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The Addiction Concept

How The Language Of Sin Was Replaced By That Of Disease

Peter L. Ferentzy

A thesis submitted to the Faculty of Graduate Studies in partial fulfillment of the requirements for the degree of Doctor of Philosophy

Graduate Programme in Social and Political Thought
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Abstract:

The disease model of addiction is barely over two centuries old. The product of a secular mindset which medicalized behaviors and states that had been deemed sinful, this conception of chronic substance abuse first appeared during the late eighteenth and early nineteenth centuries in the wake of a larger shift in the way Westerners viewed deviancy as well as other fields ranging from medicine to history. Whether one chooses industrialization, capitalism, scientific awareness or another cause, our perception of the world *and of ourselves* changed drastically.

Addiction's key feature, the loss of control over a substance, became increasingly problematic as Enlightenment ideas of free will gained ascendancy. Since some "loss of control" was also the key feature of madness and other psycho-behavioral ailments, addiction, which directly targets volitional issues, is the purest rendition of a larger development. Most successful in North America, the disease conception was first aimed at alcohol and only later at other substances. Preindustrial preachers and medical authorities did not consider drunkenness more enticing than other sins such as swearing

and fornication -- there was no substance-specific conception of compulsive behavior. As well, the chronic and progressive nature of what today is called alcoholism was understood but not considered iron-clad (in the eighteenth century the very notion of disease etiology was still controversial). Further, holistic conceptions of sin and redemption made moderation rather than abstinence the favored solution to chronic drunkenness.

Pertinent themes such as the propensity of addicts to "deny" their condition, and a drunkard's effect on family and friends (today called "codependency") were well formulated by the nineteenth century Temperance movement which was in step with other social, scientific and philosophical trends. The "denial" practiced by alcoholics, for example, was (and is) similar to the resistance to awareness which purportedly haunts neurotics. In either case deviancy is masked by the suppression of inner truths -- entailing a uniquely modern excursion into the recesses of the soul. This "Foucauldian shift" in perception can be identified wherever modernity confronts behaviors and states of mind considered morbid or strange. It also presents unprecedented conceptual paradoxes.

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A project such as this would not have been possible at most liberal arts programs, and I will always be grateful to York University's *Graduate Programme in Social and Political Thought* which permits a measure of intellectual liberty that, at least on this continent, is arguably without parallel. This project is also indebted to Harry Levine who's article, "The Discovery of Addiction", inspired the whole thing.

Finally, I would like to acknowledge one fact that rarely (if ever) surfaces in such tributes: most scholars of my generation grew up while their fathers were absent -- in body, or spirit, or both. Though rarely an advocate of gender neutral language, I represent a generation of men who were raised by women. For this reason, I would like to dedicate this thesis to my mom.

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Introduction

The origin of "addiction" as an idea in the West is a matter of ongoing debate. In 1978 Harry Levine published an article, "The Discovery of Addiction", wherein he argued that what we today know as alcohol addiction or alcoholism is a relatively new concept, a product of the late eighteenth and early nineteenth centuries.[1] Though influential at the time, this view has been questioned by Roy Porter and more recently by Jessica Warner.[2] These authors point to older texts -- Porter using medical writings and Warner relying mainly on sermons -- to show that alcohol addiction had already been identified and even called a "disease" well before the late eighteenth century. Yet few would deny that our perceptions have changed, or that the early 1800's marked an important shift in Western consciousness. The debate hinges more upon the degree to which thinking on substance abuse has changed, and the extent to which it is appropriate to speak of sharp breaks in cultural perceptions as opposed to a gradual evolution.

In this study, I intend to trace the development of the idea we call "addiction". The primary focus will be on addiction to alcohol, and notably the disease conception of addiction. It should be understood that, to some degree, the debate over the novelty of addiction is

misleading. Near the end of her article, Warner admits that addiction as we know it today had been outlined "only in fledgling form" in the seventeenth century; while Levine points to early eighteenth century texts wherein "we can see the seeds of the modern view of habitual drunkenness."[3] If we take such academic qualifiers literally, we might conclude that Warner and Levine are in near perfect agreement and that the only difference lies in the choice of focussing either on change or continuity. This would be inaccurate, but the possibility highlights one difficulty associated with a study of past conceptual systems. On the one hand, sociologists are tempted to exaggerate the importance of their discipline -- social and cultural relativity might unduly be favored. Conversely, it is equally tempting to read our own assumptions into the past. For this reason, the first chapter will contain a review of a seventeenth century text which deals with the sin of swearing. The preacher talks of how swearing starts sporadically and develops into a compulsion.[4] What I wish to demonstrate is that if the vain use of God's name were medicalized today as are alcohol and heroin addiction, it would not be hard to produce evidence for the continuity of the disease conception of swearing.

In a recent paper, Robin Room argues that even if one points to what may be the presence of addiction concepts in pre-modern texts, the later pervasiveness of such ideas is easier to identify as new, "at least in terms of popular conceptions applied by broad sections of the population in everyday life. As an accepted way of understanding human behavior, addiction concepts are a phenomenon specifically of the late modern period."[5] Still, as much of the confusion surrounding the emergence of the addiction concept rests in the difficulties

associated with determining which conceptions may or may not have been popular in times when most people were illiterate, this study will consistently attempt to bridge the gap between learned and popular perceptions.

Another difficulty lies with the nature of addiction itself: the modern notion of addiction is consistently directed at seemingly inexplicable behaviors. The target, therefore, is the mysterious or the unknown. The very first, and therefore simplest, reason for using the addiction concept involves, "the mystery of the drinker or drug user continuing to use despite what is seen as the harm - such as casualties, damage to health, and failures of work and family roles - resulting from use." As Room points out, the mystery continues when we sift out the essential criterion for all addiction concepts: "the concept of loss of control, or, in recent formulations, impairment of control."[6] Despite varying formulations, addiction is always defined in the negative: it is *a lack;* the lack of control. No matter how keenly we hone our explanations -- be they biological, socio-political, psychological, or even spiritual -- an element of mystery remains crucial to all addiction concepts.

In North America, the most favored approach has been to view addiction as a disease. Despite the existence of many (often contradictory) disease models, Room again points out a few essentials: "To classify alcoholism or addiction as a disease puts the affliction into the territory of physicians and health, and in our culture this in itself involves a strong privileging of the biological."[7] With tolerance and withdrawal symptoms as key, the biological model falls short on two counts: in itself, tolerance to a drug (for example alcohol) need not be

problematic and is, in many settings, highly respected -- the ability to hold one's liquor does not necessarily imply that one's drinking, or one's life, is out of control; and the phenomenon of withdrawal is not a good explanation for continued use, notably since use often recurs well after these symptoms have subsided. We are left, therefore, with the need for psychological explanations as well. "Here," in Room's words, "the master concept is of a craving or compulsion: the idea that there is something in the mind of the user which compels use, overriding apprehensions of the diverse consequences, the self-control of the user, and often even the user's will."[8] As Room explains, "craving" is modernity's answer to questions which in other places and times would "invoke ideas of witchcraft or of evil spirits, to explain what appears to be a compulsion which is not subject to an addict's control." This explanation, however, simply gives the mystery a name. It also involves a process of conceptual duplication which, as I will argue, is crucial to the addiction concept. Here, I would simply refer the reader to Room's comments as an introduction to the dilemma:

> As a concept, craving appears to offer an explanation of loss of control over drinking or drug use. But it begs the questions it appears to answer. It is descriptive of what many heavy drinkers or drug users report experientially, but it does not offer any explanation of the experience beyond a label for it. The mystery of addiction is still maintained. The concept of craving simply pushes it one step further back, offering an apparently empirical and secular identification and firmly locating the source of addiction in the mind of the drinker or drug user.[9]

Referring to fiction and to modern mythology in general, Room concludes that, "In stories, as in life, the addiction concept offers an apparent explanation of the otherwise inexplicable."[10] My purpose is to provide a history of how, and why, we have come to choose this particular explanation.

Conceptual and Methodological Considerations

A study of collective mindsets poses a few immediate difficulties. It can imply sharp breaks in thought from one age to another -- breaks which do not always stand up to empirical scrutiny and lend themselves to critiques such as those of Warner and Porter. This study, however, will attempt to avoid such problems by making claims that are somewhat more modest. As already mentioned, few would deny that our thinking has changed; and the changes in our thinking about substance abuse can be empirically documented in ways that are, at least to a degree, independent of theoretical questions concerning epistemic shifts, paradigm shifts -- call them what we will. My purpose is to describe some changes, point to some "epistemic" questions, and lay the foundation for more comprehensive socio-political approaches and explanations.

