative of this modern condition. In sum, the "disenchantment of the world" simultaneously disclosed the limitations of human reason and precipitated the existential difficulties intrinsic to the modern Western lived-experience. By the second third of the twentieth century, the American found himself in rapid retreat to the last remaining source of dependable truth: personal experience.

"Psychological Man"

In his work, *Freud: The Mind of the Moralist*, Philip Rieff (1959) argues that Freudian psychology represented an ethical system uniquely suited to these groundless conditions. Rieff suggests that the twentieth-century "psychological man," whom he describes as "the trained egoist" (4) who lives by the "ideal of insight" (356), succeeded the nineteenth-century "economic man," who was an "anti-heroic" and "shrewd" (356), but still outward-directed person. "A new discipline was needed to fit this introversion of interest," Rieff insists, "and Freudian psychology, with its ingenious interpretations of politics, religion, and culture in terms of the inner life of the individual…exactly fitted the bill" (5). Given its basis in Cartesian skepticism, modern science had disrupted classical and Medieval epistemologies by representing external reality as essentially deceptive. Freudian psychology, Rieff argues, turned Cartesian doubt in on itself, and, in the process, claimed for modern science those last bastions of the metaphysical: the self and morality.

As an object of scientific investigation, Freud assumed that the self was at least as elusive and *delusive* as nature. To the extent Humean empiricism had proven incapable of plumbing the depths of the self, much less grasping its truths, Freudian psychology extended the reach of science "beyond the limits the empiricists had set for it" (Rieff 1959: 4). Ultimately, Rieff argues, "Freud carried the scientific suspicion of nature into ethics" (68). Personally embodying the archetypal "psychological man," Rieff argues that Freud was deeply moral, though completely irreligious. The scholar describes Freud as "a moralist without even a moralizing message" (xi). Just as the scientific method structures, but does not determine, the open-ended unfolding of modern science's investigation of nature, Freudian psychology

structures, but never sways, the individual's open-ended investigation of his self and his moral commitments.

The quietistic ethical system of Freudian psychology promotes compromise—between unconscious drives and cultural strictures—armistice—between the individual and society—and the pursuit of normality. Regarding the latter dimension, rather than a statistical aggregate or positive ideal-type, Freud's normality "is an ethical idea pitted against the actual abnormal" (Rieff 1959: 355). Because the "abnormal" is only that which much be overcome by the patient (and Freudian psychology assumes all individuals are abnormal by degrees and stand to profit from psychoanalysis), normality is defined negatively, recognizable only by its absence of abnormality. Therefore, Rieff holds that Freudian normality is an "ever-retreating ideal" (355), not unlike the perpetual retreat of Absolute Truth from modern scientific knowledge.

Mutual-Help as Postmodern Religion

"Religion," Rieff (1966) argues in the *Triumph of the Therapeutic*, "is where therapy leads when it takes on hope" (176). In this light, Alcoholics Anonymous presented its members with a doctrine that integrated the historically-resonant insights of Freudian psychology with the transcendent optimism and moral certainty of traditional religious systems. The following section considers AA doctrine at depth. But suffice to say here, like Freudian psychology, 12-step philosophies emphasized armistice: generally, between the person and his environment, and specifically, between the individual's subjective expectations and the objective realities that he confronted. And like Freudian psychology, early Alcoholics Anonymous doctrine betrayed a preoccupation with the "normal" and its political and phenomenological

ramifications. Simultaneously, AA doctrine posited a hopeful, if relatively compromised, vision of self-control: "Since either claiming absolute control or denying any ability to control seemed equally dehumanizing, Alcoholics Anonymous sought to locate a human control that was appropriate" (Kurtz 1979: 173). If the isolated dyad of Freudian psychoanalysis suggested Durkheimian *magic*, then AA and other 12-step groups relocated the psychiatrist's most enduring insights to the hopeful and effervescent context of a mutually-supportive *church* where those who were similarly classified might reinforce a collective conscience and reaffirm a shared purpose.

As noted earlier, membership in Alcoholics Anonymous ballooned from an original 2—Bob Smith and Bill Wilson—in 1935 to an estimated 1,400 by 1940, and on to over 160,000 by 1960 (AA GSO 2016). During the 1950s, individuals began to adapt AA doctrine and practice to other forms of addiction. Lay addicts founded Narcotics Anonymous and Gamblers Anonymous in 1953 and 1957, respectively. This section has attempted to demonstrate how the emergence and maturation of this powerful mutual-help movement coincided with broader sociocultural shifts. The fellowships' anti-intellectualism and anti-professionalism, which privileged experiential over explicit knowledge and implied that meaningful self-consciousness was possible only through a class(ification) consciousness acquired in conversation with others who possessed such experiential knowledge, assumed particular valence between the 1930s and 1950s. Over these decades, membership in mutual-help fellowships appeared to be related indirectly to popular faith in expert judgment and the availability of traditional sources of identity and morality. Both ideally and materially, Alcoholics Anonymous effectively confronted two of the conflicts most central to post-Progressive Era American life:

> The very triumphs of rationalization and control seemed to reveal only the final impossibility of any ultimate rationalization and control…(and) identity—the sense of self as "real"—became through the twentieth century an ever more rapidly receding goal apparently ever less capable of achievement (Kurtz 1979: 171).

Symbolic Accomplishment

The preceding sections reviewed a set of sociohistorical conditions critical to the contingent emergence and rapid growth of the mutual-help movement between the mid-1930s and late 1950s. The present work argues that Alcoholics Anonymous and associated 12-step groups like Narcotics Anonymous and Gamblers Anonymous represented powerful vehicles through which those who were labeled by experts from above effectively self-ascribed their kind-term and established partial autonomy from elite classification. This chapter closes by reviewing how lay addicts accomplished this feat symbolically.

The "Big Book"

The following section draws its data mainly from the first edition of *Alcoholics Anonymous: The Story of How More Than One Hundred Men Have Recovered from Alcoholism*, which was published in 1939. Like other sacred texts, the historical origins of this work are shrouded in mystery and mythos. Nonetheless, most careful scholarly accounts attribute its composition—particularly the first 179 pages which specify the fellowship's positions regarding alcohol addiction, the alcoholic, and organizational goals—to Bill Wilson, who was one of AA's two founding members (White 1998; Kurtz 1979). Aside from a handful of stylistic alterations, the addition of more and more topical "personal stories" in the final section of the book, and various statistical updates (e.g., obviously far more than "one hundred" individuals currently claim recovery through AA), the text, now in its fourth edition, has survived largely unchanged

for over 75 years (*Alcoholics Anonymous* 1939/2014: Appendix II). This text, along with the *Twelve Steps and Twelve Traditions*, which was published fourteen years later in 1953, remain the core texts of the mutual-help fellowship.

Alcoholics Anonymous also represented the working text on which splinter 12-step groups like Narcotics Anonymous and Gamblers Anonymous relied prior to formalizing versions more specific to their particular forms of addiction (NA published its own *Little Yellow Booklet* in 1954 and the more significant *White Booklet* in 1962; GA did not publish its own "Big Book" until 1984). Given its doctrinal centrality to a range of 12-step programs, its historical propinquity relative to the dominance of psychiatric typologies of the addict, and its durability throughout the long twentieth century, *Alcoholics Anonymous* represents the most significant historical record of lay addicts' symbolic renegotiation of their kind-term and, more generally, of the radically contingent self-ascriptive wrinkle in the reactive historical sequence that concerns the present work.

Epistemic Access

Beyond attracting new members to the fellowship, institutionalizing AA discourse, and various other practical consequences, the publication in 1939 of *Alcoholics Anonymous* proved decisive to addicts' legitimation of lay knowledge regarding their own kind. By the late-1930s, over sixty years of addiction science had established the addict as an object proper to empirical observation, statistical analysis, and deductive nomological explanation. Regardless of approach—physiological, psychiatric, sociological, etc.—scientists, and the professionals who organized addiction treatment around their authoritative explanations, took for granted that

the outward behavior of the addict, like the behavior of other human kinds, concealed deeper, more timeless truths. And only the penetrating and objective scientific gaze, experts assumed, was capable of disclosing these otherwise invisible truths. In short, for more than a half-century, modern science embodied the knowing Subject and the addict, the known Object. The process of self-ascription demands that the classified claim rights to their own (preferably exclusive) knowledge of the human kind: the known Object must legitimate its status as knowing Subject.

If the truth of the addict was, in fact, buried in the cellular labyrinth of the body, the depths of the mind, or the muddle of meaningful social relations, then laymen appeared ill-equipped to grasp its intricacies. Only the machinery of modern science was able to "see" the hidden laws—natural, psychological, or social—that explained *at depth* the addict's behavior. Therefore, in order to claim rights to knowledge of their classification, addicts had to relocate the truth of the addict to a plane of reality accessible to lay perception. Further, in order to claim *exclusive* rights to knowledge of their classification, it proved beneficial to relocate the truth of the addict to a plane of reality *only* accessible to lay perception. To these ends, the founders of Alcoholics Anonymous argued that the truth of the addict lay in a *subjectively experienced loss of self-control*. They held that this experience, which was available directly to the lay addict but only indirectly to the addiction expert, was irreducible to logical explication and represented the principal criterion that distinguished the addict as a discrete kind of person.

By grounding the truth of the addict in the subjectively experienced loss of self-control, early AA contributors helped to legitimate lay knowledge regarding the human kind of person,

if not the human kind of behavior. Alcohol addiction, as opposed to the alcohol addict, remained largely beyond the epistemic grasp of the layman. Regarding the possibility that the alcohol addict suffers a physical allergy to alcohol, AA participants admitted that while the theory resonated with personal experience, "as laymen, our opinion as to its soundness may, of course, mean little" (*Alcoholics Anonymous* 1939: 2). Even as the Big Book elaborated a tri-fold explanation of addiction as "progressive illness" (41) affecting mind, body, and soul, more often the text dismissed alcoholism as a "riddle" for which "there never will be a full answer" (32-3). In fact, the text represented the substance itself in quasi-mythical and anthropomorphic terms: "Remember that we deal with alcohol—cunning, baffling, powerful!" (70-1). AA portrayed the alcoholic person as the main theater of conflict between alcohol, which resembled a sort of Pan- or Loki-like trickster, and a righteous Higher Power. Given the group's inherent resistance to explicit knowledge and its assertion that human reason was incapable of successful intervention, the text's general reluctance to address addiction *as such* is unsurprising. Nonetheless, because the mutual-help fellowship accomplished only partial self-ascription (i.e., they managed to self-ascribe the kind-term that described the person, but not the underlying behavior or phenomenon), lay addicts ultimately accomplished only partial autonomy from expert labels.

Evidence drawn from the first edition of the Big Book suggests that alcohol addicts symbolically accomplished self-ascription by privileging experiential lay knowledge to explicit scientific knowledge, rejecting prevailing models of an incurable "psychopathic addict," and re-presenting the alcoholic as an "otherwise normal" American who differed from others only in his relative inability to maintain control over his drinking behavior. Solely for purposes of

analytical clarity, the following section considers the legitimation of lay knowledge separately from AA's rejection of psychiatric models and subsequent representation of the addict as an "otherwise normal" kind of person. It is important to remind, however, that as they appeared in the early AA literature, these arguments were really interdependent and indissociable.

The Triumph of Lay Knowledge

In order to legitimate "outsider" knowledge of the addict, the founders of AA appeared to recognize the value of endorsements from prestigious "insiders." "Convincing testimony," the mutual-help fellowship acknowledged, "must surely come from medical men who have had experience with the sufferings of our members and have witnessed our return to health" (*Alcoholics Anonymous* 1939: 1). To this end, the Big Book opens with the ambiguously-titled chapter, "The Doctor's Opinion." By citing "*The* Doctor's Opinion" rather than "*A* Doctor's Opinion," the text gestures beyond William Silkworth, the doctor to whom the title refers explicitly, and seems to imply a consensus of opinion throughout the field of professional addiction treatment.

Professional Opinion

Dr. Silkworth, a Princeton graduate who received his MD from New York University and trained specially in neuropsychiatry, began in 1924 as the medical director of the Charles B. Towns Hospital. Among thousands of other patients between the late 1920s and 1930s, Silkworth treated Bill Wilson. Soon after his stay at the Towns Hospital, Wilson, together with Bob Smith, founded Alcoholics Anonymous. Silkworth acknowledged the group's early successes and began to refer his patients to the nascent mutual-help fellowship. By the late

1930s, with Silkworth's support, the Towns Hospital represented one of AA's most active sites of doctrinal dissemination and fellowship recruitment (White 1998; Kurtz 1979).

Silkworth also endorsed the fellowship formally. He provided the professional testimony with which the Big Book opened in 1939, and with which it continues to open over 75 years and three editions later. Referring to his former patient, Bill Wilson, the doctor suggested that "though he had been a competent business man of good earning capacity, he was an alcoholic of a type I had come to regard as hopeless" (*Alcoholics Anonymous* 1939: 1). However, the doctor noted that "in the course of his third treatment," Wilson, together with Bob Smith and others, systematized a mutual-help program that appeared to succeed where physiological and psychiatric approaches failed. "This man," Silkworth attested, "and one hundred others appear to have recovered" (1). The director of the Towns Hospital suggested to his colleagues that these surprising recoveries "appear to be of extreme medical importance" and encouraged physicians to "*rely absolutely on anything they say about themselves*" (*emphasis added*; 2). Within the first two pages of the Big Book, "The" doctor's opinion was clear: experiential knowledge and mutual-help appear to offer therapeutic benefits beyond those possible through explicit knowledge and modern scientific technologies alone.

In his extended discussion of the mutual-help fellowship, Silkworth suggested why these lay addicts and their 12-step program may be better suited than addiction experts to achieve therapeutic success. The doctor admitted that

> …we doctors have realized for a long time that some form of moral psychology was of urgent importance to alcoholics, but its application presented difficulties beyond our conception. What with our ultra-modern standards, our scientific approach to

> everything, we are perhaps not well equipped to apply the powers of good that lie outside our synthetic knowledge (*Alcoholics Anonymous* 1939: 3).