I will put forward a narrow -- some might say vulgar -- version of the disease concept. This is not meant to undermine more sophisticated ways of integrating the disease conception with social, economic and other determinants, but to present it in a pure form for the purpose

of analysis. Therefore, speaking schematically, the disease model involves four major themes and their related tenets: 1) *Heredity:* Addiction is largely hereditary and hence all addicts are born as such, or at least as more prone to addiction than others. 2) *Primary Affliction:* Addiction is a primary disease, the cause rather than the effect of other problems, and for the most part afflicts people without consideration for ethnicity, class, religion or gender. 3) *Loss of Control:* Addicts indulge to excess not necessarily because they enjoy it but because they cannot stop. 4) *Chronicity:* Addiction is a progressive disease which can only get worse and never stabilize or become less compulsive; hence total abstinence, rather than moderation, is the only solution.[11] These tenets are borrowed from Stanton Peele and represent an abbreviated version of his summary. Central is the idea of a loss of control. For although addiction is seen to have many dimensions, it could not be *addiction* without some undermining of human volition. Jellinek's classic "delta" alcoholics -- those who drink constantly but never lose control of their drinking or their behavior -- are nonetheless out of control in that they *cannot* abstain without suffering painful symptoms. Room points to more than one disease model, yet all must hinge upon some volitional deficiency. There may be more to the disease of addiction than the lack of control, but there could be no such "disease" without it. As Levine points out: "The idea that alcoholism is a progressive disease -- the chief symptom of which is loss of control over drinking behavior...is now about 175 or 200 years old, but no older."[12]

This "ideal type" is well represented in current addiction literature. Its importance increases dramatically when we consider more popular

conceptions of addiction adhered to, for example, by many self-help groups, not to mention the countless trends, debates and countertrends in which the current state of awareness is rooted. At this point, however, a brief look at these four tenets and their place in late-twentieth century addiction literature is in order.

1) Heredity.

Professional views on this issue can range from pure reduction to balanced attempts at combining hereditary determinants with other factors. Daniel Flavin and Robert Morse take one of the most comprehensive positions: "Alcoholism is a primary, chronic disease with genetic and environmental factors influencing its development and manifestations."[13] Few would challenge such a position, as it makes little sense to discount either genetic or environmental determinants altogether. Such a balanced view, however, tends to undermine the importance of heredity. In fact, these researchers do not include heredity among alcoholism's "key components", which are: "the primary nature of alcoholism, the concept of alcoholism as disease, the issue of progression, the concept of impaired control".[14] Essentially, the absence of a hard determinism founded in genetics tends to entail a blending of heredity with the notion of disease primacy. The two concepts are complementary in their agreement that alcoholism comes first, that it is a cause rather than a symptom of other difficulties. In practical terms, the "primary" nature of addiction, once established, is sufficient for the purpose of influencing treatment and policy procedures along disease model lines.

As we turn our attention to authors more closely allied to the grass-roots drug therapy movement, a stronger adherence to a strict disease conception is evident. Writing about cocaine addiction, Arnold Washton is less inclined to support notions of inherited susceptibility to alcohol abuse and, instead, suggests a genetic predisposition to substance addiction in general:

> There is, as yet, no evidence of an inherited vulnerability specific to cocaine addiction. In fact, it seems very unlikely that any inherited factor would be drug specific; that is, there is probably no specific chromosome or gene that is cocaine specific, alcohol specific, or heroin specific, etc. Rather, it seems more likely that what one might inherit is a generalized vulnerability to chemical dependency which could be brought out or triggered by any number of different mood-altering drugs.[15]

The broader notion of inherited susceptibility turns against standard ideas of predisposition to alcohol dependency by means of one's chemical make-up, such as one's "allergy" to alcohol. One can respect Washton's intentions yet still suspect that his conclusions have less to do with detached science than with normative and prescriptive concerns:

> Adult children of alcoholics (ACOAs) who find themselves able to drink safely, would be well advised to not conclude from the experience that they have not inherited an increased vulnerability to addiction. Due to its exceptionally high addiction potential, cocaine must be considered an exceptionally dangerous drug to ACOAs.[16]

Given the lack of consensus over the extent to which propensities to addictions are genetically determined, we should expect that available data are often bent to the purposes of different authors. Of greatest interest to this study is the North American mainstream, or grass-roots, conception of hereditary addiction. For despite the range of views and the openness to differing perspectives found among more sophisticated authors, it is a simpler version of inheritance that often functions at the level of treatment and especially within the self-help culture. James Milam and Katherine Ketcham offer an extreme version of this position:

> Accumulated evidence clearly indicates that alcoholism is hereditary. Professionals and researchers, however, are often reluctant to accept heredity as a major cause of alcoholism, in part because they are committed to the common misconception that alcoholism is caused by social, cultural, and psychological factors.[17]

Milam and Ketcham refer to Donald Goodwin's research and, taking a hard stand Goodwin himself avoided, do their best to discount all non-biological determinants.[18] For these authors, even the popular conception put forward by AA is too balanced:

> The recovering alcoholic should also be aware of the AA belief that character flaws or personality defects cause alcoholics to get into trouble with alcohol, a belief which simply has no basis in fact. The alcoholic should be assured throughout treatment that his personality did not cause his disease and that he is in no way responsible for it.[19]

At odds with AA's attempt not to reduce alcoholism to biology, Milam and Ketchum serve as an ideal typical model for a conception of hereditary addiction that operates with varying degrees of rigidity throughout the field.

2) Primary Disease.

The idea that addiction is a primary disease is related to, but not dependent upon, ideas about heredity. If the condition is hereditary then it is likely the cause rather than the effect of other problems. (I say "likely" because inherited anti-social personality traits might increase the probability of substance abuse.)

In an attempt to provide broader (and hence more realistic) concepts to support the notion of alcoholism as disease, Flavin and Morse point to a crucial development in current ideas about disease primacy.

> Two different meanings of the term "primary alcoholism" can be found in contemporary alcoholism literature. The first of these meanings refers to alcoholism that either exists alone or predates the development of depression, schizophrenia, or other psychiatric disorders... Primary alcoholism also may refer to the nature of alcoholism as a disorder that exists separately from other co-occurring pathophysiological states. Stated another way, alcoholism may exist in the presence or absence of other psychiatric disorders, and is not, once established, merely a symptom of these other disorders. This meaning assumes that even when drinking initially is symptomatic of a psychiatric problem, alcohol

> dependence eventually becomes its own primary disorder.[20]

Although this second type of disease primacy is more open to the incorporation of psychosocial determinants, it has also been (perhaps ironically) important in the application of concepts drawn from alcoholism to the study of other addictions. While a writer like Washton argues for an overall susceptibility to addiction in general, this makes for an unconvincing conception of disease primacy in the strict, biological sense. Washton opts for the second type of primacy, wisely relegating questions concerning chronological priority to secondary status:

> The disease of cocaine (and other drug) dependency is primary; that is, it is not merely a symptom of another underlying condition or illness and can itself cause secondary medical and psychiatric problems... Many clinicians have traditionally viewed drug addiction as secondary to underlying psychological problems. To the extent that certain psychological problems may put a person at increased risk for developing addictive disease, this view is essentially accurate. But once the addictive process has occurred in the brain, regardless of what may have contributed to its etiology, the addiction itself becomes primary and must be treated as such.[21]

Whether vulgar or sophisticated, one-dimensional or open to multidisciplinary explanations, the idea of addiction as a primary disease is key to the disease conception as understood in North America. Again, Milam and Ketchum represent a more extreme

position: "Psychological symptoms are secondary to the physiological disease [alcoholism] and not relevant to its onset."[22]

3) Loss of Control.

Loss of control is obviously connected to "will power", and in a recent study Mariana Valverde discusses the tenuous relation between science and the human "will" as it has pertained to alcohol problems since the early nineteenth century.[23] It can safely be said that, ever since, the medicalization of alcoholism has never ceased to be controversial and that despite many twists and turns over the years certain fundamental questions pertaining to one's ability to choose have remained intact.[24] In their attempt to broaden concepts pertaining to the disease model of alcoholism and thereby render them more realistic, Flavin and Morse (like many researchers) opt for the more defensible notion of "impaired control." Addicts of all stripes can, for varying lengths of time, demonstrate degrees of control over use. Yet if there were no problem at all with control, it would make no sense to invoke the language of addiction. "When the alcoholic's behavior is considered over a longer period of time, the meaning of impaired control -- and the involuntary nature of addiction -- becomes apparent."[25] These authors also address the confusion surrounding the notion of disease itself. Much of the controversy surrounding the disease concept of addiction involves the lack of consensus over the definition of disease. Flavin and Morse also shed light on a theme that will be central to this study: *the addiction concept homes in on a poorly*

understood -- yet crucial -- component to all contemporary ideas about disease.

> the concept of disease is often narrowly interpreted to reflect a harmful biological process, exclusive of psychological and environmental influences... However, to understand the nature of alcoholism as a disease, it is important to understand the definition of disease, *the involuntary nature of disease,* and the contribution of various biopsychosocial factors to the expression of disease.[26]

Not only is impairment of control (for which the still popular concept "loss of control" is the more rigid forerunner) crucial to all addiction concepts, the lack or impairment of volition is, in turn, a necessary ingredient to contemporary "diseases" as such. One may, somehow, choose to make oneself sick, but if an act of will were sufficient to alter the condition, then one could only be "sick" in a loose sense of the term. A man dying of cancer is sick. A man voluntarily dying of a hunger strike would be sick only in a secondary sense: the hunger, which is actually killing him, is not itself a disease; complications (unchosen ones) arising from the hunger may properly be called diseases.[27]

This thesis will address the link between lack of volition and psycho-behavioral disease in general, with an eye on how addiction, which targets volitional impairment as such, functions as a purer model for all such conditions. The conceptual continuity with biological diseases

themselves has been mentioned only for the sake of clarity and will not be central to this study.

4. Chronicity.

In general, diseases can be classified as either chronic or acute. An acute disease is relatively short-term, though it may be intense or even terminal. Addictions are considered chronic in reference to their lifelong duration, even if long-term abstinence can relegate all symptoms to the realm of latency. Addictions are also considered progressive, in the sense that time brings on intensification of addictive behavior and the ensuing symptoms unless the behavior is arrested.

For obvious reasons, withdrawal symptoms and increasing tolerance for a substance play important roles in ideas about the etiologies associated with substance addictions. Other issues, such as increasing mental derangement, are also key. Central to the theme of chronicity as it applies to addictions is the consensus (in North America) among various nosologic schemes. As Thomas Beresford points out:

> In general, nosologies can predict natural histories in broad terms. Can the present nosologic view of alcohol dependence, recognizing alcoholism as a syndrome, a condition, or a disease in Jellinek's original formulation, predict the future? There is a consensus in the field of alcoholism research that once a person reaches a clinical state of dependence, the chance of returning to

> controlled, predictable use of alcohol is very small.[28]

Addressing addiction to cocaine as well as other drugs, Arnold Washton is less inclined to acknowledge even this "very small" possibility. In fact, Washton does not acknowledge the existence of temporary bouts of cocaine abuse that may leave the individual unscathed:

> The disease of cocaine addiction is chronic, never reverses, and grows progressively more severe if left untreated... By *chronic* we mean that cocaine addiction is never a single acute attack but is marked by permanence, with a continued vulnerability to recurring symptoms... Perhaps the most baffling observable characteristic of addictive disease is the fact that it continues to exist whether or not the addicted person continues to use the drug. Once a person has the disease, even if he/she is abstinent for a long period of time, the symptoms of addiction will occur again from renewed contact with the drug, often with the same severity as when abstinence was first begun.[29]

Washton's account is based on clinical experience coupled with the firsthand accounts of many addicts, and there is little need to question the existence of the addictive patterns he describes. Yet the hard determinism (leaving little or no room for deviations) has achieved prominence on our continent despite evidence to the contrary.[30] The chronicity of addiction, along with the theme of latency upon which the idea depends, will be explored throughout this study.

Though one can argue over how new the four tenets are, it is harder to deny the ways in which their meanings have changed over the last two centuries: 1) "Heredity" is now perceived as genetic whereas, in the old view, it was a continuum with behavioral patterns and other acquired traits passed on from one generation to the next; this did not change until the early twentieth century. 2) Alcoholism as a *primary* disease is rooted in the modern notion of disease specificity, much different from the holistic physic of the eighteenth century. 3) The idea of addicts drinking even if they do not enjoy it presupposes a distinction between will and desire which was only poorly developed before the late eighteenth century: (today) maybe the *will* is diseased while *desire* is not (hence the lack of enjoyment); or perhaps desire is sick and overpowers the will -- either way, it was not until the late eighteenth century that we started to develop this problem with such sophistication. 4) Addiction as a progressive disease involves chronicity, which in the modern sense often implies predictable outcomes. Though there have always been diseases with undeniably predictable outcomes, such teleology becomes more prominent with modern ideas about medicine. This is aided by the theme of latency -- where we can speak of individuals who are asymptomatic and yet burdened by the potential for recurring problems -- which, again, becomes more prominent in medical thought at the start of the nineteenth century. The change was facilitated by developments such as the discovery of germs, which made unseen ailments conceptually respectable. Still, as I will argue throughout this study, the change in medical thinking represents a larger epistemic shift. The idea of a

specific field -- whether it be language, disease or even social justice -- developing according to an identifiable path, with its own *internal*, teleological motor, represents a modern way of thinking; and though chronic disease is not a modern invention, the emphasis on linear progression was (and is) in virtually all disciplines much more accentuated after the eighteenth century.[31] In a similar vein, the belief in unseeable, latent forces is not restricted to medicine. Adam Smith's Invisible Hand guiding economics, Freud's unconscious, Marx's ideas about the unseen "content" (labor) representing the value of commodities -- these all represent a type of thinking that was alien to seventeenth century Western minds. The unseen identities said to determine behaviors, such as the delinquency underlying crime or the alcoholism underlying drunkenness, are relatively recent formulations which can be understood in the context of similar developments in seemingly unrelated fields of inquiry.

In considering the novelty of the addiction concept along with the major tenets it comprises, this thesis will be characterized by three main ideas:

___ First, that the late eighteenth century initiated an approach to the study of human nature -- or even the soul itself -- that takes the form of an excavation. While often fruitful, the project is also potentially endless and leads to conceptual difficulties such as a confusion between what are properly empirical observations on the one hand and what, on the other, are hypothetical and even transcendental considerations. In many respects, the addiction concept provides some

of the purest expressions of this type of endeavor. The attempt to attribute explanatory value to the concept of craving which, as already discussed, simply identifies the dilemma without offering any new knowledge, can in the case of addictions serve as a window into this conceptual journey. However, such semantic endeavors are certainly not specific to modernity. The modern project has gone farther: confronted by cognitive "limits" such as craving, our predecessors and contemporaries have targeted what Foucault has called "man and his doubles".[32] This involves an oscillation between extremes, for example, of empirical and theoretical reflection which can never be reconciled and are hence doomed to an uneasy tension.[33] We have already seen how Room pointed to similar difficulties with the addiction concept.[34] Researchers often attempt to explain addiction by means of identifiable developments such as tolerance. Helpful yet unsatisfactory, these must be accompanied by more mysterious, psychological constructs. There is an element of mystery that, seemingly, will not go away: instead of reconciling empirical and speculative knowledge, we find ourselves dependent upon experiential statements by the addicted subjects. Though confirming the existence of “addiction”, such statements are not explanatory.

In dealing with our “inner” world, we have over the past two hundred years created “secondary” identities -- alcoholism being the identity said to explain chronic drunkenness, and notions such as delinquency and psychopathy used to explain other behaviors -- which have become crucial to how we understand ourselves. The designation of alcoholism as a "primary" disease, despite debates over the meaning of "primary", is consistent with the overall attempt to emphasize the concrete

nature of such secondary identities.[35] My comments should not be taken as an attempt to dismiss these conceptual oscillations, nor to endorse them. Any system of thought is likely to be productive as well as obfuscating.

___ Second, that the modern addiction concept has been marked by a conceptual affinity to the notion of repression as expounded, for example, in psychoanalysis. Whereas neurotics are said to suppress knowledge of their condition, addicts are thought to deny that they are addicts. This is not to suggest that alcoholic denial is the same as psychoanalytic repression, but that they have a great deal in common.[36] Each involves a focus on the suppression of feelings or other underlying aspects of one's make-up, and in either case an unseen, essential identity is somehow hidden from the subject who must be prodded into awareness. A related, but not identical, theme involves the extent to which Temperance advocates (along with other nineteenth century figures) were primarily repressive in orientation. It can be argued that Temperance workers, the first to advocate the disease conception of addiction on a large scale, were keen to uncover what they themselves considered to be suppressed by chronic drunkenness. In fact, the third chapter will show conclusively that the notion of chronic drunkards denying their compulsion was well developed in nineteenth century Temperance literature (and was not, as is commonly believed, an early twentieth century discovery).[37]

The theme of repression has been overplayed to the detriment of our understanding of the formative roots of today's addiction concept and of how this concept still operates. First (and more current),

wherever the emphasis is on a subject's propensity to deny his or her addiction, one can lose sight of the extent to which addictions (and other traits) may be "created" in the minds of (possibly) nonaddicted subjects by means of suggestion. Second, although the simplistic treatment of the nineteenth century as a highly "repressive" time is no longer in vogue, such readings of that era (and notably of the Temperance movement) have had undue influence on our understanding of nineteenth century crusades against chronic drunkenness and, by implication, the origins of the addiction concept.[38]

___ Third, that the idea of changes in the way we conceptualize -- paradigm shifts, epistemic shifts -- need not be as mystifying, or as overwhelming, as may at first appear.