While Silkworth argued that alcohol addiction involves a "physical allergy" (4), an insight which early AA contributors folded into their multidimensional definition of addiction, he insisted also that rehabilitation demands "an entire psychic change" (5). Further, the neuropsychiatrist held that such a holistic shift demanded a kind of spiritual awakening that transcended the limits of "the ordinary psychological approach," and in fact the metaphysical boundaries of modern science itself (6).

Toward the close of the chapter, Silkworth elaborated a typology of addicts. While he reiterated the assumption then prevailing in the treatment field that the addict population includes "psychopaths who are emotionally unstable" (6), he emphasized the existence of a large contingent of drunks who are "entirely normal in every respect except in the effect alcohol has upon them" (7). Not only did the doctor imply that the fellowship may be better equipped than extant scientific methods to help this latter kind of addict, but his insistence that many alcoholics were otherwise "normal" Americans helped to legitimate a regular refrain in the remainder of the text that the vast majority of addicts are "able, intelligent, friendly people" (7) who do not suffer intractable psychopathy or sociopathy. The following section of this chapter reviews at depth how *Alcoholics Anonymous* attempted to re-present the addict as an "otherwise normal" kind of person.

Salvation Received

By relating idiosyncratic anecdotes and recalling common experiences, the text reinforced Silkworth's admission to the practical limits of modern science and his recognition of

lay addicts' epistemic authority. "We have tried every imaginable remedy," AA contributors lamented, "In some instances there has been brief recovery, followed always by still worse relapse" (*Alcoholics Anonymous* 1939: 42). The historical failure of the addiction treatment field suggested to members of the mutual-help fellowship that the "real alcoholic" (31) had "placed himself beyond human aid" (35). In other words, the text held that the alcohol addict's condition transcended the epistemic limits and therapeutic capacity of modern science. Against sixty years of failed physiological and psychiatric intervention, AA members admitted that "reason isn't everything," and neither was it "entirely dependable though it emanate from our best minds" (67). Not only had explicit knowledge proved itself practically ineffective, but the text argued that overreliance on human reason distinguished the excessively "self-centered" individual and signaled "self-will run riot," an existential disposition that the mutual-help fellowship located at "the root of our troubles" (74). Alcoholics Anonymous held that rehabilitation was possible only by admitting the limits of all human knowledge and undergoing a "spiritual experience" (56). For AA members, rehabilitation was received, not accomplished. "Except in a few rare cases," the text argued, the alcohol addict's only effective "defense must come from a higher Power" (55).

While AA members long interpreted this "Higher Power" to refer to a supernatural entity such as God, in a surprisingly Durkheimian turn, *The Twelve Steps and Twelve Traditions* suggested that members could "make A.A. itself their 'higher power'" (1953: 27). "Here's a very large group of people who have solved their alcohol problem," the later text continues, "In this respect they are certainly a power greater than you" (27). This despite the fact that these

successfully rehabilitated group members "have not even come close to a solution" relatable through explicit knowledge (27).

The lay addicts who participated in AA claimed exclusive rights to intimate experiential and personal knowledge of addiction that transcended the limits of human reason and articulation. The Big Book insisted that therapeutic benefits flowed to the individual who "quit playing God" (1939: 75). From this perspective, the alcohol addict's rehabilitation depended on his relinquishment of aspirations to complete self- and environmental-mastery, and his rejection of any synthetic knowledge that claimed an epistemic perspective privileged beyond that of a Higher Power—regardless of whether the source of that Power was God or the accumulated experiential knowledge of the AA group.

Mutual-Help and Modern Science

Based on their claim to exclusive experiential knowledge of alcoholism, lay addicts asserted epistemic and practical privilege relative not to God, who represented the ultimate Privileged Observer, but to the inevitably limited modern sciences. The Big Book recalled how, "in the face of expert opinion to the contrary," many AA participants had "recovered from a hopeless condition of mind and body" (1939: 30). The text continued: lay addicts' collective experiential knowledge may be able to assist not just suffering alcoholics, but in fact the entire "medical fraternity" (46). "Many doctors and psychiatrists," AA contributors argued, "agree with our conclusions" (54). Alcoholics Anonymous encouraged the alcohol addict to eschew professional opinions, which even physicians and psychiatrists increasingly admitted were inadequate and mistaken, and "*diagnose yourself*" (*emphasis added*; 43). Between pages 54

and 55, the text presented an endorsement from an unnamed "staff member of a world-renowned hospital":

> What you say about the general hopelessness of the average alcoholic's plight is, in my opinion, correct. As to two of you men, whose stories I have heard, there is no doubt in my mind that you were 100% hopeless, apart from Divine help. Had you offered yourselves as patients at this hospital, I would not have taken you, if I had been able to avoid it. People like you are heartbreaking. Though not a religious person, I have profound respect for the spiritual approach in such cases as yours. For most cases, there is virtually no other solution.

Dr. Silkworth bemoaned the epistemic and practical limits of his disciplinary apparatus, and proclaimed the promise of the experiential and ineffable knowledge that AA members transmitted among themselves:

> If any feel that as psychiatrists directing a hospital for alcoholics we appear somewhat sentimental, let them stand with us a while on the firing line, see the tragedies, the despairing wives, the little children; let the solving of these problems become a part of their daily work, and even of their sleeping moments, and the most cynical will not wonder that we have accepted and encouraged this movement. We feel, after many years of experience, that we have found nothing which has contributed more to the rehabilitation of these men than the altruistic movement now growing up among them (5).

By putting them in touch with a Higher Power—whether God or the AA group—Alcoholics Anonymous offered its members a means of rehabilitation not possible through human reason alone. "His human will had failed. Doctors had pronounced him incurable. Society was about to lock him up," and in his moment of greatest deflation, the Big Book exclaimed, "God had done for him what he could not do for himself" (1939: 20-1).

Loss of Self-Control and The Return of the Normal Addict

Claiming privileged access to the immediate experience of addiction, between the mid-1930s and the late 1950s, lay addicts established partial epistemic authority over their human

kind-term. Whether addicted to alcohol, opiates, cocaine, or behaviors like gambling, 12-step members sought to mobilize their newfound epistemic authority in order to challenge moralistic models of the "psychopathic addict" and renormalize the particular human kind with which they now self-consciously identified. The phrase "*re*normalize" may be misleading as it suggests a seamless return to earlier physiological accounts that represented the addict as an "otherwise normal" kind of person who suffered a somatic disease reducible to timeless natural laws.

While, like the earlier physiological experts, lay addicts attributed alcoholism in part to a congenital physical disorder, the latter group denied that addiction was "curable in the same sense as other diseases" (PAACI 1870: 8). "We are not cured of alcoholism," the Big Book insisted, "What we really have is a daily reprieve contingent on the maintenance of our spiritual condition" (*Alcoholics Anonymous* 1939: 97-8). Instead of a normality grounded in a morally-absolving chemical disorder, lay addicts associated with the 12-step movement argued that the addict was "normal" to the extent he suffered a metaphysical lapse that was culturally pervasive during the second-third of America's twentieth century. In other words, members of the empowering mutual-help fellowships argued that addictive behavior, while certainly deviant, only exaggerated the consequences of the normative turn away from God so characteristic of the late modern West.

While their re-presentation of the addict eventually ramified in radical ways throughout the addiction treatment field and across American history, Alcoholics Anonymous and the splinter 12-step groups of the 1950s unfolded against an ongoing reactive sequence. The extant social matrix and reigning psychiatric models structured the mutual-help groups'

relations to prevailing authorities and possible reinterpretations of the addict. Moreover, the founders of AA likely recognized the value of cultivating allies rather than enemies among prevailing medico-legal authorities, and thus sought to avoid a hard break with addiction treatment field.

Early contributors to Alcoholics Anonymous even acknowledged an important, if limited, role for the professional addiction treatment field. "We favor hospitalization," the Big Book suggested, "for the alcoholic who is very jittery or befogged" (*Alcoholics Anonymous* 1939: 2-3). In other words, the medical practitioners' specialized skills proved indispensable to the addict's safe detoxification and period of withdrawal. Elsewhere, the text acknowledged that many "doctors are competent," and insisted that in many cases, "you can learn much from them" (101). Further, even as the young mutual-help fellowship focused on the addict as a kind of person rather than addiction as such, the Big Book retained and appended extant medical representations of the phenomenon: "We are convinced to a man that alcoholics of our type are in the grip of a *progressive illness*" (*emphasis added*; 41). As Hacking suggests, even radical transformations of human kinds, like that effected by AA during the 1930s, betray how new elements are inevitably "built" atop older elements.

While they acknowledged the value of certain dimensions of professional medical care and prior addiction theorization, early participants in Alcoholics Anonymous bristled at the underlying moralism of prevailing psychiatric representations. The second epigraph that precedes this chapter draws attention to lay addicts' rejection of Kolb's typology of "psychopathic addicts." Grounded in their claim to epistemic authority based on exclusive access to the experience of addiction, the lay addicts argued that "it did not satisfy us to be told

that we could not control our drinking just because we were…outright mental defectives" (*Alcoholics Anonymous* 1939: 2). In other words, lay addicts claimed that their immediate experiences with addiction disconfirmed psychiatric theories that located disease etiology exclusively in the disordered mind. The psychiatric theories "were true to some extent," but AA members insisted that these representations neglected important somatic and spiritual dimensions (2). Moreover, because the psychiatric models reduced addictive behavior to a congenital and intractable psychopathy, these explanations seemed to foreclose on the possibility of successful rehabilitation. Even as 12-step groups agreed that "once an alcoholic, always an alcoholic" (44), they emphasized the hopeful possibility of prolonged "remission" through spiritual vigilance.

The "Real" Alcoholic

Against Kolb and other psychiatrists' elaborate typologies of "psychopathic addicts," the Big Book posited three distinct classes of drunks. "Moderate drinkers," the text argued, "have little trouble in giving up liquor entirely if they have good reason for it" (*Alcoholics Anonymous* 1939: 31). The "hard drinker…may have the habit badly enough to gradually impair him physically and mentally," but, the text claimed, "this man can also stop or moderate, although he may find it difficult and troublesome" (31). Only the third kind, AA's "real alcoholic," who had suffered a loss of "all control of his liquor consumption" (31), represented an alcohol *addict*. In other words, lay addicts associated with AA and other 12-step groups argued that this loss of self-control represented the master criterion that distinguished "real alcoholics" as a discrete kind of person. Significantly, AA's typology of drunks was grounded not in an underlying physiological disorder or psychic pathology, but in the drunk's subjective experience.

The “moderate drinker” experienced easy cessation; the “hard drinker” experienced greater difficulty in foregoing alcohol; and the “real alcoholic” experienced a permanent loss of control over his drinking behavior.

Alcoholics Anonymous participants held that the “real alcoholic” was not, as the psychiatrists had it, a mental defective or a recalcitrant deviant whose pathology pervaded all dimensions of his life, but was in fact an “otherwise normal” American who suffered a radical dispositional transformation upon consuming alcohol. “He is a real Dr. Jekyll and Mr. Hyde,” the Big Book insisted (*Alcoholics Anonymous* 1939: 31). Elsewhere, the text suggested that the real alcoholic “leads a double life” (85). “However intelligent we may have been in other respects,” AA contributors claimed, “where alcohol has been involved, we have been strangely insane” (49-50).

Kolb’s “psychopathic addict” demonstrated certain psychopathic and sociopathic tendencies regardless of his consumption of psychoactive substances. AA’s real alcoholic, on the other hand, ordinarily resembled the intelligent and well-manner Dr. Jekyll. Only upon ingesting alcohol did he assume Mr. Hyde’s boorish and menacing disposition. In other words, the real alcoholic was an “abnormal” kind of drinker (41), if not an abnormal kind of person. While lengthy, it is important to include here a crucial excerpt from the Big Book’s full description of the real alcoholic:

> He does absurd, incredible, tragic things while drinking…He is seldom mildly intoxicated. He is always more or less insanely drunk. His disposition while drinking resembles his normal nature but little. He may be one of the finest fellows in the world. Yet let him drink for a day, and he frequently becomes disgustingly, and even dangerously anti-social. He has a positive genius for getting tight at exactly the wrong moment, particularly when some important decision must be made or engagement kept. He is often perfectly sensible and well balanced

> concerning everything except liquor, but in that respect is incredibly dishonest and selfish. He often possesses special abilities, skills, and aptitudes, and has a promising career ahead of him. He uses his gifts to build up a bright outlook for his family and himself, then pulls the structure down on his head by a senseless series of sprees (*Alcoholics Anonymous* 1939: 31-2).

Unlike the esoteric jargon of physiology, psychiatry, and sociology, AA founders described the real alcoholic in terms that were immediately comprehensible and relatable to the lay addict. Moreover, the description pointed beyond the inadequacies of inert text and toward a dynamic lived-experience familiar to many alcohol addicts: the apparent loss of self-control. The personal experience of losing control over his drinking was sensually accessible to the addict—and *only* to the addict. The Big Book's description of the real alcoholic was even flattering. Not only was he an "otherwise normal" American, but like Dr. Jekyll, he seemed to possess "special abilities, skills, and aptitudes."

Early AA doctrine thus located the tragedy of the real alcoholic not in his inability to abstain, but in the moral distance between his normal and drunken natures. Like Dr. Jekyll, many lay addicts could empathize with the experience of "coming to his senses" and feeling "revolted at certain episodes he vaguely remembers" (*Alcoholics Anonymous* 1939: 85). Early AA contributors insisted that the real alcoholic's "insane" transformation prohibited sane analysis, and would always be more accurately felt than observed empirically or explained logically.