Let us now examine these ideas more closely:

1. It was in *The Order of Things* that Michel Foucault laid out the essentials of what he referred to as the modern episteme.[39] Given that Foucault himself turned away from the one-sided study of "discourse" contained in that early text, and later dropped the term "episteme" altogether, it should not be surprising that the current proliferation of Foucauldian scholarship is based almost exclusively on his later works. What has been lost, in my view, is an appreciation for the continuity between Foucault's earlier and later approaches to the study of the sciences of the soul.[40] Though his other works -- dealing directly with issues such as madness, criminality, sexuality and medicine -- are in their respective ways more pertinent to a study of

addictions, the conceptual inspiration for this thesis came from Foucault's one text that does not even address deviant states and behaviors. He does, however, discuss a conceptual dilemma that has affected many fields over the last two hundred years (such as linguistics and even biology) which marks the mindset wherein psycho-behavioral identities such as delinquency and schizophrenia can be identified. As this idea will be developed throughout the study, a few preliminary comments will suffice.

It has already been mentioned that the addiction concept consistently directs its gaze at what are perceived as among the most mysterious aspects of behaviors and desires. What Foucault referred to as a confusion of the empirical and transcendental can, in terms less philosophical, be described as a blurring of the distinction between what can and cannot be seen. Stated this way, however, the conceptual dilemma may appear transcultural since this difficulty is certainly not a recent creation.[41] The novelty rests in the ways in which we have come to deal with the tension between speculation and empirical observation. In brief: Foucault claimed to have identified a tension that haunts modern reflections upon the human condition - be they psychological, anthropological or other - involving (for example) oscillations between extremes of "positivism" (or uncritical empiricism) and supposedly deep reflection (such as hermeneutics).[42] Unlike Plato -- and other thinkers before and since -- who could refer to something akin to a "light", or higher truth when resolving conceptual difficulties, after the eighteenth century metaphysical resolutions became less and less acceptable. We have been left with a need to ground our understanding upon an uneasy tension between our

(empirical) observations and our theoretical reflections (which refer to transcendentals regardless of whether or not they are acknowledged as such). Reflection must, thereby, assume a *double* role leading to answers which, in Foucault's view, are never satisfactory: as neither the empirical nor the theoretical can subsume the other, there is always a remainder which undermines the consistency of the endeavor in question.

A quick look at Foucault's treatment of this intellectual journey's history should suffice for our purposes. After pointing to difficulties entailed by a host of philosophical and sociopolitical systems throughout the nineteenth and twentieth centuries, Foucault discusses attempts to resolve them by means of a direct appeal to experience.[43] An "analytic of actual experience" (such as the existential phenomenology of Merleau-Ponty) marks the point in modern philosophy where these conceptual difficulties -- which over time have been called contradictions, paradoxes, antinomies -- become so apparent that reflection opts for a direct appeal to experience in the hope of finding solid ground. In Foucault's view, these projects stumble into an infinite regress: there is always more to experience than meets the eye. Since experience cannot be pinned down conceptually we are left with two options: we can keep digging deeper and deeper, accepting a journey that will never end; or, we can grant that experiential statements have little (or no) explanatory value beyond the simple identification of the phenomenon in question. In practice, we get an oscillation wherein *reason must play a double role:* since empirical observation and reflections upon experience can never be reconciled, thinkers must (almost literally) "jump" from one to the other, usually trying to

downplay the conceptual dilemmas that never cease to haunt the endeavor.[44]

Bearing in mind how the phenomenon of "craving" is used as a descriptive tool, whereas it often pertains precisely to things that defy description, we can begin to approach Foucault's thoughts with an eye on the addiction concept itself. It was Room, in 1996, who pointed out that "craving appears to offer an explanation of loss of control over drinking or drug use. But it begs the question it appears to answer... it does not offer any explanation of the experience beyond a label for it. The concept of craving simply pushes it one step further back, offering an apparently empirical and secular identification..."[45] Room is aware that empirical and other secular explanations have proven no more productive than the transcendental, or mystical, explanations of days gone by. The modern preference, though, is for descriptions perceived as scientific. And Foucault, with an eye not on addictions but to studies pertaining to the human soul as such, identified a similar phenomenon, and spoke of an incessant propensity to push questions "further back" while pretending to have answered them. Essential to the modern project has been to ask: "How can man think what he does not think, inhabit as though by a mute occupation something that eludes him, animate with a kind of frozen movement that figure of himself which takes the form of a stubborn exteriority? ...the origin of things is always pushed further back, since it goes back to a calendar upon which man does not figure..."[46]

We need not make too much of any forces external to "man" to keep in mind that, in many ways, addictive cravings are experienced as foreign, as external to the addict in question. Yet, at the same time,

cravings are also seen as "internal", resting in the deepest recesses of the body and soul. What is significant is that the explanations are interchangeable, and that this is so because they are not explanations at all. In an attempt to give scientific validation to comments pertaining to issues that, for now at least, are in many ways beyond science, the distinctions between speculation and empirical observation are not only blurred but turned into something akin to the infinite regress associated by many critics with Cartesian philosophical systems.

In addition to this infinite regress, there is what Foucault considered a new dimension to the observation of humanity. Somehow, some two hundred years ago, the *human sciences* stumbled across "a space, circumscribed on the outside but still empty, which it was then their role to cover and analyze."[47] One of my aims in this thesis is to explore this space and the way it is covered over by terms such as "craving" when addiction is the issue.

I should note as well that, for Foucault, "human science" has a meaning more familiar in Europe than in North America. Arguably similar to what we would call "humanities", and not to be confused with social sciences in general,

> what characterizes the human sciences is not that they are directed at a certain content (that singular object, the human being); it is much more a purely formal characteristic: the simple fact that, in relation to the sciences in which the human being is given as object... they are in a position of duplication... and the fact, too, that this action can be applied to themselves (it is always possible to make human sciences of human sciences -- the

> psychology of psychology, the sociology of sociology, etc.).[48]

Now what, exactly, is meant when we say that "alcoholism" must underlie chronic drunkenness? Again, I must emphasize that I am not "against" the notion of alcoholism or the addiction concept as such. Past ages had their cognitive difficulties, we have our own, and my purpose is neither to hail nor to disparage either the new or the old. A study of human consciousness which, at the same time, is keen to study its own (conscious) methods of study, is bound to confront paradoxes like those described in the above quotation. This need not imply that it is fruitless, only that certain problems are endemic to the endeavor. Similarly, any attempt at a "science" of human volition -- or, in the case of addictions, a science of volitional deficiency -- will contain the potential for paradoxical developments. It would not, for example, be too much of a stretch to speak of those who become "addicted" to addiction-related therapy (either as clients or therapists). There is, in fact, no denying that this can occur -- and in the case of a using addict the new dependency may be preferable to the original addiction. At a *purely conceptual* level, however, the potential for duplication is endless: could those who concern themselves with addictions to addictive therapy not, themselves, become "addicted" to the endeavor? Or, could one not assess addiction-related research -- the behavior of the researchers themselves -- with concepts very similar to the ones used to understand the compulsions surrounding substance abuse? Here, the study and treatment of the original addictions could be critiqued by

reference to the addictive patterns of those responsible for study and treatment practices. The potentially absurd scenarios are, nonetheless, feasible. In dealing with deficiencies of the will, "volition" and so on, we set the stage for a journey that, in principle, may never end. This fact impedes any solid, descriptive grounding. One could argue that, ultimately, transcendental issues -- such as, in this case, the meaning of freedom -- are being addressed by a mindset for which, simultaneously, a rejection of transcendental considerations is essential to scientific authority.[49] In fact, it is at least debatable whether the human mind will ever be able to reduce questions with such metaphysical underpinnings to identifiable pieces of knowledge.