"Average Americans"

If the real alcoholic was an "otherwise normal" member of society, then it seemed likely that many alcohol addicts occupied social positions beyond the street corners, saloons, shooting galleries, hospital rooms, and derelict urban areas on which scientific theory and

public policy tended to concentrate between the 1920s and 1930s (Acker 2002). Indeed, the mutual-help fellowship claimed a diverse membership: "All sections of this country and many of its occupations are represented, as well as many political, economic, social, and religious backgrounds" (*Alcoholics Anonymous* 1939: 27). Elsewhere, the text underscored how many AA members enjoyed social prestige and economic success prior to succumbing to the effects of alcohol. These accounts often depicted a dramatic transformation from Dr. Jekyll to Mr. Hyde. One anecdote recalls "Jim":

> This man has a charming wife and family. He inherited a lucrative automobile agency. He had a commendable world war record. His is a good salesman. Everybody likes him. He is an intelligent man, normal so far as we can see…He did not drinking until he was thirty-five. In a few years he became so violent when intoxicated that he had to be committed (46).

Another recounts "Fred's" experience:

> Fred is partner in a well known accounting firm. His income is good, he has a fine home, is happily married and the father of promising children of college age. He is so attractive a personality that he makes friends with everyone. If ever there was a successful business man, it is Fred. To all appearance he is a stable, well balanced individual. Yet, he is alcoholic. We first saw Fred about a year ago in a hospital where he had gone to recover from a bad case of jitters. It was his first experience of this kind, and he was much ashamed of it (50).

The Big Book presented other anecdotes in which, prior to addiction, individuals "had nothing to escape from," or were known as "conservative, sound business men" (252), or had graduated from "the best colleges in the country" (184).

Taken together, these stories implied that, "in spite of their character and standing" (*Alcoholics Anonymous* 1939: 51), even gifted individuals like Jim and Fred were vulnerable to the real alcoholic's radical transformation. "When drinking, or getting over a bout," the text argued, "an alcoholic, sometimes the model of honesty when normal, will do incredible things.

Afterward, his revulsion will be terrible" (155). AA's pitiful characterization of the real alcoholic as a man torn against himself conflicted with prevailing psychiatric models that often represented the alcohol addict as an unrepentant psycho- and sociopath. Further, if Jim, who "everybody likes," and Fred, who was a "successful business man," had succumbed to addiction, then it seemed that addiction was not limited to a marginalized population, but in fact threatened all Americans, regardless of social position.

This chapter has attempted to demonstrate how a contingent set of sociohistorical conditions made possible the emergence and rapid growth of the 12-step movement between the mid-1930s and late 1950s. Mutual-help fellowships like AA, NA, and GA, represented powerful vehicles through which lay addicts successfully claimed partial epistemic authority over their kind-term. Early 12-step literature like *Alcoholics Anonymous* and the *Twelve Steps* grounded alcoholics' claim to privileged knowledge in their exclusive access to the phenomenology of addiction. For the "real alcoholic," this "insane" experience often manifested in the temporary transformation from a mild-mannered and affable Dr. Jekyll into a menacing and self-destructive Mr. Hyde. To the extent that this subjective experience distinguished real alcoholics as a discrete class of persons, 12-step participants insisted that rehabilitation demanded not explicit knowledge, but an antithetical experience received from a Higher Power. By extension, the mutual-help movement denied the very possibility of instrumental expertise regarding addiction.

By the late 1950s, lay addicts had established partial autonomy from expert labels. Addicts began attending 12-step meetings rather than applying for admission to traditional addiction treatment facilities. They understood their pasts, presents, and futures differently. They related to each other and proximal institutions differently. They self-ascribed their kind-term and elaborated de-stigmatizing self-representations. In short, the addict began to perceive and explain his lived-reality in new ways. If the succeeding generation of addiction experts were to reassert epistemic authority over the addict, they would have to account not only for their objects' behavioral anomalies, but also those objects' new self-representations as knowing subjects.

Chapter Eight: Face-to-Face Encounter

> *We are experiencing a wholly new type of looping effect, when so many of the kinds claim rights to their own knowledges.*
>
> —Ian Hacking (1995a: 382)

Hacking says little about the trajectory of human kinds following a self-ascriptive turn. This work has cited the above epigraph repeatedly because it represents one of the philosopher's few suggestions regarding the consequences of *active*, rather than *passive*, looping effects. Under normal conditions, where experts and their subjects represent the knowers and the known, respectively, Hacking assumes that the ways in which authorities explain and classify particular kinds of people change those people such that new theories are required to explain the humans' behavioral anomalies. Under these conditions, the people of the kind remain a class(ification)-in-itself, dependent on and determined by experts' labels. A self-ascriptive turn, however, disrupts historical relationships between the knowers and the known. Now, the people of the kind more closely resemble a class(ification)-for-itself, and are likely to achieve degrees of autonomy from experts' labels.

Claiming epistemic authority over their own kind-term, the people of the classification may gain the capacity to co-determine in *active*, rather than *passive*, ways the future trajectory of their selfhood and human scientific classification. In other words, through self-ascription, particular kinds of people may self-consciously re-present their classifications in order to achieve certain social and moral ends. These lay representations may not correspond to, and in fact often conflict with, the goals of human scientific explanation. While Hacking's dynamic

nominalism fails to specify exactly how such active looping effects will proceed, it is reasonable to assume that future scientific theory must reconcile not only anomalous behavior, but also the new lay self-representations. This suggests more complex and unpredictable relations between expert classifications and the people who are classified.

Class(ification)-For-Itself

In the decades following the publication of *Alcoholics Anonymous* in 1939, lay addicts began to behave *and self-consciously act* differently. They increasingly sought treatment at mutual-help meetings beyond the scope and control of medico-legal authorities. And in light of AA's symbolic normalization of the addict, lay addicts began to understand one another, their pasts, and their selves in new ways. The new stories that they told about themselves to themselves, to the medico-legal complex, and to the American public frequently conflicted with prevailing human scientific explanation. Rather than reducing his behavior to an underlying physiological or psychological defect, 12-step participants insisted that the addict suffered a tri-fold illness affecting body, mind, and soul. Lay addicts justified this claim in their privileged access to the subjective experience of loss of self-control.

In addition to behaving differently and elaborating novel self-representations, lay addicts now claimed an epistemic vantage (and advantage) that transcended the limits of modern science. By mid-century, American addicts were radically different kinds of people—objectively and subjectively—from those that Lindesmith and Dai encountered in the early 1930s, and different still from those that Kolb classified as "psychopathic" during the mid-1920s. Further, this new generation of addicts encroached on experts' epistemic authority by

disputing the adequacy of the scientific gaze to explain fully a condition that appeared to transcend the physical plane of reality.

The experts who encountered this unsettled addiction field faced a tall order. Like previous generations of addiction researchers, they were forced to elaborate new accounts and typologies that explained addicts' shifting behavior. Unlike prior experts, however, their claim to epistemic authority was no longer taken for granted. In addition to explaining behavioral anomalies, therefore, mid-century addiction experts sought to reinterpret in physical terms lay addicts' new metaphysical self-representations in order to reclaim some of the epistemic authority that had been ceded to the mutual-help groups. If this new generation of addiction scientists could "see" and explain logically the loss of self-control that AA members insisted could be experienced only subjectively and shared only empathically, then they would effectively deflate lay addicts' metaphysical self-representations and help reassert the sciences' epistemic authority. In short, if they could demonstrate empirically that addiction was physical "all the way down," then the mid-century addiction sciences might stanch the hemorrhaging of epistemic authority.

Accommodation

E.M. Jellinek's (1960) work, *The Disease Concept of Alcoholism*, is particularly illustrative of the kind of addiction theory that unfolded against the specter of eroding epistemic authority in the decades following the end of WWII. Together with Dr. Howard Haggard and Dr. Selden Bacon at Yale University, Jellinek, "a pioneer of alcohol studies" (Daniel 1961: 128), helped to rejuvenate the academic field of alcoholism research during the 1940s and 1950s. His *Disease*

Concept systematized a body of ideas that were in wide circulation within this reenergized alcohol studies field (Jellinek 1960). A "landmark work" (White 1998: 215), Jellinek's *Disease Concept* ultimately proved as polarizing as it was influential. Whether concerned parties cited the text in support of the humane treatment of addicts or criticized it as scientistic exculpation for immoral behavior, observers often invoked the text as a thinly-drawn straw man. White (1998) suggests that Jellinek's text remains "one of the most frequently cited and least read books in the alcoholism field" (215). Regardless of controversies within and without the professional field, *The Disease Concept of Alcoholism* was for so long so central to the question of alcohol addiction that Shenkman (1973) suggested renaming alcoholism "Jellinek's Disease." The remainder of this chapter reviews, first, the reemergence in the United States of an academic field dedicated to alcohol research and treatment, and, second, analyzes Jellinek's *Disease Concept* simultaneously as the formal culmination of this mid-century wave of scholarship and as the outcome of active looping effects between knowing addiction scientists and knowing/known addicts.

The "Renewal" of a Scientific Paradigm

Early Stirrings

The previous two chapters argued that an interim of diminished scholarly interest in alcoholism represented one of the sociohistorical conditions most critical to the emergence of Alcoholics Anonymous in the mid-1930s. Especially in the years following the repeal of Prohibition, the sciences turned away from the question of alcohol addiction, even as they continued to devote resources and attention to other, supposedly more socially disruptive habits like opiate addiction and cocaine addiction. With the fervor of Prohibition-era politics

still thick in the air, America was hypersensitive to statements regarding alcohol and alcoholism. A mainstream scientific enterprise dedicated to the study of alcoholism reemerged slowly during the latter half of the 1930s. But faced with a suspicious public and circumspect authorities, this early period of scientific rejuvenation proceeded through a series of fits and starts (Roizen 1991).

The earliest research during this period focused on the presumably uncontroversial chemical properties of alcohol and the potential short- and long-term physiological consequences of its habitual ingestion. In 1936, the Virginia state legislature commissioned J.A. Waddell and H.B. Haag to study the effects of alcohol on the moderate drinker. Waddell and Haag (1939) found little evidence that moderate drinking led to profound physiological deterioration. Their report infuriated anti-alcohol reformers, and the Virginia legislature voted unanimously to guard and burn the 1,000 printed copies of the Waddell-Haag Report before the press could disseminate further its controversial findings (Roizen 1991: 180-207). This episode "underscored public suspicion of science and scientists and a fundamental strain in the relationship between science and politics—a strain," White (1998: 181) argues, "that could reach a breaking point when science conflicted with popular judgments about psychoactive drugs." The Waddell-Haag incident helps draw into relief how the country's anti-intellectual mood during the 1930s appeared to undermine the legitimacy of the re-emergent alcoholism sciences as much as it benefitted anti-elite 12-step movements.

The establishment in 1937 of the Research Council on Problems of Alcohol (RCPA) provided scholars a more stable and legitimate means of rejuvenating the sciences of alcohol addiction. Nonetheless, under the financially-lean conditions of the Great Depression and

facing a still-inhospitable political climate, even this body, which was associated with the prestigious American Association for the Advancement of Science (AAAS), struggled for years to secure a dependable funding source. Aside from a $25,000 grant awarded by the Carnegie Foundation in 1939, the RCPA relied on the fluctuating financial support of the alcohol beverage industry (Roizen 1991). The leaders of the beverage industry, however, unsurprisingly proved wary of scientific findings that detailed the deleterious physiological effects of alcohol or that linked the brute physiological effects of alcohol to the development of alcoholism. In order to secure the enduring support—financial and symbolic—of the alcohol beverage industry, in the fall of 1939, under the leadership of Karl Bowman, the RCPA shifted its research agenda away from the broader physiological and social consequences of alcohol and toward the question of alcoholism as a "public health" concern. What Ron Roizen (1991) has called the "Bowman Compromise" (iii) affected not only the RCPA's substantive focus, but also the tone of its published findings: rather than the indifferent accumulation of empirical knowledge regarding alcohol, the contributors to the Council sought to explain a menacing public health threat and prescribe effective interventions.

In 1942, Dwight Anderson, a public relations consultant to the RCPA, formalized the Council's new attitude toward the alcohol addict:

1. That the problem drinker is a sick man, exceptionally reactive to alcohol.
2. That he can be helped.
3. That he is worth helping.
4. That the problem is therefore a responsibility of the healing professions, as well as of the established health authorities and the public generally (Anderson 1942: 376-392).

Alcoholics Anonymous participants likely bristled at the psychical and moral connotations of the phrase, "problem drinker." And they probably objected to Anderson's suggestion that the "healing professions" and "established health authorities" offered alcoholics effective means of rehabilitation. However, Anderson's description of the alcohol addict as a "sick man" who is "exceptionally reactive to alcohol" paralleled AA members' self-representations. Further, the Alcoholics Anonymous participant likely concurred with Anderson that the addict "can be helped" (an empirical claim) and is "worth helping" (a moral claim). In other words, as early as 1942, just seven years after the founding of AA and only three years after the publication of *Alcoholics Anonymous*, 12-step doctrine already appeared to be influencing the direction of the professional field of addiction research and treatment.

In 1940, the year following the "Bowman Compromise," Dr. Howard Haggard, the director of the Yale Laboratory of Applied Physiology, founded a new scholarly periodical, *The Quarterly Journal of Studies on Alcohol* (*QJSA*). In addition to publishing the physiological research that was emerging from his university laboratory and elsewhere within the increasingly active alcohol sciences, Haggard agreed that the *QJSA* would also broadcast RCPA correspondence and analyses (Jellinek 1960; Roizen 1991; White 1998). The RCPA, however, would not survive the decade. Facing ongoing financial struggles, the Council disbanded in 1949 (Roizen 1991). However, the RCPA's medical representation of the alcohol addict as a "sick man" who is "exceptionally reactive to alcohol" and deserving of professional treatment survived organizational collapse through the ongoing publication of the *QJSA* (which remains in print under the title, *Journal of Studies on Alcohol and Drugs* [*JSAD*]) and through Haggard's

efforts to establish at Yale University a scholarly collective devoted to the scientific study of alcoholism.

Alcohol Studies at Yale University

Prior to his association with the RCPA, Dr. Howard Haggard's Yale laboratory conducted extensive research on alcohol metabolism and other physiological effects of alcohol (Jellinek 1960). By the early 1940s, however, the RCPA's shifting agenda, and particularly its turn toward the etiology and mechanics of alcohol*ism*, ramified throughout the burgeoning field of alcohol research. Haggard sought to reform his lab's research agenda accordingly and elevate Yale University's intellectual role within the maturing discipline (Roizen 1991). With the RCPA's Carnegie grant set to expire in 1941 and the Council facing an uncertain future, an opportunistic Haggard recruited three of the Counsel's most prolific contributors: Mark Keller, Vera Efron, and E.M. "Bunky" Jellinek.

During the early 1930s, Keller had assisted the eminent Dr. Norman Jolliffe in a series of important studies on chronic alcoholism at Bellevue Hospital, and Efron, who was fluent in five languages, proved valuable to the RCPA's efforts to foster and contribute to a worldwide community of scholars dedicated to the study of alcohol addiction (White 1998; Roizen 1991). Prior to his participation with the RCPA, and long before he joined Haggard at Yale University in 1941, Jellinek had studied schizophrenia as Chief Biometrician at Worcester State Hospital (White 1998: 182-4). By the middle of the 1940s, most contemporary critics would recognize Jellinek as "America's premiere researcher into alcoholism" (Kurtz 1979: 117-8).

Jellinek's prestige turned largely on the academic and cultural prominence of the Yale University programs with which he was associated. In 1943, Jellinek and Haggard co-founded the Yale Center of Alcohol Studies. They envisioned a scholarly cooperative unprecedented in scope and ambition: The Yale Center would produce original research on alcohol addiction, synthesize extant theory, and institutionalize empirical findings through a network of treatment facilities directly affiliated with the Center. Among other activities included in Jellinek and Haggard's comprehensive "Yale Plan," the Center conducted interdisciplinary research on the physiological, social, psychological, and historical dimensions of alcohol addiction, it published its findings through the Yale University Press in Haggard's *QJSA*, it welcomed scholars, clergymen, and laymen to its immersive four-week Summer School of Alcohol Studies, and it attempted to establish in the United States a network of "Yale Plan Clinics" for the outpatient treatment of alcohol addiction (Jellinek 1960; Roizen 1991).

In short, Jellinek and Haggard's Yale Center of Alcohol Studies concentrated in a single site the necessary means of reintroducing and legitimating again a human kind of person that had been "cutting-edge" seventy years prior: the physiologically disordered addict. At its heart, the sprawling "Yale Plan" of research and treatment was grounded in "two momentous discoveries about alcoholism: *FIRST* that alcoholism is a *sickness*, not a moral delinquency. *SECOND* that when this is properly recognized *the hitherto hopeless alcoholic can be completely rehabilitated*" (*emphasis original*; Houston, Jr. 1946; quoted in Kurtz 1979: 118). These core principles, which neatly captured the Center's theoretical and moral orientations, resembled Alcoholics Anonymous doctrine even more closely than had the RCPA's. In fact, by the mid-1940s, the experts who contributed to the Yale Center increasingly incorporated AA doctrine

and practice, and encouraged lay addicts' active participation in the treatment of alcohol addicts. The "Yale Plan Clinics," for example, routinely employed recovered alcoholics as "lay therapists," who were valued for their experiential knowledge of alcohol addiction, and explicitly encouraged patients to attend AA meetings (Roizen 1991).

Throughout this period, many addiction experts—within and without New Haven—invited Bill Wilson to address their respective professional bodies. Kurtz (1979) recalls how:

> …within an eighteen-month period [in 1943 and 1944], Bill Wilson addressed: at the invitation of the Mental Hygiene Commission of the State of Maryland, the Neuropsychiatric Section of the Baltimore City Medical Society meeting at Johns Hopkins University through the good offices of AA's Rockefeller-connected friend Dr. Foster Kennedy, the Section on Neurology and Psychiatry of the Medical Society of the State of New York; and at the urging of Dr. E.M. Jellinek, the experts newly assembled at Yale University's Summer School of Alcohol Studies (117).

Professional acceptance of the mutual-help movement increased over the decade, and in 1949 the prestigious American Psychiatric Association invited Wilson to speak at its annual conference in Montreal (Roizen 1991). By incorporating elements of Alcoholics Anonymous' doctrine and therapeutic approach, and especially by tacitly affirming Wilson as a fellow expert on alcohol addiction, medical professionals during the 1940s helped to legitimate both the lay addict's experiential knowledge of alcoholism and the mutual-help model as a respectable system of rehabilitation.

More importantly, these legitimating activities appeared to signal that many American medical professionals were resigned to a future where epistemic authority over the addict would be shared with people of the kind. Indeed, the mid-century addiction sciences never recovered fully the epistemic authority that had been lost to lay addicts. Rather, the new experts effectively "split cultural ownership of the alcohol problem domain" (Roizen 2004: 62)

between a spiritually-oriented mutual-help movement focused on *the addict* as a human kind of person and a professional field of addiction research that sought to explain *addiction* as a human kind of behavior.

National Committee for Education on Alcoholism

By the mid-1940s, both Jellinek and his Yale Center of Alcohol Studies were distinguished institutions in the American field of alcohol research and treatment. The Center, which Jellinek co-founded with Haggard, addressed myriad dimensions of the alcohol problem: research into the etiology of addiction, publication of a scholarly periodical devoted to cutting-edge research on alcohol and alcoholism, and administration of a network of Yale Plan Clinics that provided patients with state-of-the-art treatment modalities. Despite this broad agenda, the "Yale Plan" made no provisions for the education of the general public. By drawing together scientific experts, clergy, and lay addicts, the Center's yearly Summer School perhaps came closest, but according to Milgram (1976) only 1,168 people attended the School between 1943 and 1950. This hardly constituted broad outreach. Further, because it was dependent on University funding, the Center's leadership sought to present—at least on the front-stage—an empirically-driven and disinterested organization averse to more overt forms of moralization and politicization (Roizen 1991).

In 1944, Marty Mann, herself a recovering alcohol addict and one of Alcoholics Anonymous' earliest female success stories, approached E.M. Jellinek with a comprehensive plan to educate the American public about the medical nature of alcoholism. Jellinek was actually the third person with whom she shared her vision. Mann already had presented her

tri-fold plan, which envisioned a standardized curriculum for the education of professionals who worked in the alcohol treatment field, a network of local public-information centers, and incentives for hospitals that openly treated alcohol addicts, to Bill Wilson. Wilson cautioned Mann that she likely lacked the appropriate credentials to spearhead such an educational campaign, and further, Wilson argued that Alcoholics Anonymous was an inappropriate vehicle for the sort of public consciousness-raising that Mann proposed (Johnson 1973).

Mann then took her plan to the Director of the RCPA, Harry Moore. Moore told Mann that her proposal appeared to overlap significantly with organizational goals already in place within the RCPA. According to Johnson (1973), Moore offered Mann a part-time position within the RCPA bureau dedicated to public education on alcoholism, but after Wilson's earlier warning about her lack of credentials, an increasingly self-conscious Mann declined Moore's offer.

Jellinek proved to be far more enthusiastic about Mann's proposal than either Wilson or Moore. Roizen (1991) notes that Jellinek scheduled a meeting with Mann only a few hours after she submitted her project to the Yale Center. And he informed her the following day that his Yale Center would support Mann's vision politically and, at least initially, economically. White (1998) draws attention to the irony of this burgeoning partnership between AA's Mann and the Yale Center's Jellinek:

> Jellinek the scientist embraced the proposal and Marty's leadership in this new campaign where non-scientists had worried about her lack of scientific credentials. Jellinek, aware of the limitations of scientific knowledge of alcoholism, may have immediately recognized that this movement would be more about social values than scientific evidence (186).

White's observations suggest rapidly shifting relations between the knowing addiction expert and the addict who claimed rights to his own knowledge. The practical democratization of epistemic authority did not, however, disturb the distinction between explicit and experiential knowledge of addiction. In fact, depending on the particular aim, Jellinek appeared to privilege variously explicit and experiential epistemologies. For the purposes of raising public consciousness regarding the medical dimensions of alcohol addiction, for example, Jellinek seemed to assume that experiential knowledge would be more persuasive than explicit scientific knowledge, and by extension, that the movement's leading voice ought to come from an "insider" who had "been there before."

Mann moved in with the Jellineks in New Haven on April 1, 1944. Later that year, Mann founded the National Committee for Education on Alcoholism (NCEA) (Roizen 1991). Initially, the NCEA offices were located at Yale University, though Mann relocated the organization's headquarters to offices in the New York Academy of Medicine on October 1, 1944 (White 1998). The physical move from New Haven to New York City signaled more significant shifts regarding the cultural legitimacy and national visibility of Mann's campaign. She seized the moment as an opportunity to formalize the organizing principles and practical goals of the NCEA. In an article published in Yale's *Quarterly Journal of Studies on Alcohol*, Mann outlined her new organization's position regarding the alcoholic addict and the NCEA's programmatic aims:

1. Alcoholism is a disease.
2. The alcoholic, therefore, is a sick person.
3. The alcoholic can be helped.
4. The alcoholic is worth helping.

5. Alcoholism is our No. 4 public health problem, and our public responsibility (Mann 1944: 354).

Obviously, Mann's statement drew heavily on Anderson's earlier attempts to rebrand the RCPA. In fact, the most significant difference between Mann's and Anderson's respective accounts was symbolic: Anderson acknowledged only an ambiguous "sickness" while Mann confidently posited alcoholism as a discrete "disease."

Addiction as Disease

Alcoholics Anonymous leaders long had been wary of characterizing alcohol addiction as a disease. The Big Book tends to refer to addiction as a "malady" or a "sickness" and the addict as an "ill" or "sick" person. AA doctrine represented the addict's sickness as a tri-fold malady affecting his body, his mind, and his soul. Especially this last dimension, which was central to the fellowship's doctrine and practice, seemed to prohibit any invocation of a physicalist rhetoric of disease. The rhetoric of disease also implied the possible accumulation of explicit knowledge regarding addiction, another taboo within AA. Moreover, as the previous chapter demonstrated, lay addicts associated with the young mutual-help fellowship acknowledged the legitimating benefits of cultivating allies within the medical profession. If the lay addict declared alcohol addiction a "disease" despite insufficient empirical evidence, then he seemed to threaten the fragile norms that had begun to condense around rapidly shifting relations between addiction experts and the people of the kind during the late 1930s and early 1940s. In 1960, Bill Wilson recalled his own apprehensions regarding the rhetoric of disease and his reluctance to employ it in early AA literature:

> We have never called alcoholism a disease because, technically speaking, it is not a disease entity. For example, there is no such thing as heart disease. Instead there are many separate heart ailments, or combinations of them. It is something like that

> with alcoholism. Therefore we did not wish to get in wrong with the medical profession by pronouncing alcoholism a disease entity. Therefore we always called it an illness, or a malady—a far safer term for us to use (20).

Nonetheless, Mann seemed to appreciate the potential political benefits of a disease conceptualization. As Wilson argued, a rhetoric of "illness" may have been politically expedient for the maturing fellowship, but that rhetoric would always unfold just beyond the legitimate boundaries of scientific discourse. Further, a vague "illness" suggests partial exculpation of deviant behavior; a "disease" implies underlying structural pathology and more clearly exonerates the addict. Not only did Mann's use of disease language further de-moralize the addicted person, it represented addiction to the American public in the same sympathetic and familiar terms used to describe tuberculosis and cancer. "Causal connections between kinds," Hacking (1995a) reminds, "are more intelligible if they operate at a biological rather than a psychological or social level" (367). And, Hacking might have added, *far* more intelligible to the modern Western individual if they operate at a biological rather than a *metaphysical* level. Alcoholics Anonymous' metaphysical thrust may have benefitted lay addicts seeking personal redemption, but Mann appeared to understand that it would be insufficient as an epistemic foundation from which to launch a nationwide campaign of public education or as grounds for cultivating widespread sympathy.

By invoking the rhetoric of disease, Mann also sought to reconcile addiction experts and addicts, and to close the epistemic distance between the lay narratives that emerged in mutual-help fellowship meetings and the naturalistic explanations that emanated from scientific laboratories. A disease conceptualization symbolically linked the Yale Center of Alcohol Studies to the 12-step movement, and, at least initially, both factions appeared to benefit. The

scientists at Yale faced a post-WWII American public increasingly skeptical of "ivy-covered ivory tower academics" (Kurtz 1979: 118) who made claims about phenomena with which they seemed to have little personal experience. As Jellinek appeared to recognize, "The surest way to demonstrate that they really knew about real alcoholism was clearly to advertise a 'real alcoholic'" (Kurtz: 118). Marty Mann and her nascent NCEA represented for the Yale Center access to popular legitimacy grounded in the increasingly sacred personal experience.

Meanwhile, by aligning itself with one of the nation's most prestigious research centers on alcoholism, lay addicts associated with Alcoholics Anonymous helped to legitimate scientifically their claim to normality. While the previous chapter demonstrated how lay addicts often grounded this claim in a more fundamental metaphysical position, it was also partially dependent on Dr. Silkworth's allergy theory. Ironically, Dr. Howard Haggard, one of the co-founders of the Yale Center of Alcohol Studies, published in 1944 a "potent critical study" that showed how Silkworth's allergy conceptualization "went against medical logic" (Jellinek 1960: 87). Since the historical emergence of the fellowship during the mid-1930s, participants in Alcoholics Anonymous seemed to recognize the value of both scientific corroboration and a champion within the professional field of addiction research and treatment.

By the mid-1940s, Jellinek and his colleagues at the Yale Center were publishing findings that linked certain neurological processes to craving, withdrawal, tolerance, and other phenomena coincident with alcohol addiction (Haggard and Jellinek 1942; Jellinek 1946a, 1946b). Even as they falsified previous physiological accounts, experts at the Yale Center of Alcohol Studies were providing new, assumedly more rigorous and durable biomedical

explanations of addiction. The Yale Center's work on the physiological dimensions of craving, withdrawal, and tolerance seemed to offer AA a promising way beyond an increasingly dubious allergy theory. Further, the Yale Center, and Jellinek in particular, might relieve Dr. Silkworth as the fellowship's most eminent voice of professional patronage.