Primarily quests for the origins of consciousness, the endeavors associated with the human sciences have according to Foucault participated in a reconstruction of the way most events and processes are understood.[50] This larger development has helped to make possible certain aspects of the addiction concept as it now stands. For example, it was in the late eighteenth and early nineteenth centuries that specific areas such as language and nature began to be understood as possessing their own histories. Evolutionary theories concerning the development of species and groups of species gave smaller parts of reality their own, specific (and in some ways autonomous) histories.[51] Languages were said to evolve according to phonetic and grammatical rules, which again were treated as largely independent of meta-history.[52] In ancient times, history was perceived as a larger totality: individual languages, or species, were not thought to possess -- inside themselves -- the potential for specific (let alone pre-determined) change. Beyond a grasp, for example, of how seeds

were destined to become flowers, this kind of thinking held little sway until the modern era. Today, even specific diseases are said to possess etiologies, that is to say natural histories proper to their make-up. Addiction is one such disease. In Foucault's words, today each sphere of reality is more likely than ever before to be understood in terms of its "internal laws of functioning."[53]

Foucault considered psychoanalysis the most representative of all such sciences. Here we have an endeavor that targets consciousness, in terms of its inner workings, directly:

> In setting itself the task of making the discourse of the unconscious speak through consciousness, psychoanalysis is advancing in the direction of that fundamental region in which the relations of representation and finitude come into play... psychoanalysis... points directly... towards what is there and yet hidden...[54]

Foucault was aware that "psychologists and philosophers have dismissed all this as Freudian mythology."[55] Nonetheless, he considered psychoanalysis as paradigmatic: it represents a naked example of a mindset that many -- including detractors of psychoanalysis -- are moved by in their work. And it is here, finally, that a transparent connection can be made between the addiction concept and a larger, epistemic reality. When targeting the unconscious, psychoanalysis aims directly for what -- by definition -- can never be known. A glimpse, here and there, is not the same as a conscious grasp of that which is, by its very nature, *not* conscious: "an existence at once real and impossible, thought that we cannot think, an object of our knowledge that always eludes it."[56] In a similar vein, this thesis will be an attempt to place the

quest for a grasp of the ever elusive "will", or volition, as it pertains to the addiction concept, in a larger context of modern, human-scientific endeavor.

2. The comparisons just made with psychoanalysis should already help to clarify the second major contention of this thesis. Knowledge of one's underlying identity -- be it the psyche or the alcoholism -- is only considered possible after a certain resistance on the subject's part has been overcome. Again, nothing said here should be taken as an attempt simply to blend alcoholic denial with the repression said to accompany neurosis. The parallels are important, however, and the fourth chapter will deal extensively with the links between the respective histories of addiction, mental illness, and other abnormalities -- generally with a focus on how deviancy over the last two hundred years has often (though certainly not always) involved the uncovering of identities which the subject purportedly attempts to keep from consciousness.

The origins of the notion of alcoholic denial will also be addressed in this study. As already mentioned, the third chapter will discuss how the *concept* of denial (arguably a precursor to the later notion of repression) was well in operation in nineteenth century Temperance thought.[57] As disease model advocates of the time often considered it their task to break down the walls of denial, it is also important to appreciate how they often perceived themselves as opponents -- and not as proponents -- of "repressive" attitudes. Not only did they view the disease of chronic drunkenness as hiding its compulsive nature in

the minds of drunkards, many Temperance advocates also discussed how true feelings and innate (positive) identities were suppressed by the disease. This makes for a nineteenth century disease conception that in many ways is consistent with the addiction concept as it operates today, and it is important to dispel certain ideas about the Temperance movement.[58] Earlier twentieth century historians treated the nineteenth century as a time when feelings, behaviors and, above all, anything to do with sex, were subject to repression.[59] Of course, this understanding of the nineteenth century is no longer in vogue. Nonetheless, Temperance is still treated this way by many of the texts that dominate the history of substance abuse in North America.[60] The empirical segments of this thesis will address the question of whether, and to what extent, it is appropriate to view nineteenth century movements -- notably Temperance -- as primarily repressive. Though there is no denying a trend towards staid (often prudish) behavior and the importance of its role in the early Temperance movement, I will argue that other developments and countertrends were also at work, and that the conceptual origins of today's addiction concept cannot be properly grasped without an historical treatment that is more balanced and inclusive.

Beyond such factual considerations, this study will raise another query concerning the idea of repression and its role in the understanding of addictions. Quite simply, one has to consider the extent to which an emphasis on denial (here taken as akin to repression of knowledge about one's condition) has been conducive to the construction of addiction in the minds of professionals, the public,

and the subjects themselves. This question can be applied both to the nineteenth century as well as the late twentieth.

Current discussions of addiction often center on themes related to, or even dependent upon, theories of repression; these include latency, chronicity, as well as many therapeutic methods involving the purported liberation of whatever aspects of the self are said to be suppressed by substance abuse. Such aspects may simply be a subject's positive nature. The theme of latency will be pivotal to this study. Medicalized deviancy has consistently been marked by the subject's potential (whether real or imaginary) for certain behaviors. The potential for any kind of relapse, even after years of asymptomatic living, is typically explained by the concept of latency. Notably, the purportedly chronic nature of addiction -- as well as other disorders such as madness -- has been pieced together over the last two centuries by a mindset that has emphasized the importance of things that cannot be seen.[61] As mentioned already, the notion of addicts drinking even when they do not want to (or even enjoy doing so) hinges upon a distinction between will and desire. One faculty, either will or desire, must be damaged and in conflict with the faculty that would rather abstain. We need not deny the explanatory value of this construct when pointing to the conceptual problems it entails. Behavior (what can be seen) is at odds with something else (which cannot be seen). This dichotomy has been pivotal in the development of the modern addiction concept. The idea of repression has also been key. For example, the aspect of the person's being which would cease the addictive behavior can be seen as repressed by the other (addicted) faculty.

Many notions involving repression have been pertinent to the addiction concept. Addicts, as already mentioned, are said to be prone to deny their condition. It is not my intention to question this, only to point out that denial is essentially a form of repression; theories about repressed sexuality have also relied upon the denial said to accompany neurosis. This line of thinking has, of course, been challenged. Peele is only one of many commentators to argue that the theme of denial has been over-emphasized and that therapeutic suggestion (or outright badgering) has produced "addiction" in the minds of many who were never addicted. Subsequently, addictive behavior may even ensue.[62] Therapists, along with members of fellowships such as AA, are often so keen to identify denial that such outcomes are probably quite common: their goal, after all, is to find addiction.

Again, I must stress that this concern is part of a much larger picture involving a repression concept that is still rampant even in circles where Freud himself does not figure. So-called "repressed memory syndrome" in cases of early child abuse allegations was, up until only a few years ago, taken at face value by many therapists, journalists, and even courts of law.[63] Only recently has this trend been challenged.[64] Multiple personality disorder, also said to be a product of repression, has received similar refutation among professionals.[65] None of this should be taken as an attempt on my part to deny the existence of repression -- emotional, sexual or other. This thesis will simply attempt to strike a balance between the parallel notions of repression and construction: any admission of emotional duress, of trauma or disfunction, may just as easily be the product of valid gains in self-awareness as of the self-fulfilling potential of aggressive

suggestion. There is a tension here between two legitimate concerns, and it must be kept in view by anyone wishing to understand how the addiction concept has evolved.

3. For many readers, the most troubling aspect of this study undoubtedly will be the notion of collective mindsets. It is crucial that this notion be demystified, and to some degree this can be accomplished empirically. In the first chapter I will analyze closely some of the pre-modern texts used by Porter and Warner in their respective articles. These same documents -- used to show that alcoholism as a disease is not a new idea -- are enough to shed light on how our thinking on substance abuse has changed and to delineate an epistemic shift, one that did indeed mark a change in the way Westerners think.

At a purely conceptual level, perhaps the best way to demystify the notion of *episteme* is by example. When studying a foreign language, a student must read up on grammatical rules that often are so complex they take years to learn. We are dealing with the structure of a language. Yet those born into the same language are subject to the rules, often without conscious awareness. Such rules operate well before they are codified by scholars. At a preconscious level -- not to be confused with a Freudian unconscious -- people demonstrate, simply by mastering their respective languages, an ability to participate in the mindsets of their cultures.[66] The ways people understand the world around them and build systems for classifying things in the world also vary with time and culture, and should not be taken for granted. With respect to animal and vegetable life, today the preference is to

emphasize attributes - *functional attributes that are often unseen.* In the seventeenth century, shape and resemblance held sway. People from another age might consider us mad, or stupid, if we informed them that the killer whale is not a whale but a dolphin, or that the peanut is not a nut but, like the clover, a legume. It is not that modern classifications lack rationality, but that they represent only one option. Alcohol addiction is, to many, so obvious that they have trouble believing that preindustrial Westerners could have been blind to it. Yet the ancient Greeks -- many of whom were chronic drunkards -- were very much concerned with health, did not lack sophistication or empirical zeal, yet had nothing resembling a disease model of addiction. They simply had another way of looking at the world. So I wish to emphasize that the question is not whether "alcoholism" is or is not a social construct, but when it was constructed. This is not to deny the existence of chronic drunkenness prior to the construction of "alcoholism", only to deny the existence of alcoholism in times when the idea would have had little meaning. To say that something is a social construct is not to say that it is illusory. It simply represents an understanding that humanity has always been active in the creation of the realities in which it thrives. We are a highly interpretive species, and the facts we discover (along with those we overlook) can function as windows into our priorities, beliefs, fears and aspirations.[67]

This study is divided into five chapters. The first chapter contains a brief explication of Harry Levine's "Discovery of Addiction", followed by discussions of the rebuttals put forward by Warner and Porter and some of the texts they use. Since even those who question Levine as

to the timing of the addiction concept's arrival agree that the concept is relatively recent, some consensus on the nature of this idea's novelty is established. As well, since Warner relies on preachers while Porter focuses on medical texts, this chapter permits a cursory separation of traditional medical and religious ideas about substance abuse.