Ultimately, these potential benefits—for both the mid-century addiction sciences and lay addicts—turned on the successful establishment of addiction as a physiological disease not unlike tuberculosis or cancer. As White (1998) points out, however, by the mid-1940s "there was no scientific conclusion that alcoholism was a disease" (186). While the Yale Center continued to find correlations between various symptoms of addiction (e.g., withdrawal, craving, etc.) and underlying neurological deterioration, scientific experts had yet to declare addiction, itself, a discrete disease (Kurtz 2002; Room 1983). The scientific pursuit of a disease entity underlying addictive behavior, which gained momentum after 1945, appears to have been driven as much by lay addicts' self-representations and the entwined political interests of Mann's NCEA and Jellinek's Yale Center as it was by experts' disinterested analyses of empirical data.

Lay Patronage

If the epistemic limits of lay addicts' experiential knowledge prohibited access to underlying physiological truths regarding their kind, then they could at least finance and direct scientific inquiry toward particular ends. In 1946, Mann and another recovered alcoholic, the noted philanthropist R. Brinkley Smithers, commissioned Jellinek to conduct extensive studies of recovered alcohol addicts in AA (Valverde 1998). On the basis of this research, Jellinek

published two seminal articles (1946b, 1952) that described the alcohol addict's life course of drinking and recovery: he posited a V-shaped pattern that became known as the "Jellinek Curve." The scholar's "Curve" inflated to a Universal Truth about the addict the Alcoholics Anonymous participant's narrativized experience of "starting innocently," "hitting bottom," and eventually recovering through a "conversion experience" (Jellinek 1952). In other words, Jellinek's findings furnished a one-to-one scientific explanation of AA participants' narrativization of the "real alcoholic's" typical drinking career. This foreshadowed his later, more culturally significant treatment of lay addicts' claims to a subjectively experienced loss of self-control.

Over a decade after Mann and Smithers commissioned Jellinek to conduct field research on the recovering Alcoholics Anonymous member, Smithers again tapped the scholar, this time to review variations in the disease conceptualization of alcohol addiction across time and space. At Marty Mann's urging, R. Brinkley Smithers commissioned Jellinek in 1957 to review international attitudes toward alcoholism and to produce a comprehensive historical review of the scientific literature concerning the classification of addiction as a disease (Lemert 1961; Jelllinek 1960). When he published his findings in 1960, Jellinek appended these reviews with his earlier research on the alcohol addict's patterned drinking career, and grounded the entire work in cutting-edge biomedical research regarding the neurological processes underlying withdrawal, craving, and tolerance.

In his synthetic *The Disease Concept of Alcoholism*, Jellinek (1960) explained the typical V-shaped experience of alcoholism and the alcohol addict's subjectively experienced loss of self-control as symptomatic of a chronic physiological disease that disrupted normal

neurological function. Financed by lay addicts anxious to reinforce empirically their exculpating self-representations of a diseased human kind of person, Jellinek's work helped to reconcile AA doctrine with prevailing scientific theory. More than most texts published during this period, *The Disease Concept* demonstrated clearly how, by the late 1950s, a robust mutual-help movement pressed irresistibly from below, "creating a reality every expert must face" (Hacking 1986: 234).

Organizational Reform

Between these two commissioned studies, Mann's NCEA and Jellinek's Yale Center both experienced significant organizational reform. By the late 1940s, latent tensions between the two bodies were becoming more pronounced and urgent: "Yale was in pursuit of knowledge; the NCEA was attempting to launch a cultural revolution in the public's conception of alcoholism and the alcoholic" (White 1998: 187). In 1949, only five years after Jellinek embraced Mann's proposed campaign and over a decade before the scholar published his seminal *Disease Concept*, The National Committee for Education on Alcoholism formally severed ties with the Yale Center. Mann's organization changed its name in 1954 to the National Council on Alcoholism (NCA), a title that remained in place until 1990 when it was changed again to the current National Council on Alcoholism and Drug Dependence (NCADD) (Roizen 1991).

Meanwhile, authorities at Yale University became more critical of its Center of Alcohol Studies during the 1950s. The historian William White (1998) explains:

> As was typical of the overall stigma associated with alcoholism in this period, most Yale faculty saw the publicity surrounding the Center as distasteful and worried that

> Yale's image would be damaged by its association with such an unseemly subject. The Center eventually was caught in the middle of shifting philosophies about the kinds of activities that should and should not be included in the University (185).

In 1962, both the Center of Alcohol Studies and its scholarly periodical, the *QJSA*, relocated to Rutgers University. Today, the CAS and its renamed *Journal of Studies on Alcohol and Drugs*, which Rutgers' website claims to be "the oldest substance-related journal in the United States," remain influential loci in the field of addiction research and treatment.

Jellinek, however, never made the move to Rutgers. He had severed ties with Yale University around the same time that Mann's NCEA had. Following a failed attempt to establish a sister Center of Alcohol Studies at Texas Christian University in the late 1940s, Jellinek officially left Yale University in 1950. Over the following decade, Jellinek served as a consultant to various addiction-related organizations both within and without the United States. In 1951, for example, the World Health Organization in Geneva, Switzerland, named Jellinek a consulting expert on the Alcoholism Subcommittee of its Expert Committee on Mental Health. Jellinek later served as the Secretary General to the short-lived International Institute for Research on Problems of Alcohol. In the late 1950s, Jellinek relocated to Canada and worked as a consultant for the Alcoholism Research Foundation of Ontario and the Alcoholism Foundation of Alberta (Ward and Bejarano 2016; Page 1997).

He continued to consult for these Canadian organizations even after 1957, when he accepted Smithers' invitation to return to the United States in order to write what would become his magnum opus, *The Disease Concept of Alcoholism*. While he was no longer formally affiliated with the Yale Center, if anything, Jellinek's illustrious appointments during the 1950s had only increased his prestige in the broader field of addiction research and treatment. At the

height of his influence, the scholar died unexpectedly of a heart attack in 1963, just three years after he published *The Disease Concept* and only a year after the Center of Alcohol Studies departed Yale University (Roizen and Ward 2013).

Taken together, the publication in 1960 of *The Disease Concept of Alcoholism*, the Center of Alcohol Studies' move to Rutgers in 1962, and Jellinek's death in 1963 marked the conclusion to the first historical episode in the United States of a "wholly new type of looping effect" between lay addicts and addiction experts. While Jellinek's book eventually proved decisive to the reformation of the professional addiction sciences and the American collective conscience over the following decades, it also represented the swan song of one of Alcoholics Anonymous' most esteemed and steadfast professional allies. The following section considers at greater depth Jellinek's seminal text.

Jellinek's *Disease Concept of Alcoholism*

Defining "Disease"

In attempting to posit the disease nature of addiction, Jellinek argued that the researcher inevitably encountered certain definitional ambiguities. If disease represented a stable biomedical concept, then it seemed that "all that is required is to state the criteria of "alcoholism" and to see whether or not they are in conformity with the definition of disease" (Jellinek 1960: 11). However, in the opening section of his work, Jellinek observed that "alcoholism has too many definitions and disease has practically none" (11). After reviewing a series of vague medical dictionary definitions and the American Medical Association's

explanation of disease as "any deviation from a state of health; an illness or sickness; more specifically, a definite marked process having a characteristic train of symptoms" (AMA 1957; quoted in Jellinek 1960: 11), Jellinek concluded that "*a disease is what the medical profession recognizes as such*" (*emphasis original*; 12). The scholar's definition of disease betrayed a nominalist position and a Kuhnian emphasis on intra-field consensus. In short, Jellinek suggested that the distinctions between "health," "illness," and "disease" varied historically and paradigmatically. Perhaps intuiting that the available empirical evidence would be insufficient to reach the moon, Jellinek's opening gambit in his *Disease Concept* was to draw the moon closer.

Jellinek also acknowledged that strict realists were likely to bristle at his liberal representation of disease. After all, he admitted, even widespread acceptance "does not equal validity" (Jellinek 1960: 12). The task before Jellinek therefore, and that which preoccupied him throughout the remainder of his work, concerned the demonstration that alcohol addiction constituted a clear physiological pathology more or less appropriate to disease classification and that the alcohol addict was a "diseased" individual more or less appropriate to medical treatment. However, if "alcoholism has too many definitions and disease has practically none," then defining the former appeared to pose as much difficulty as defining the latter. "Proponents of the still somewhat vague illness conception," Jellinek argued, alluding among others to 12-step participants, "operate with many concepts which either are not defined or are frequently used in a variety of connotations" (12). Among these concepts, the scholar included "tolerance, craving, habituation, sensitivity, compulsion, 'habit forming drug,' withdrawal symptoms, and 'loss of control' (12).

Jellinek's analysis embraced these malleable concepts, many of which emerged first in lay discourse, as *first empirical premises* and worked outward toward an equally malleable disease classification. If, for example, he could show that physiopathological processes underlay the addict's experience of losing control over his drinking behavior, then it seemed that the latter ultimately was reducible to the former. By naturalizing lay discourse in this way, Jellinek sought to reclaim for the addiction sciences some of the epistemic authority ceded to lay addicts based on their claims that knowledge of certain dimensions of addiction demanded personal experience, and, further, that such experiences resisted explicit analysis. Simultaneously, by explaining the experience of losing of control as the outcome of empirically-available physiological processes, Jellinek would help to legitimate scientifically lay addicts' self-representations. Jellinek's pursuit of such an epistemic compromise reflected not only the increasingly convergent interests of lay addicts and addiction experts during the 1940s and 1950s, but also the symbolic consequences of active looping effects between these two knowing subjects.

Jellinek's Typology of Alcoholism

Alpha

Jellinek posited five distinct kinds of alcohol addiction. He assigned to each "species" (Jellinek 1960: 35) of addiction a different letter in the arcane and scientific-sounding Greek alphabet: *Alpha, Beta, Gamma, Delta,* and *Episilon Alcoholism*. Alpha alcoholism referred to "undisciplined" forms of drinking that may transgress social norms and disturb interpersonal relations but generally "does not lead to 'loss of control' or 'inability to abstain'" (36). Like Alcoholics Anonymous' "moderate drinker" (*Alcoholics Anonymous* 1939: 31) Jellinek denied

that the alpha alcoholic suffered a "real" disease to the extent that he never experienced a loss of self-control (1960: 36-7). However, like the narrative of progressive debasement institutionalized and reaffirmed daily within AA meeting rooms, the scholar suggested that "in many instances alpha alcoholism may develop into gamma alcoholism, i.e., that it may often be a developmental stage" (37).

Beta

If Jellinek's alpha alcoholic resembled AA's moderate drinker, then his *beta* species corresponded to the mutual-help fellowship's "hard drinker." The beta alcoholic drank more, and more often, than the alpha alcoholic and often suffered a number of physiological complications like "polyneuropathy, gastritis, and cirrhosis of the liver" (Jellinek 1960: 37). Jellinek argued that the beta alcoholic's damaging drinking behavior may be a function of his membership in hard-drinking social groups or occupational fields, but, by definition, never resulted from "physical or psychological dependence"—phenomena that Jellinek related directly to a loss of self-control (37, 139-45). In other words, while the manifest drinking behaviors of the alpha and the beta alcoholic may have been empirically indistinguishable from those of the gamma and delta kinds, Jellinek followed AA doctrine, which grounded difference between the kinds in an experienced "loss of control." As with alpha alcoholism, Jellinek suggested that beta alcoholism "may develop into gamma or delta alcoholism" (37).

Gamma

Jellinek's *gamma* alcoholic closely resembled Alcoholics Anonymous' "real alcoholic." The scholar held that gamma alcoholism involved "(1) acquired increased tissue tolerance to

alcohol, (2) adaptive cell metabolism, (3) withdrawal symptoms and "craving," i.e., physical dependence, and (4) loss of control" (Jellinek 1960: 37). Thus, Jellinek represented gamma alcoholism, which he claimed was the "predominating species of alcoholism in the United States" (38), in the naturalistic voice of biomedical science: tissue tolerance, cellular adaptation, physical dependence, and, as the supposedly cumulative effect of these physiological processes, a loss of control. "This species," he argued, "produces the greatest and most serious kinds of damage" (Jellinek 1960: 37). Especially the loss of control, he continued, "impairs interpersonal relations to the highest degree…[and] the damage to health in general and to financial and social standing are also more prominent than in other species of alcoholism" (37). As demonstrated in the previous chapter, the second half of AA's Big Book collected lay addicts' personal testimonies of such interpersonal and economic consequences. However, against AA doctrine, Jellinek's account implied that not only the experience of addiction, but also its social ramifications, were reducible to empirically-accessible physiopatholgoical processes.

The scholar cautioned against accepting Alcoholics Anonymous members' claim that only gamma alcoholism constituted "real" alcoholism. Jellinek argued that because AA participants privileged loss of control and craving as the "criteria par excellence" of "real alcoholism," they recognized gamma alcoholism as the only legitimate form "to the exclusion of all other species" (Jellinek 1960: 38). Members of AA, the scholar claimed, "have naturally created the picture of alcoholism in their own image" (38). "The student of alcoholism," Jellinek implored his scientific colleagues, "should emancipate himself from accepting the exclusiveness of the picture of alcoholism as propounded by Alcoholics Anonymous" (38). The scholar defended this admonition with data drawn from the fieldwork that he conducted in

1946: “In a sample of slightly over 2,000 AA members I have found 13 per cent who never experienced loss of control” (38).

Regardless of the validity of this claim, which scholars have challenged since (Valverde 1998; Page 1997), it helps draw attention to one of the most durable and significant consequences of lay addicts’ emphasis on the experiential dimensions of addiction. Despite his criticism of AA participants’ exclusive emphasis on loss of control and his finding that not all addicts in fact experience this dimension of the disease, Jellinek, like all subsequent addiction experts, was obliged to rely on lay addicts’ self-reported data. In other words, Jellinek tacitly acknowledged that modern science could not access directly *all* facets of alcohol addiction; some appeared to be accessible only to those who had experienced the phenomenon personally. This seems to draw into further relief the degree to which epistemic authority over the human kind remains split between professionals and lay addicts.