The second chapter is divided into two sections. It starts with a look at the thinking of early seventeenth century New England Puritans on drunkenness, free will, and other relevant matters. These settlers are used to represent North American thinking before the addiction concept's arrival. The chapter then provides a brief social, political and economic history of how chronic drunkenness came to be identified as a disease in North America.[68]

The third chapter is a treatment of the major concepts central to the new disease model as it emerged in the nineteenth century.

The fourth chapter connects the evolution of the addiction concept to other trends such as the medicalization of madness.

Chapter five deals with the history of the addiction concept as it pertains to substances other than alcohol, notably opiates and cocaine. This chapter is crucial because, in the end, popular opinions about different substances (and their respective users) was an integral part of the story that eventually produced the disease conception we have inherited.

Chapter 1
The New Disease

This chapter introduces key issues surrounding the novelty of the addiction concept primarily through the explication of three articles relevant to the topic. Harry Levine's "The Discovery of Addiction" serves both to lay down a few fundamentals as well as to set the stage for rebuttals by Jessica Warner and Roy Porter. Disagreements notwithstanding, these explications demonstrate a measure of consensus as to how Western thinking about substance abuse has changed. The aim here is to clarify one of the three theoretical contentions that guide this thesis: changes in the way we conceptualize, despite allusions to notions such as "collective consciousness" or other seemingly lofty formulations, can be dealt with in a fairly straightforward fashion. The other two guiding ideas -- pertaining to the modern penchant for secondary identities and the concept of repression -- will not be properly addressed until the third chapter.

Part One: the modern addiction concept

Harry Levine had two cases to make when writing his well known article, *The Discovery of Addiction:* first, he wished to draw attention to the novelty of the modern addiction concept; second, he wanted to dispel the belief that the new disease model was at odds with the moralistic ideology of the nineteenth century Temperance Movement.[69] On both counts, Levine had been foreshadowed by Mairi McCormick who in 1969 published a study of the role played by drunkards in many nineteenth century novels.[70] McCormick documents the rise of "gamma" alcoholics -- those who, upon taking a drink, will likely continue until thoroughly drunk -- in English novels of the nineteenth century. Solitary, desperate and compulsive, these characters represented the new perception of the drinker -- and such novels were important to Temperance ideology. Levine addresses the essentials of the new disease conception in finer detail, along with a discussion of older ideas about drunkenness.

Perhaps the most telling aspect of Levine's article is the title itself. The latter addresses the *discovery* of addiction, not its *invention.* Though trying to balance two conflicting methodological tendencies -- constructivism and empirical objectivism -- Levine tends to favor the view that what we today call "alcoholic" drinking patterns are possibly as old as the drug alcohol itself, even if such patterns become more widespread in certain contexts:

> In terms of external behavior, there is little to distinguish the contemporary idea of alcoholism or inebriety from the traditional colonial view of the drunkard.... The main differences lie not so much in the external form as in the assumptions made about the inner experiences and condition of the drunkard. Beginning in the 19th century, terms like 'overwhelming' and 'irresistible' were used to describe the drunkard's desire for liquor. In the colonial period, however, these words were almost never used. Instead, the most commonly used words were love and affection, terms seldom used in the 19th and 20th centuries.[71]

There is no denying the use of terms such as "irresistible" in colonial times. Levine's concern is with the frequency of certain usages, and with what this implies. A new approach to chronic drunkenness, centered in the "loss of control over drinking behavior", first appeared at the end of the eighteenth century as evidenced by both medical and popular perceptions.[72] "At the end of the 18th century and in the early years of the 19th some Americans began to report for the first time that they were addicted to alcohol: They said they experienced overwhelming and irresistible desires for liquor."[73] Considered by Temperance advocates as habit-forming even before opium was so regarded, alcohol was thought innately addictive. Like opiates today, it was thought to pose a threat to any consumer and not just to those with a predisposition to addiction. It was only after Prohibition that the contemporary conception of alcoholism took hold.

> The most important difference between temperance thought and the 'new disease conception' is the location of the source of

> addiction. The Temperance Movement found the source of addiction in the drug itself -- alcohol was viewed as an inherently addicting substance, much as heroin is today. Post-Prohibition thought locates the source of addiction in the individual body -- only some people, it is argued, for reasons yet unknown, become addicted to alcohol.[74]

The difference is relevant to one of this dissertation's larger concerns: a "human-centered" notion of dependency is more consistent with modern thinking.[75] The humanization of the problem's "location", combined with an admission of mystery, make possible a never-ending study of the body as well as the soul. Nonetheless, the essential elements -- compulsion to drink and abstinence as the only solution -- were present in early temperance thought.

Levine contrasts this to a prior "World Without Addiction".[76] In colonial America, not only were great quantities of alcohol consumed, few considered drunkenness problematic. Some complaints, however, could be heard. These came mostly from the very wealthy, concerned with labor productivity, and from preachers concerned with morality. Though some laws were in place, and drunkards were sometimes punished harshly, there was one crucial difference between the colonial and post-revolutionary settings: pre-moderns did not believe that deviant behavior could ever be eliminated by human effort alone.[77] A different way of looking at humanity -- one that *did not preclude* pointing out that few confirmed drunkards ever reform -- left little room for anything resembling a systematic (or scientific) approach to guiding volition:

> because in the traditional view there was nothing inherent in either the individual or the substance which prevented someone from drinking moderately, drinking was ultimately regarded as something over which the individual had final control. Drunkenness was a choice, albeit a sinful one, which some individuals made.[78]

Just as there is no denying the presence of some reference to compulsion, so there was no shortage of descriptions of drinking patterns which today's reader could easily interpret as identical to modern discussions of alcoholism. Further, the transition did not occur overnight. Levine does refer to early eighteenth century precursors to the modern disease view.[79] These are difficult questions, and will be dealt with later in this chapter. Now, we can turn to Levine's treatment of the new disease as it appeared in the late eighteenth century.

Though foreshadowed by reformers such as Anthony Benezet, the new disease model "had to be developed by individuals who were free from certain traditional assumptions about human behaviour -- who tended to see deviance in general, and drunkenness in particular, as problematic and unnatural."[80] According to Levine, this attitude towards drunkenness first became apparent among physicians ready to medicalize what had once been the domain of sin. The earliest period of Temperance has even been referred to as "the physicians' temperance movement."[81] It was Benjamin Rush, keen to distinguish between will and desire, who first organized systematically a set of observations that had until that time appeared only sporadically. Beyond pointing to the progressive nature of the disease,

> Rush's contribution to a new model of habitual drunkenness was fourfold: First, he identified the causal agent -- spirituous liquors; second, he clearly described the drunkard's condition as loss of control over drinking behaviour -- as compulsive activity; third, he declared the condition to be a disease; and fourth, he prescribed total abstinence as the only way to cure the drunkard.[82]

Given the acceptability of hard drinking, the drunkard was painted as a victim of pernicious customs that should be changed. Taking Rush to be its founder, the Temperance Movement grew in the first half of the nineteenth century along with the number of drinkers testifying to their inability to control their drinking. Such claims were made rarely, if at all, by colonial Americans. Yet by the 1830s, Temperance had clearly adopted the theme of compulsion as well as the language of disease. Levine mentions that Samuel Woodward (to be discussed in the third chapter) was aware of the novelty of abstinence as a prescription. Further, the critique of all drinking, no matter how moderate, was consistent with the view of alcohol as innately addicting. Hostile to moderate drinkers yet sympathetic to drunkards, Temperance was to a large degree a self-interested, defensive activity: the Protestant middle class had lost many of its most respected members to liquor. Forerunners of AA, such as the Sons of Temperance and the Good Templars, were all part of this larger response to the new disease.[83]

It was, as Levine points out, during the latter half of the nineteenth century with the drive for Prohibition that Temperance changed its ideology. Along with Joseph Gusfield, Levine identifies a shift away from "assimilative reform to coercion".[84] Rather than saving

drunkards, the movement was out to castigate saloon owners and all others associated with the liquor trade.[85] The addiction concept survived largely insofar as it was still applied to opiates. Later, North Americans in a post-prohibition setting could only accept a disease conception of alcohol addiction which held that only some individuals were vulnerable rather than condemning liquor as inherently addictive.