Delta

Continuing along Jellinek’s typology, after his gamma classification, the scholar posited a *delta* species. Like the gamma alcoholic, the delta suffered from the physiopathological processes of tissue tolerance, cellular adaptation, and physical dependence. Instead of loss of control, however, the delta alcoholic experienced an “inability to abstain” (Jellinek 1960: 38). Jellinek explained furthered:

> In contrast to gamma alcoholism, there is no ability to “go on the water wagon” for even a day or two without the manifestation of withdrawal symptoms; the ability to control the amount of intake on any given occasion, however, remains intact (38).

While “loss of control” and “inability to abstain” were “not interchangeable terms” (42), Jellinek insisted that both patterns of consumption suggested that these kinds of people ultimately were “deprived of free choice” (42). Interestingly, the scholar attributed difference between the species’ manifestations to economic and sociocultural, rather than physiological, variation. While gamma alcoholism appeared to be more common in the United States, Jellinek argued that the delta species was predominant in “France and some other countries with a large wine consumption” (38).

Epsilon

Jellinek did not comment extensively on the *epsilon* type, his fifth and final species of alcoholism. “As it seems to be the least known species of alcoholism,” he stated, “it will be neither described nor defined here” (39). Nonetheless, Jellinek noted that epsilon alcoholism referred to “periodic” drinking behavior that “may cause serious damage” (39). A contemporary analogue to epsilon alcoholism may be “binge drinking,” where occasional excessive consumption will not necessarily lead to the various physiopathological processes characteristic of gamma and delta alcoholism, but may still impact the drinker’s health and his social and economic standing.

The Diseased Addict

Ultimately, Jellinek argued that only the gamma and delta kinds of alcoholism should be considered medical diseases. He argued that the “anomalous” drinking patterns particular to these two forms of alcoholism followed “adaptation of cell metabolism…increased tissue tolerance and the withdrawal symptoms, which bring about “craving” and loss of control or

inability to abstain" (Jellinek 1960: 40). In short, unlike alpha, beta, and epsilon species of alcoholism, Jellinek concluded that both gamma and delta kinds proceeded according to timeless and universal "physiopathological processes and constitute diseases" (40). Further, he argued that "morphine, heroin and barbiturate addiction involve grave physiopathological processes which result in 'craving,'" and should therefore also be considered medical diseases (40). In short, Jellinek's disease did not turn on the ingestion of a particular substance or even, theoretically, the ingestion of substances at all, but on the underlying physiological changes that certain behaviors (e.g., certain patterns of drinking or drug using behavior) appeared to effect.

If addiction followed indiscriminate natural laws, then, as 12-step participants argued explicitly and Jellinek suggested implicitly, it seemed to be a disease to which all Americans—regardless of social or economic location—were vulnerable. In fact, by attributing addiction to cellular adaptation, tissue tolerance and physical withdrawal, Jellinek effectively normalized the addict beyond even Alcoholics Anonymous' earlier emphasis on a congenital and peculiar alcohol allergy. But such physiopathological processes—cellular adaptation, tissue tolerance, etc.—were only significant to the extent that they culminated in the addict's loss of "free choice." In order to explain fully how the normal American "became" an addict, Jellinek would also have to relate empirically this set of physiopathological processes to AA participants' black-boxed "loss of control."

Loss of Control

Demonstrating how various physiological changes led to the addict's subjectively experienced loss of self-control was not only critical to Jellinek's efforts to define addiction as a

medical disease, it was also the symbolic keystone upon which the interests of contemporary addiction science and lay addicts converged. As noted above, Jellinek argued that gamma alcoholism involved "(1) acquired increased tissue tolerance to alcohol, (2) adaptive cell metabolism, (3) withdrawal symptoms and "craving," i.e., physical dependence, and (4) loss of control" (Jellinek 1960: 37). The first three aspects that Jellinek identified lent themselves to empirical interpretation. Even "craving," a vague concept that emerged first in Alcoholics Anonymous discourse, appeared to be a naïve expression that captured brute physiological processes. For example, if one is severely dehydrated one might express a "craving" for water (139-44).

"Loss of control," however, stuck out among the other physiopathological aspects as a more significant obstacle for Jellinek's theory. Lay addicts associated with the mutual-help movement posited its reality in conversation within 12-step meeting rooms and regarded it as the *sine qua non* of addiction. Having established substantial epistemic authority over their own kind-term, lay addicts' "loss of control" represented a phenomenon with which Jellinek would have to contend. However, lay addicts denied that the subjective experience of losing self-control was empirically-accessible or, in fact, accessible at all to the expert outsider.

Jellinek could not produce empirical evidence in support of a subjectively experienced loss of control. Instead, he took for granted its existence based on lay addicts' self-representations and worked backwards to explain its manifestation relative to the set of physiopathological processes for which he could demonstrate empirical evidence. If Jellinek could show that the lay addict's claimed loss of control was reducible to abnormal somatic activity, then he would simultaneously legitimate AA participants' self-representations and

reclaim some of the epistemic authority that scientific experts had lost to people of the kind over the last two decades.

"Long-Term Tolerance"

Jellinek attributed the gamma alcoholic's loss of control in part to long-range neurological changes. Rather than the immediate consequences of a congenital "allergy" to alcohol, the scholar argued that a loss of control occurred only at a particular "stage in the development of [the addict's] drinking history" (Jellinek 1960: 41). In other words, Jellinek argued that "the loss of control does not emerge suddenly but rather progressively and that it does not occur inevitably as often as the gamma alcoholic takes a drink" (42). The scholar argued that, given a sufficient amount of time, an individual's sustained ingestion of a given substance (or, the modern addiction research might add, sustained repetition of a particular behavior) will tend to result in "smaller reactions to the same amounts" (121). In sum, Jellinek held that "acquired increased tolerance to alcohol…develops gradually over long periods of time and is a slow, continuous process" (147) and "increased *tissue tolerance* is an inevitable conclusion" (*emphasis added*; 130). However, the scholar acknowledged that such long-term tissue tolerance cannot in itself explain the gamma alcoholic's loss of control during a single bout.

"Short-Range Accommodation"

Jellinek insisted that the addict's professed loss of control demanded a combination of such long-term tissue tolerance and short-range neurological accommodation. The scholar cited a number of studies (e.g., Eggleton 1940; Newman and Abramson 1941; MacLeod 1948)

that demonstrated how alcohol tends to effect the nervous system more substantially "in the ascending phase than in the descending phase of the blood alcohol concentration" (Jellinek 1960: 147). Where long-term tissue tolerance has increased in, for example, the gamma alcoholic, Jellinek suggested that the euphoric effects of psychoactive substances may be diminished during both the ascendant and descendent phases. In fact, under these conditions, "the effect at the descending part of the alcohol concentration may be nullified, and this may be correlated with a greatly diminished production of euphoria" (148). In sum, Jellinek explained how long-term tissue tolerance and short-term neurological accommodation combined to produce the addict's apparent loss of control:

> The loss of control which is described by members of Alcoholics Anonymous as well as by students of alcoholism as the inability to stop after one or two glasses, and is sometimes referred to as the insatiability of the alcohol addict, seems to be characterized by minor withdrawal symptoms in the presence of alcohol in the blood stream and the failure to achieve the desired euphoria for more than a few minutes. These symptoms explain superficially the behavior observed in the so-called loss of control and they suggest a combination of short-range accommodation of nervous tissue with long-range acquired increased tolerance (147).

Loss of Freedom

As mentioned in the above section, Jellinek held that the gamma alcoholic's "loss of control" and the delta alcoholic's "inability to abstain" similarly suggested a more general loss of "free choice." Elsewhere, the scholar described the diseased alcoholic's loss of free choice as a "loss of freedom" (Jellinek 1960: 145). In the gamma alcoholic, Jellinek explained, "this loss of freedom follows the first ingestion of alcohol in a new bout" (145). The scholar argued that even more than "loss of control," the expression, "loss of freedom," helped "bring home to the nonspecialized physician, psychologist and social worker the idea that he is not dealing with a *free agent*" (*emphasis added*; 145).

In some interesting ways, Jellinek's rhetoric of a "loss of freedom" seemed to resurrect temperance-era representations of the drunkard. Because the addict's "loss of freedom," either in the form of a temporary loss of control or prolonged inability to abstain, was central to the scholar's representation of the disease of addiction, Jellinek implied that the addict was an otherwise normal and moral kind of person whose repeated ingestion of certain substances—alcohol, morphine, heroin, etc.—threatened his sovereignty and jeopardized his capacity for self-determination. Not only did this characterization reinforce the AA participant's self-representation as a kind of Dr. Jekyll/Mr. Hyde figure given to radical dispositional transformations beyond his control, but it also seemed to revive temperance-era rhetoric concerning the despotic relationship between "King Alcohol" and the king's subjects.

Jellinek's "loss of freedom" did not, however, signal an unadulterated return to temperance-era ideology. If his representation suggested a conceptual revolution at all, then it seemed to resemble a sort of Hegelian (1807) revolution where history proceeds cyclically but manifests always at different "levels." Like the nineteenth-century advocate, the twentieth-century scholar suggested that habitual intoxication threatened the addict's independence as a sovereign actor. However, for Jellinek, the alcoholic's dependence on alcohol was physical "all the way down." If the addict's loss of freedom "can be explained in terms of these addictive processes," then, the scholar pressed, such an account might challenge "the idea that 'alcoholism is not in the bottle, but in the man'" (Jellinek 1960: 70). Unlike the temperance reformer, Jellinek, the scientist, attributed the addict's loss of freedom to underlying physiopathological processes rather than sin: rum may not have been "demonic," but it represented a causal agent nonetheless. In other words, while temperance-era explanations

differed significantly from Jellinek's physicalist account, both representations seemed to render the addicted person a passive vehicle vulnerable to irresistible and transcendent forces—physical forces for Jellinek and metaphysical forces for the temperance reformer.

By focusing exclusively on the pharmacological interactions between psychoactive substances and neurological functions, Jellinek's theory appeared to de-center the human person. In an important sense, the scholar's explanation of alcohol addiction as an inevitable outcome of long-term and short range physiopathological processes located all of the most significant facets of alcoholism "behind the back" of the addict. This marked a radical departure from the preceding psychiatric and sociological models that located addiction etiology in the predispositions of a psychopathic addict and in the meaningful social relations between the addict and his environment, respectively.

The strict realist is likely to argue that this representational shift reflected increasing correspondence between scientific theory and the Truth of addiction. The radical constructionist, on the other hand, is more likely to emphasize how Jellinek's physicalization of addiction assumed particular valence at the dawn of America's Civil Rights Movement, when various "kinds" of people sought political and cultural benefits by explaining biologically their particular forms of deviance. This work follows the dynamic nominalist insight that Jellinek's "de-humanizing" account of addiction both reflected and reinforced a prevailing separation of epistemic authority: lay addicts had claimed rights to the addict as a human kind of person and addiction experts had claimed rights to addiction as a human kind of behavior.

Jellinek's naturalistic interpretation of the lay addict's claimed loss of self-control contributed to the historical reconciliation of lay addicts and addiction experts who had been alienated since the late 1910s. His *Disease Concept of Alcoholism* helped to harmonize symbolically the self-representations that lay addicts had posited in the process of self-ascription and the physicalist explanations that addiction experts were elaborating in the revitalized field of alcohol research and treatment during the 1940s and 1950s. By attributing addictive behavior to underlying physiopathological processes, Jellinek simultaneously lent scientific legitimacy to Marty Mann's nationwide campaign of public education regarding the "otherwise normal" American addict and reclaimed for the addiction sciences some of the epistemic authority lost to lay addicts affiliated with Alcoholics Anonymous and other mutual-help fellowships.

Of particular importance to the present work, Jellinek's seminal text, *The Disease Concept of Alcoholism*, reflected an early outcome of a "wholly new type of looping effect" between experts who sought to explain addiction and the lay addicts who experienced it. His work consummated an historically unprecedented face-to-face encounter between two groups who claimed mutually exclusive rights to distinct facets of a human kind. Underscoring the symbolic reciprocity and political interdependence between addiction experts and lay addicts under these conditions, Jellinek (1960) insisted that:

> …the spread of the disease conception…to much wider circles of physicians was due not only to the somewhat greater precision of the formulation of the idea, to experimental findings and to new therapeutic methods such as administration of disulfiram (Antabuse), but also to the efforts and ideology of Alcoholics Anonymous who, of course, were propagating, with the greatest vigor, what they thought was a new conception (160).

Conclusion

By the early 1960s, experts' representations of addiction-as-disease dovetailed neatly with 12-step participants' self-representations of the addict as a diseased kind of person. The association between Dr. E.M. Jellinek and Marty Mann, which began in the mid-1940s, personified an historically unprecedented confrontation between the professional field of addiction studies and lay addicts who claimed rights to knowledge of their own classification. Jellinek and other addiction scholars grounded new accounts of addiction in physiopathological processes and reset addiction etiology in the addict's diseased body. Meanwhile, lay addicts associated with the emergent mutual-help movement advanced self-representations of a Dr. Jekyll/Mr. Hyde figure, whose ingestion of certain substances tended to result in a profound loss of self-control and a radical dispositional transformation. Jellinek's (1960) *Disease Concept of Alcoholism* helped to explain biologically the lay addict's peculiar experience, and the lay addict's self-representations furnished the theoretical *a priori* against which Jellinek's account unfolded. The set of complimentary ideas and practices that emerged out of this relationship informed the "modern alcoholism movement" (Roizen 2004) and reformed the "social matrix" (Hacking 1995a, 1999) within which addiction expertise interacted with addicts.

Together, the mid-century addiction sciences and the newly empowered lay addicts associated with the 12-step movement reconstituted the addict and co-determined a new addiction "dispositif" (Foucault 1980). Apart from a chronic physiological disease not unlike tuberculosis or cancer, the 1960s addict appeared to be a "normal" and "average American." In the light of this representation, the addict's destructive behavior followed not from immorality

or a congenital psychopathic predisposition, but from the irresistible effects of brute chemical changes. Changes, moreover, to which all Americans appeared vulnerable and to which a broad range of compulsive behaviors might lead. No longer embodied strictly by the debauched street-corner drunk or the shooting-gallery junkie, medico-legal authorities and the public began to recognize even their neighbors as potential addicts: the ambitious business man, the aspiring student, the beleaguered wife, and the hopeful, but troubled, entrepreneur pursuing the American Dream.

More sympathetic representations of the addict eventually drove more sympathetic treatment modalities. In 1961, a joint committee comprised of members from the American Bar Association and the American Medical Association released a report titled, *Drug Addiction: Crime or Disease*? The committee concluded that the addict was in fact a diseased kind of person demanding medical intervention, and their report ultimately encouraged the development of a network of community-based treatment programs (ABA/AMA 1961). Two years later, the American Public Health Association released an official statement confirming the medical nature of alcohol addiction and reinforcing the ABA/AMA's earlier calls for a network of treatment facilities (Gordon 1963).

By the late 1960s, physicians disillusioned with punitive methods of social control and anxious to treat addiction as a disease rather than a crime introduced methadone maintenance. Medical researchers and practitioners like Marie Nyswander, Vincent Dole, and David E. Smith framed the new approach as a humane method of helping the heroin addict arrest his withdrawal symptoms, stabilize his physiology, maintain gainful employment, and avoid incarceration (Courtwright et al. 1989). The legal establishment of methadone clinics in major

American cities marked the emergence of the so-called "less harm" addiction treatment paradigm and signaled a radical shift in relations between physicians, juridical authorities, and addicts. The new methadone maintenance movement seemed to recall in spirit, if not in operation, the short-lived municipal narcotic clinic movement that had dissipated amidst the encroaching gloom of the Volstead and Harrison Acts during the first decades of the twentieth century. Acker (2002) summarizes:

> If the classic era of narcotic control had begun with the forbidding of addiction maintenance and the closing of the municipal narcotic clinics in the 1920s, it ended in the 1960s with the introduction of methadone maintenance as a treatment for heroin addiction (215).

Against these representational and practical shifts, American addicts in the 1960s encountered a radically different social matrix than had addicts in the 1930s or inebriates in the 1870s. Hacking's dynamic nominalism suggests that this reformed matrix made possible new types of interactions and outcomes between expert knowledge and those who were subjected to and through that knowledge. In fact, these interactions were no longer limited to only those who had intimate contact with the field of alcohol research and treatment. The new physiopatholgoical representations of addiction extended beyond any discrete population of "psychopathic" deviants and implicated all Americans as potential addicts.

The social matrix obtaining in the United States during the 1960s appeared to affect not only scientific discourse and the confirmed addict, but also popular discourse and the non-addicted American. Beginning in the late 1960s and early 1970s, Americans became increasingly preoccupied with their own patterns of consumption (Reith 2004; Peele 1989). If, as AA participants claimed and the "Jellinek Curve" appeared to demonstrate empirically,

addiction tended to manifest gradually and insidiously, then more Americans were apt to closely surveil and "self-discipline" (Foucault 1988) their own behavior. Under these conditions, many retrenched "controlled use" and moderate consumption as sacred virtues in the late twentieth-century West (Reith 2004; Room 1983; Levine 1978; Denzin 2007).

As much as it demanded ongoing vigilance of one's own consumption patterns, however, the new addiction-as-disease representations also contributed to the normalization of drug and alcohol use. In fact, the push to de-stigmatize alcoholism, to re-normalize the alcoholic, and to raise American consciousness about the medical nature of addiction were all goals central to Marty Mann's NCEA (Roizen 1991, 2004). In addition to the progressive expansion of 12-step culture into new dimensions of human experience, Jellinek's *Disease Concept* helped to extend a discourse of normality to other substances, other behaviors, and other kinds of addicts. In this light, a social matrix of new ideas, institutions, and practices regarding the "otherwise normal" addict also may have contributed to the "enormous demographic changes in drug use that characterized the 1960s" (Acker 2002: 212). These demographic changes challenged, among other assumptions, prevailing scientific explanations that attributed addiction to anomic sociocultural conditions. In order to reconcile human scientific classifications with this new American addict, the old theories would have to be amended, appended, or jettisoned altogether. And on the addict wandered across the remainder of the twentieth century, the human scientific kind shifting in tandem with the kind of person.

Loss of Control

Recently, neuroscientists have sought to clarify and further refine Jellinek's suspicion that addiction proceeded through cumulative physiological adaptation. In 1960, Jellinek attributed the addict's claimed loss of control to a combination of long-term tissue tolerance and short-range neurological accommodation. When both phenomena were present, the scholar held that, during any single drinking bout, "the effect at the descending part of the alcohol concentration may be nullified, and this may be correlated with a greatly diminished production of euphoria" (148). Jellinek's invocation of a nebulous "euphoria" suggested a soft spot in his otherwise hard physicalist explanation of the addict's loss of control. Addiction researchers since have employed cutting-edge imaging technologies like PET scans in order to "see" more clearly how the putative disease manifests in the addicted brain (Volkow et al. 2004). Based on these new methods of observation, many addiction scientists working within the neurobiological paradigm insist that Jellinek's "euphoria" in fact follows brute chemical variation in dopamine production (Goldstein and Volkow 2011; Koob and Volkow 2010; Kalivas and Volkow 2005).

Regardless of the veracity of these neurobiological insights, it is significant that over seventy-five years after the founding of Alcoholics Anonymous and a half-century after Jellinek published *The Disease Concept of Alcoholism*, the addict's putative loss of control over his consumption behavior remains a central problematic in addiction research. Darin Weinberg (2013) finds "widespread acknowledgement that the core criterion of addiction is the loss of self-control," but insists that "nowhere has anyone succeeded in scientifically distinguishing controlled drug use from the loss of self-control" (173). In fact, Weinberg argues convincingly

that “neither the biomedical nor the social sciences have ever managed to adequately link drug use with a loss of self-control” (173), and that the phenomenon continues to represent the “missing core in addiction science” (173).

This study has attempted to show how the modern concept of loss of control emerged first in Alcoholics Anonymous discourse during the 1930s. The preceding chapters demonstrated how early AA participants contested psychiatric models that cast the alcoholic as a psychopathic and sociopathic human kind of person. They integrated the addict’s apparent loss of self-control within more extensive self-representations meant to de-stigmatize and re-normalize the alcohol addict. In short, AA participants claimed that ingesting certain substances caused the addict to “lose his self” and engage in behavior destructive to both himself and others. In this light, he seemed to resemble the pitiful Dr. Jekyll whose momentary indiscretions inevitably reintroduced the nefarious Mr. Hyde. Fundamentally, however, the AA participant claimed that, like Dr. Jekyll, the alcohol addict was normal in every way—even exceptional in some ways—except for the abnormal chemical interactions between alcohol and the addict’s body.

Further, this work argued that early AA contributors sought to ground lay addicts’ epistemic authority in their exclusive access to various phenomenological dimensions of addiction. The alcoholic’s subjective experience of losing control over his drinking behavior represented the keystone of these addicts’ claim to a privileged epistemology over their own classification, and it ultimately proved decisive to lay addicts’ successful self-ascription of their kind-term between the mid-1930s and late 1950s. Twelve-step participants insisted that the experience of losing control resisted explicit articulation and scientific explanation. They held

that it represented an empirically-unavailable dimension of addiction to which only those who suffered addiction were privy. Based on the irreducible experience of losing self-control, lay addicts successfully claimed partial rights to knowledge of the addict as a human kind of person, and based on these partial rights, they eventually established partial autonomy from expert classifications.

Contributors to the mutual-help movement, however, never presented the subjective experience of losing self-control as a discrete and independent phenomenon. Rather, they integrated the experience within a more fundamental critique of the limits of explicit knowledge and human reason. The 12-step participant represented addiction as a behavioral exaggeration of distinctly modern and Western aspirations to self- and environmental-mastery: aspirations that, they argued, were only encouraged by the apparent advance of scientific knowledge and technological capacity. For the addict, losing self-control was a profoundly meaningful experience that ramified cosmically: it signified his class(ification) membership, underscored his limitations as a human being, and reminded him of his ultimate dependence on a Higher Power. In the light of early AA doctrine then, the alcoholic's subjective experience of losing self-control always gestured beyond itself toward a more basic spiritual lapse widespread in the modern West. In other words, the addict's loss of self-control began as a metaphor for the Western individual's alienation from his environment; or, perhaps better put, as a microcosmic token of more pervasive sociocultural disorder.

The previous chapter sought to demonstrate how Jellinek's (1960) seminal work, *The Disease Concept of Alcoholism*, unfolded against historically unprecedented active looping effects between two knowing subjects: the addiction sciences and class(ification)-conscious lay

addicts. By centering the addict's loss of control as the *sine qua non* of addiction, and by positing addiction as a disease involving physiopathological processes, Jellinek's account helped to reconcile addiction experts and lay addicts, and to legitimate scientifically the "modern alcoholism movement" in which both groups claimed a political stake.

Prior to Jellinek's naturalistic interpretation of the phenomenon, however, 12-step participants long had understood the addict's loss of control as but a single constitutive element within a broader constellation of interconnected ideas concerning modern Western disorder. By explaining biologically the lay addict's claimed loss of control, Jellinek effectively relocated the concept from AA's broader symbolic matrix to the hermetically-sealed scientific laboratory. Despite various sociopolitical benefits, Jellinek and his followers appeared to reify a metaphor that had been central to lay addicts' earlier claims to epistemic authority over their own kind-term. The AA participant's sacred and ineffable experience of losing control over his behavior only underscored for him the futility of dependence on the worldly and profane human sciences. Paradoxically, the research paradigm that Jellinek inspired continues to ground its empirical analyses of addiction in an idea that originally had served anti-empirical functions central to 12-step doctrine and lay addicts' attempts at self-ascription.

In an earlier work, Weinberg (2011) argues that many scientific accounts tend to take lightly the addict's real suffering. He argues that these studies often "overlook the fact that the loss of self-control over drug use is often taken seriously by drug users themselves" (306). The present work holds that the lay addict "takes seriously" the experience of loss of control not because it is a "real" facet of the external world awaiting empirical observation and scientific explanation, but because it is integral to his class(ification) consciousness and, by extension, the

stability of his self. In sum, a dynamic nominalist perspective casts new light on the "mangle" (Pickering 1995) of material and ideal relations out of which the lay addict's "loss of control" emerged initially, and helps to explain why it has remained for the addiction sciences such an unshakable problematic ever since.

Logic of Events

More broadly, this work has attempted to demonstrate how a series of looping effects appeared to drive the American addict's meandering path between 1860 and 1960. Within historically contingent social matrices of ideas, institutions, and practices, human scientific classifications seemed to interact in profound and unpredictable ways with the humans who were so classified. This study has argued that, considered in succession, this series of interactions resembled the historical sociologist's "reactive sequence" (Mahoney 2000; Goldstone 1998). It argued further that the ongoing historical and dialectical relations between expert knowledge and lay behavior help explain why both addiction as a human kind of behavior and the addict as a human kind of person appeared to wander so radically between the mid-nineteenth and mid-twentieth centuries. The above section, for example, attributes in part the ongoing theoretical centrality of the addict's claimed loss of self-control to antecedent interactions between scientific knowledge and those who were subjected to that knowledge.

In his article, "From Causes to Events," Andrew Abbott (1992) argues that narrative accounts of reactive sequences should seek to disclose an "inherent logic" underlying their event chains (445). Meanwhile, Hacking (1986) denies that "there is a general story to be told about making up people" (234); he insists that each human kind "has its own history" (234). In

short, the philosopher doubts that a generalizable telos animates different sociohistorical processes of human kind constitution. Hacking implies that each human kind proceeds through a unique series of historically structured, if still potentially radical, contingencies. Correspondingly, the present work has resisted the temptation to generalize beyond the case of the wandering American addict to the historical construction of other human kinds. In this light, all analyses of human kinds seem destined to face a similar "small N problem" (Steinmetz 2004).

Nonetheless, the present work has attempted to demonstrate through the case of the American addict that if there is an inherent logic to the radically contingent process of kind creation, then it appears reducible to the logic of the looping effect. As a "causal mechanism" (Merton 1967; Elster 1989; Stinchcombe 1991; McAdam, Tarrow, and Tilly 2001), the looping effect appeared to mediate between each successive breakpoint in the addict's historical event series. Rather than seeking an inherent logic underlying the sum of the American addict's historical wanderings, the present work has attempted to show how this "causal mechanism" affected, but never determined, representational and phenomenal outcomes at each historical juncture in the reactive sequence. In other words, the central argument presented here has eschewed "grand" theorization of the American addict in favor of middle-range explanation (Merton 1967). To this end, the present work sought to demonstrate how the looping effects of the addict structured at each breakpoint the horizon of ideal and material possibilities available to both addiction experts and lay addicts.

Despite his reluctance to tell a "general story" about the historical constitution of human kinds, Hacking (1986) in fact suggests that various instances of "making up people" tend

to betray similar patterns. For example, he argues that expert representations tend to de-moralize and naturalize kinds over time: "There is a regular attempt to strip human kinds of their moral content by biologizing or medicalizing them" (Hacking 1995a: 367). Even where representations proceed initially in psychological or sociological terms, Hacking expects that they will eventually "yield to biology" (376). The philosopher argues further that under a particular set of sociohistorical conditions (380-2), those who are classified from above "may rise up against the experts" (360) and self-ascribe their kind-term. Hacking argues that self-help and mutual-help groups like Alcoholics Anonymous often drive such "bottom-up" revolutions, and that these types of organizations "tend to remoralize a human kind" (382).