> The 'rediscovery' of alcoholism as an addiction and a disease in the 1930s and 1940s, by AA and the Yale Center of Alcohol studies, was indeed a significant change within the addiction paradigm. Now alcohol could be understood as a socially acceptable, 'domesticated' drug which was addicting only to some people for unknown reasons. Thus alcoholism became the only popularly and scientifically accepted person-specific drug addiction. The result has been a somewhat 'purer' medical model -- that is, there is less of a tendency to view addiction as a self-inflicted disease.[86]

Despite this change, the twentieth century alcoholism model retained the most definitive aspect of its Temperance inspired forerunner, which was:

> the importance attributed to, and the way of interpreting, the inner experiences of the alcoholic. Ultimately, one is only certain that a heavy drinker has passed over the line to alcohol addiction if that person reports experiencing irresistible desires for the substance -- if there is, in Jellinek's term, loss of control.[87]

It was mentioned in the introduction that diseases are, by definition, involuntary. In his article, Levine actually quotes a Temperance advocate who went even farther. Reverend John E. Todd once argued that, "the essence of disease is involuntariness."[88] It would be hard to conceive of a statement that captures more perfectly the importance of volition to the social context in which the addiction concept originated. Levine discusses this setting in the final pages of his article. The idea of free will was revolutionizing more than the understanding of drunkenness. Temperance pioneer Benjamin Rush, for example, is today more famous for his contribution to the reformulation of madness as disease. Along with Europeans such as Tuke and Pinel, Rush discovered ways to control madmen in asylums so that chains were rarely needed. This "moral treatment" developed -- largely independently -- across both sides of the Atlantic at about the same time. In both Europe and North America, new values demanded that the mad "control themselves." Drawing on Foucault, Levine points to the ascendancy of the bourgeoisie and in its wake a middle class worldview that evil could be abolished. Self-control was key, and its loss became the chief symptom of madness. Like today's addict, the madman may not have been responsible for having acquired his disease, yet he was responsible for whatever steps were required to attain self-mastery.[89] Further, the theme of addiction became more important in the New World than anywhere else.

> Because the United States was an especially or uniquely middle-class nation, the redefinition of evil or deviance as a disease of the will was carried even further here. That is, because self-control ('self-reliance' as Ralph Waldo Emerson proclaimed)

> had become so important to the middle class, its negation had to be more clearly defined and combated. Boorstin has observed that 'when the Jeffersonian came upon the concept of evil in theology or moral philosophy, he naturalized it into another bodily disease...'

The term "naturalized" is key. The transcendental, in this case evil, is rendered immanent by an ever more secular mindset. The sociology of knowledge approach proposed by Levine, which in many ways is central to this thesis, involves understanding addiction in this larger context:

> The technique developed for treating the mentally ill was extended to all who had failed to regulate themselves properly.
>
> Like asylum advocates, temperance supporters were interested in helping people develop and maintain control over their behaviour and actions. Temperance supporters, however, believed they had located, in liquor, the source of most social problems. The Temperance Movement, it should be remembered, was the largest enduring mass movement in 19th century America... The idea of addiction 'made sense' not only to drunkards, who came to understand themselves as individuals with overwhelming desires they could not control, but also to great numbers of middle-class people who were struggling to keep their desires in check -- desires which at times seemed 'irresistible.' [90]

To this day, the language of addiction has remained strong enough to reach people in AA-based self-help groups dealing with innumerable problems that need not involve the consumption of drugs. It is in this wider context that the addiction concept, along with its history, must be understood. Levine's ideas on the origins of the addiction concept

have, however, been challenged. We can now turn to two of these challenges.

Part Two: the case for older versions of the alcoholism model

Two notable scholars, Roy Porter and Jessica Warner, have independently arrived at the conclusion that the essentials of today's addiction concept had been worked out well before the purported epistemic break of the late eighteenth and early nineteenth centuries.[91] Neither author contests the novelty of the idea. They simply claim that it had been well articulated throughout the eighteenth and (with less refinement) even in the seventeenth century. By discussing their respective arguments along with many of the preindustrial texts to which they refer, I intend to accomplish two goals: first, a treatment of the continuity between newer and older ideas will help to demystify the theme of conceptual novelty itself simply by highlighting the evolutionary aspects of the addiction concept's development; second, by limiting myself in this section solely to pre-modern texts used by Porter and Warner in their articles, I can show that these same texts reflect perceptions that are very different from the current addiction concept which Porter and Warner claim they represent. Further, as Warner relies on the writings of preachers while Porter focuses on medical history, this section will permit a separation between two spheres which eventually came to merge with the modern notion of addiction: religion and sin on the one hand; and medicine and disease on the other.

Section i. *Preachers of Old: drunkenness, as all sins...*

As already mentioned, Warner's critique of Levine is not based on a contention that the modern concept of alcoholism is transcultural. The debate is mostly over the timing of its arrival. Warner herself wrote another article, *Before there was "alcoholism": lessons from the medieval experience with alcohol,* wherein she discusses the traditional status of heavy drinking as little more than a subset of the sin of gluttony.[92] Here, Warner discusses how medieval Europeans made few moral distinctions between eating or drinking to excess. Clearly, "alcoholism" came later; and the question is about when and how.

This section is also meant to highlight how today's disease conception of addiction presents a set of ideas which, in many ways, was well developed within Christian notions about sin. My concern here is especially with the thoughts of seventeenth and eighteenth century Protestant preachers. These men were keen to point out the "progressive" nature of evil: like a modern addiction, sin was consistently portrayed as a behavior that would likely get worse over time: a young person who engages in minor sexual transgressions was likely to become a vile fornicator in later years. This conception of sin provided earlier disease model advocates with at least some grounding in accepted wisdom. A major difference was that the older ideas were rendered more rigid, and then applied solely to alcohol abuse (and later to that of other drugs).

Entitled *Resolv'd to Drink no More,* Jessica Warner's article refers to several seventeenth century texts, mostly English sermons. Warner attempts to demonstrate that addiction as we see it today was understood and articulated well before the industrial revolution. Critical of Harry Levine's argument which, "drawing... on the writings of Foucault, [is] needlessly elaborate, not to say neglectful of the fact that self-control was key to the functioning of pre-industrial society,"[93] Warner points to texts where habitual drunkenness is referred to as a disease in itself, and argues that at least some eighteenth century doctors "recommended total abstinence from spirituous liquors, while a few even went so far as to recommend total abstinence from all alcoholic beverages."[94] Further, although the old model was moral and focussed primarily on sin rather than disease, the modern model of addiction attributed to Benjamin Rush did not, according to Warner, represent a significant change despite the emphasis on disease.

As I intend to deal with these questions by explicating the texts in question, only one point needs to be made before beginning. With respect to abstinence as a remedy, Warner refers to Roy Porter's article on the history of drunkenness. Porter mentions that *a few* Georgian physicians advocated abstinence from strong drink and that, "Only fanatics, like the anti-luxury physician James Graham, demanded that patients shun alcohol altogether."[95] Of greater concern is whether abstinence had been worked out as the primary -- or at least as one primary -- solution. In fact, it had not been worked out; and, as I shall argue, the idea of alcohol as innately problematic represents a

kind of thinking far more appropriate to modernity than to the seventeenth and eighteenth centuries.

As promised, we will study the same texts used by Jessica Warner, beginning with one which contains a treatise against swearing. The sermon was written by John Downame in 1608, and is of particular interest as it deals with swearing, drunkenness, adultery and bribery. Far from demonstrating an awareness of alcohol's uniquely addicting powers, the text treats alcohol abuse as one sin among many -- every sin gets worse, and becomes harder to forswear, the longer one keeps at it. However, preachers often become emotional and hence are easy to quote out of context. They tend to portray the sin in question as the worst sin of all. So it is not enough, as we shall see, to show how a few preachers call drunkenness the worst of sins, or even the hardest to forgo. I do not suggest that we interpret with too much suspicion and enthusiasm, only that when trying to understand a seventeenth century preacher's views on drinking, it is important to study his views on other matters.