Evidence presented in this study, however, suggests that the historical constitution of the addict diverged in significant ways from Hacking's generalizations. As mentioned above, the philosopher argues that expert representations tend to follow a "metaphysical thrust" (Hacking 1995a: 367) away from psychological and social explanations and toward naturalistic accounts that biologize and de-moralize human kinds. However, the present work showed how a small cadre of medical practitioners, asylum directors, and "inebriety" scholars during the 1860s and 1870s contested prevailing temperance ideology by representing the addicted person as a victim of natural laws beyond his control. Rather than a sinful soul demanding moral uplift, the new addiction sciences encountered the addict as *mass-in-motion* whose underlying physiopathologies required scientifically-driven and medically-directed rehabilitation. In other words, data presented in this study suggest that when the addict emerged as a discrete kind of person in American history, he emerged already "biologized" (Hacking: 372).

Contrary to Hacking's projections, between the late 1800s and the first few decades of the twentieth century, the addict appeared to wander *from* biological *to* psychological and sociological accounts. Late nineteenth-century physiological representations effected new social matrices and, in turn, new forms of addict behavior for which the prevailing explanations were unable to account. Faced with such anomalous behavior and a ballooning population of "menacing" addicts, by the late 1910s, medico-legal authorities doubted the veracity and therapeutic capacity of the earlier physiological theories. In order to explain these new behaviors and stanch what appeared to be a rapidly spreading social problem, authorities increasingly turned to theories that proceeded at psychological and social, rather than biological, levels of explanation.

While this particular representational shift seems to contradict Hacking's expectations regarding the long-range trajectory of human kinds, his "looping effects" mechanism helps to illuminate the dialectic through which the addiction sciences elaborated new typologies and definitions in the face of behavioral anomalies. Rather than a retreat to the temperance reformer's enchanted explanations, the new psychiatric and sociological models represented the addict as an empirically-available kind of person amenable to deductive nomothetic explanation, even as these new explanations contested disciplinary authority and diverged substantively from the earlier physiopathological models. This insight appears to reinforce Hacking's (1999) argument that the historical constitution of human kinds proceeds cumulatively: "Later stages are built upon…the product of earlier stages" (50). While the psychiatric and sociological models of the 1920s and 1930s appeared to reintroduce shades of the temperance reformer's moralism, data presented in this work suggest that the new

representations ultimately retained the earlier physiological models' emphasis on empiricism and naturalistic explanation.

Hacking further suggests that when self-help groups like Alcoholics Anonymous represent the primary vehicles through which laymen self-ascribe their kind-terms, these movements tend to humanize and, by extension, re-moralize human kinds. Again, this study presented evidence to the contrary in the case of the American addict. AA emerged in the mid-1930s against the moralistic psychiatric and sociological accounts that had prevailed in the field of professional addiction research and treatment since the early 1920s. Early contributors to the mutual-help fellowship contested these accounts by advancing new self-representations in part grounded in the addict's "physical allergy" to alcohol (*Alcoholics Anonymous* 1939: 7).

Like the representational form in which the human kind first emerged at the turn of the twentieth century, the types of accounts that lay addicts elaborated during the Great Depression appeared to be contingent largely on immediately prevailing sociocultural conditions. In short, the historical juncture at which an event occurs relative to an ongoing reactive sequence, and not calculable tendencies relative to some master logic of human kind constitution, appeared to be decisive here as elsewhere. As causal mechanisms that mediate between successive breakpoints in the historical construction of human kinds, Hacking's looping effects help explain how such historical contingency might contribute to future material and ideal possibilities.

So while the history of the American addict resists reduction to any overarching logic, Hacking's looping effects suggest an intermediate logic that underlay each successive turn of

the addict's meandering path through the twentieth century. The logic of the looping effect implies that (1) the entire sequence of preceding events will structure the possibilities of prevailing conditions, (2) prevailing conditions will structure future possibilities, and (3) street-level interactions between human scientific classifications and those who are classified will proceed dialectically and historically. This mediating causal mechanism may be insufficient to explain *in toto* the historical arc of any single human kind, but it seems to shed significant light on each transitional outcome along the way. By analogy, if biological evolution tends to proceed according to the logic of Darwin's "natural selection" mechanism, then human kind constitution appears to proceed according to the logic of Hacking's looping effects.

Human Kinds

At an even higher level of abstraction, this work has suggested that the historical wanderings specific to the American addict help throw into relief many of the complications intrinsic to modern Western selfhood more generally. Hacking's dynamic nominalism holds that, in certain instances, new kinds of people emerge together with new human scientific classifications. In other words, novel scientific descriptions of human activity make possible for the human actors that they describe novel lived-realities. The peculiar title of Hacking's (2002) work, *Historical Ontology*, draws attention to the contingent "becoming" of certain realities, including the scientifically-posited realities in which kinds of people like the addict may ground their identities.

The likelihood that the human sciences co-constitute social reality appears less remarkable where they classify and explain "emergent" social phenomena: Le Bon's

"unreasonable mob," Durkheim's "collective representation," Weber's "legitimate State," and Marx's "capitalist economy." There may be evidence of looping effects in these cases and such classical accounts well may have contributed to new social realities, but these scientific classifications transcend the individual by explaining the social world at meso- and macro-levels. In other words, Steinmetz (2004) may be correct when he argues that "*all* of the supposedly intransitive social realities we study are potentially co-determined by the social sciences" (*emphasis added*; 379). But like much of Hacking's oeuvre, the present work has been concerned mostly with the ways that human scientific classifications ramify—phenomenologically and objectively—through individuals' lived-realities.

When the human sciences identify and explain particular *kinds of people*, they simultaneously effect new social realities that may transform the individuals under description. "To create new ways of classifying people," Hacking (1995a) argues, "is also to change how we can think of ourselves, to change our sense of self-worth, even how we remember our own past" (369). In other words, the constitution of new human kinds affects not only an individual's future possibilities, but also those thin threads of personal experience and memory around which a stable self tends to condense. By elaborating new kinds of people, the human sciences reform a culture's horizon of possible lived-realities and reorganize individuals' ontic assumptions and moral commitments.

Of course, social theorists long have argued that proximal institutions inform identity, and many have drawn particular attention to the perils presented by the rise of modern science as the predominant source of authoritative knowledge and selfhood. The conventional critique of modernization proceeds more or less as follows: Under "premodern" conditions and even

throughout the early modern West, traditional institutions like family, labor, and the church ascribed nonnegotiable identities that meaningfully located the individual in space and time. Many of these durable institutions helped to integrate the individual within a social order grounded in certain Absolute Truths and Natural Laws. In other words, theorists have argued that the premodern self both reflected and reproduced certain historically entrenched collective representations of the external world and the Good (Durkheim 1912; Berger and Luckmann 1967; Taylor 1989).

The sociohistorical processes of disenchantment and deinstitutionalization, however, seem to have weakened, and in some cases delegitimized completely, the traditional institutions that once bestowed on the individual a robust and metaphysically-significant identity. Further, instrumental rationality and naturalism, the critical modernist argues, appeared to displace more traditional modes of human action and explanation. And by the turn of the twentieth century, modern science represented one of the few remaining sources of ostensibly transcendent truths and identities.

Alienated from the robust matrix of traditional institutions against which the premodern self unfolded, the modern American increasingly was forced to "turn inward" in order to construct and sustain his self. Under these conditions, scientific knowledge accrued particular significance as the modern individual attempted to cobble together a cohesive and meaningful identity (Giddens 1991; Seligman 2000). Theorists have worried that, taken together, the moral ambiguity of scientific knowledge (Nietzsche 1882, 1883; Weber 1949) and the demands of "subjectivization" (Gehlen 1956) seem to threaten not only the strength of modern Western selves, but also the capacity of such fragile identities to integrate individuals effectively within

an increasingly complex social order. When individuals settle their own identity, truth, and moral commitments independently, the argument concludes, selfhood appears particularly fragile, social coordination becomes improbable, and anomie and systemic breakdown seem increasingly likely (Durkheim 1893, 1897; Berger 1967, 1979).

Not only does modern science appear morally vacuous and therefore a dubious source of meaningful and robust identity, but even considered strictly as a source of truth it appears increasingly unstable. As the twentieth century progressed, post-positivist theorists drew attention to the inherent limits of scientific knowledge. Popper (1934, 1962) argued that modern scientific truth was intrinsically a truth "in progress," and that, even if Absolute Truth exists, science is bound to approach it only asymptotically. In different ways, Kuhn (1962) and Foucault (1961, 1966) also contested modern science's positivistic front-stage presentation (e.g., see Merton 1942). Kuhn underscored how successive paradigm shifts do not necessarily reflect the accumulation of new evidence or the advance of positive knowledge, but are often a function of various extra-theoretical forces. Separately, Foucault's early archaeologies sought to demonstrate how modern scientific inquiry manifests an historically-situated mode of human explanation determined not necessarily by epistemic progress, but by shifts within a culture's basic and relatively autonomous "episteme." In the light of these arguments, science seemed to represent an unstable source of truth and, by extension, an even more precarious basis for modern selfhood than earlier critics suspected.

Hacking's dynamic nominalism suggests an additional wrinkle in the relationship between scientific knowledge and modern Western selfhood. If, as Popper and others have argued, modern scientific knowledge—concerning both the physical and social realms—is

inherently unsettled, then possible "looping effects" between human scientific description and the humans who are described appears to exacerbate the instability of social scientific knowledge in particular. Drawing on the meta-theoretical insights of dynamic nominalism, this work has attempted to show how the American addict has represented for the human sciences a "moving target" whose behavior seemed to change in tandem with new scientific representations. Each successive attempt to describe, explain, and treat the addict as a discrete human kind of person inevitably affected the addict's behavior such that, in time, he became a different kind of person demanding different scientific explanations. Under these conditions, human science appears to be forever chasing its own tail, and knowledge about human kinds like the addict appears uniquely unstable.

The historical emergence of self-ascribed human kinds appears to exacerbate further this instability. Chapter Seven above argued that by the mid-twentieth century, Americans increasingly turned away from scientific expertise and toward those last bastions of epistemic and moral certainty: personal experience and practical knowledge (Polanyi 1958). In fact, this trend appeared to represent one of a myriad of sociohistorical conditions conducive to the development of addicts' class(ification) consciousness, their claims to a privileged epistemology, and, ultimately, the self-ascription of their kind-term. Through Alcoholics Anonymous and associated mutual-help fellowships, lay addicts elaborated new self-representations as knowing subjects no less, and in certain ways significantly more, perceptive than the addiction sciences. By self-ascribing and redefining the classification that experts long had applied to them from above, lay addicts inaugurated a "wholly new type of looping effect" (Hacking 1995a: 382). If scientific knowledge appeared to be an unstable source of modern

identity given even "passive" looping effects between scientific knowledge and the kinds of people to whom that knowledge referred, then this appeared to be doubly true where the classified claimed rights to their own knowledge and "actively" affected the future trajectory of kind constitution. Under conditions of active looping effects, human science not only appears to chase its own tail, but the tail also appears to wag the dog.

The divergent histories of the homosexual person and the addict underscore the peculiar instability of identities grounded in the latter human kind. Hacking (1995a) argues that, like the addict, the "homosexual as a kind of person emerged in medico-forensic discourse late in the nineteenth century" (381). The kind-term "was quickly taken up by the known, and gay liberation was the upshot" (381). In other words, by self-ascribing his own kind-term, the homosexual person eventually "liberated" himself from scientific classification. From that point on, "whatever the medico-forensic experts tried to do with their categories," Hacking (1986) insists, "the homosexual person became autonomous of the labeling" (233).

Chapter Eight above demonstrated how the lay addict wandered in a radically different direction after self-ascribing his kind-term. Between the mid-1930s, when a small group of lay addicts founded Alcoholics Anonymous, and the early 1960s, when Jellinek published *The Disease Concept of Alcoholism*, class(ification)-conscious addicts became tightly coupled to the addiction sciences. The organizational ties that crystallized during the mid-1940s between Marty Mann's NCEA and the Yale Center of Alcohol Studies both reflected and perpetuated this emergent union. Lay addicts and the addiction sciences shared rights to the resulting modern alcoholism movement, and the movement itself represented a vehicle through which both factions effectively pursued various social and political interests. As the two groups became

more tightly coupled practically, so too did lay addicts' and addiction experts' representations of the human kind converge. By the mid-1960s, the human sciences and lay addicts similarly recognized the addict as an "otherwise normal" American who suffered a degenerative disease.

Unlike the homosexual, the class(ification)-conscious addict never became fully autonomous of human scientific explanation. In order to provide a thoroughgoing explanation for why the addict's trajectory differed from the homosexual's, the analyst would have to recount the entire reactive sequence through which the latter kind of person was constructed, as this work has attempted to do for the former. Even then, historical comparisons between the human kinds may not disclose a clear explanation; like repeated runs of the Polya urn experiment introduced in Chapter Two, each instance of human kind constitution is only intelligible relative to its own radically contingent trajectory. Nonetheless, it may be suggested here that the cultural legitimacy and authenticity of the addicted self was contingent largely on the physiological basis of his deviant behavior. By contrast, the sanctity of the homosexual self seemed to demand that the people of the kind absolve themselves of disease definitions, even as they later folded cutting-edge genetics research into new self-representations (O'Connor and Joffe 2013). In other words, a rhetoric of chemical disorder appeared decisive to the normalization of the addicted person, but only seemed to exoticize further the homosexual.

Whatever the precipitating causes, the consequences of lay addicts' ongoing symbolic dependence on scientific description are of particular importance to the present work and, more generally, to the relative stability of certain identities grounded in human scientific kinds. By "liberating" itself from scientific description, homosexual personhood appeared to achieve relative stability. By contrast, lay addicts only ever established partial autonomy from experts'

labels, and the addict personhood therefore remains vulnerable to the turbulent and unpredictable currents of “active” looping effects: the addiction sciences and the kinds of people that they describe remain linked as in the fashion of a binary star. If the addict represents for the human sciences a “moving target” that seems to transform materially with each attempt to describe him ideally, then this work has attempted to show how, under conditions of active looping effects, the addicted self represents for the lay addict an exceptionally “loose foothold” that appears to shift ideally with each attempt to embody it materially.

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