When Downame speaks of "swearing" he refers both to vain oaths and to the angry use of God's name -- either way we take God's name in vain. Predictably, Downame points out that,

> the Lord in his law has forbidden and condemned it [swearing], yea and that after a special manner; for whereas he hath given us tenne Commandments, hee hath added a commination or threatning but unto two of them, the first forbidding of idolatry... the other taking his name in vain... of all other he will not let them go unpunished.[96]

Downame is also aware of this sin's progressive nature: "our Saviour enjoyneth us not to swear at all, to wit, in our ordinarie communication, lest swearing beget facilitie of swearing, facilitie custome, and custome perjurie."[97] And again: "beware of inclinablenes to sweare in ordinary communication; for of inclinablenes ariseth custome, of custome, perjurie, and of perjurie, horrible blasphemie."[98] Swearing is not much different from a disease: "first, because where one is tainted with this leprosie, if separation be not made, he will like wise infect those that are about him. As therefore Magistrates and housholders in the time of common sickness are verie careful to stay the infection, by keeping the sick from the whole: so the like of much greater care must bee had in keeping these infected with this contagious sinne of vain swearing, from those who are not yet tainted, either till they be reformed or cured, or if they be incurable, by banishing them..."[99]

One should not conclude that swearing was seriously considered a disease in the seventeenth century; and the discussion of a measure of compulsion -- endemic to the human condition -- is not the same as a disease model of addiction. Also, Downame was aware that many consider themselves beyond hope. "Some alleage for their excuse, that they have been inured to such a naughty custome of swearing, that howsoever they disallow it in themselves, yet they fall into it unawares, and can by no meanes give it over."[100]

Here, the author is ambivalent about compulsion, and responds with a rhetorical tirade against those who plead a lack of choice.[101] Yet right after denying that choice could be a problem, Downame acknowledges the existence of compulsion by giving advice to anyone wishing to break

the habit: "as in the curing of bodilie diseases, the best course is to take away the causes thereof: so that if wee would have our souls cured of this sinfull sicknesse of vaine swearing, we must endevour to remove the causes from which it chiefly ariseth."[102] For our purposes, the causes Downame lists are of little interest; and more important than Downame calling swearing a sickness, is one of his cures:

> And if long custome hath so confirmed it in us that wee have no hope to break it off at once, let us labour at least to bring it to consumption, and by an antidote of contrarie custome, to disinure our tongues from the use thereof. Let us resolve... that we will not sweare for the space of a whole day; and when we have thus far prevailed over our selves, let us take a longer time; and so taking as it were a truce with Gods glorious name from time to time... it will in a final space grow into a firm and inviable peace.[103]

This is not only an acknowledgment of compulsion, but a suggestion almost identical to the Alcoholics Anonymous slogan: *one day at a time.* The preacher is pragmatic enough to put aside his zeal and let people know that it is acceptable to insult God just a little, at least during "early recovery". More flexible than most North American addiction therapists, Downame is not firm on whether slowly weaning oneself away from vice is more effective than spontaneous change; people are different, and the solutions vary.

Bearing in mind that this is all taken from the same text Warner uses to show the addiction/disease model's continuity, we can turn to the next section that deals with drunkenness. Although Downame speaks of those "addicted" to the sin of drunkenness, the word at the

time meant no more than accustomed, enamoured or inclined.[104] As this is not a point of contention we should focus instead on how "drunkard" is defined: "neither are they alone to be esteemed as drunkards who deprive themselves of the use of reason, and become brutish: but those who take their chief pleasure in drinking and carousing, though their brain will beare it without any alteration."[105] It is the love of drink, that is to say loving it more than one loves God, which is the focus of this (or any other) sin. Of course, Downame is concerned with a drunkard's bad behavior. But we should not assume that his priorities are the same as ours. For although drink is in itself one of God's "good creatures,"[106] everything must be loved in correct proportion:

> First then the drunkard grievouslie sinneth against God, and that in diverse respects. First by committing against him one of the worst kinds of idolitrie, in that he maketh his bellie his god, as it is Phil.3.19. Whereof it is that gluttons and drunkards are usually called bellie-gods, because they better love it, and more diligently serve it, and more carefully please it, then God Himself.[107]

The comparison to gluttony is not accidental. All sins are essentially the same. To sin is to love something out of proportion. So, although drunkenness may be "progressive," it is not special for this reason: "the drunkard by his much tipling maketh himself as slave to his vice, and by long custome bringeth superfluity into urgent necessity: for *as it is in other sins* so in this before it is admitted, it creepeth and croucheth...First sinne is committed, then practiced, and often practice bringeth custome, and custome becometh second nature, and

hath in it the force of law. [my emphasis]"[108] Downame does go on to say that this is "especially" true of drunkenness.[109] Yet later he says the same about fornication.[110] The next quotation appears in Warner's article:

> The last spiritual evil which the drunkard bringeth upon himself, is final impenitencie; for they who addict themselves to this vice, doe find it so sweete and pleasing to the flesh, that they are loth to part with it, and by long custome they turne delight into necessity, and bring upon themselves such an insatiable thirst, that they will as willingly leave to live, as leave their excessive drinking; and howsoever the manifold mischiefes into which they plunge themselves, serve as so manie forcible arguments to disswade them from this vice, yet against all rules of reason, they hold fast their conclusion, that come what may, they will not leave their drunkenness.[111]

The passage is useful in that, while resembling a modern treatment of addiction, it at the same time points to important differences. First, the drunkard is impenitent, insisting that he will not change. Today's addicts promise to change, but cannot. Although one can easily find old texts concerning sinners who promise to reform and do not, this is not central to Downame's treatment of what we would call "alcoholism." Of course drunks, like all sinners, are "slaves to their filthy lusts."[112] Yet when Downame chooses to state the reasons that drunkards do not reform, compulsion does not make the list:

> Now these causes are principally three: first, because those who are addicted to this vice are so infatuated and besotted, that they never enter into any consideration of their estate; but as they

> are senslesse in feeling present miseries, so they are securely carelesse in foreseeing and avoiding future evils; like filthy swine feeding greedily on such things as please the appetite... Secondly, because such is their infidelity, that though they hear these things, yet they believe the [sic] not... it is impossible that reasonable creatures bee subject to such brutish folly... Lastly, they continue in this vice because they have some figge-leaves of vain excuses, whereby they endeavour to hide the uglie filthinesse of their sinne.[113]

Thus we have three reasons: drunks are besotted, too stupid to know better; drunks have too little love and respect for friends and loved ones to accept sound advice; and drunks make excuses. When listing these excuses, Downame does not mention compulsion (he did for swearers). Instead, Downame offers drunkards a solution: pray, consider the consequences of your actions, and avoid the company of other drunkards.[114]

Downame's third treatise deals with fornication and adultery ("uncleannesse"). Like drunkenness and swearing, uncleannesse is a "contagious plague"[115] and, surprisingly, the only way one can sin against one's body: "for whereas *every other sin that a man doth is without the bodie, he that committeth fornication, sinneth against his own bodie.*"[116] Downame is referring to scripture, so the idea is not his. But it is clear that, right after the treatise on drunkenness, Downame is no longer concerned with how drunkards (or gluttons) deal with their bodies, and this time fornication is addictive, the most progressive of sins:

> for it is usually seen by common experience, that a young fornicator maketh an old adulterer... So also it prepareth the way & maketh an easy entrance for incest, Sodomie, buggerie, & all manner of abominable filthines... who for their filthinesse, giveth them up to a reprobate sense, and to the slaverie of their owne filthie affections... and partly through the nature of sinne which is continual growth, and if it bee not nipped in the bud of sprig, become in short time a tree of huge largeness... The [sic] which is verified of all other, so especially of these sinnes of uncleannes.[117]

The "addictive" nature of fornication is emphasized with more zeal than that of drunkenness: "Out of the dungeon the captive cannot escape, though hee much desire his libertie; out of this loathsome pit hee will not escape, but remaineth a voluntarie slave..."[118] Like drunkenness, fornication starts freely. This, however, is how Satan tricks us: "For however things were unto them free and arbitrarie, before they had yeelded themselves as slaves to their vile affections, yet when they are once inthronized in their hearts, they tyrannically impose upon them an unresistable necessitie of obediance."[119] Unlike the drunkard -- who must be a fool -- "even the most strong and valiant, the wisest and best qualified are in no better case, when they have given themselves over to be ruled with their filthie affections."[120] I mention this because the disease model of alcoholism says the same about drunkards: they may be good people despite the "disease." Without suggesting that all seventeenth century preachers would make the above case, there is clearly no *alcoholism* in Downame's mind. Any sin could be described in terms that suit modern preconceptions.

Downame even calls "uncleannesse" a "contagious disease,"[121] and gives suggestions similar to the ones he gave to drunkards wanting to reform.[122] He adds, however, that fornicators may have to abstain from meat and wine.[123] The solution to sin is overall temperance -- far removed from alcoholism therapy, which permits a patient to eat excessively as long as no liquor is consumed -- because *all sins are one.* It does not matter which vice you display, as all vices involve excess to which the solution is temperance and piety.

Another text cited in Warner's article is Richard Garbut's *One come from the Dead, to Awaken Drunkards and Whoremongers.* This posthumously published sermon also points out that habitual drunkenness is compulsive, and that few drunkards reform. "Often have I been asked, and often have I enquired but never could I meet with an instance of this kind but one or two at the most."[124] Further, habitual drunkenness leads to dependency: "through continual drinkings... [drunkards] have the State and Temper of the Body so poisoned and corrupted that it naturally propends and inclines to the same again."[125] Drunkenness, *as all sins,* is progressive. More than just a statement of fact, this functions as a warning (notably to the young) to avoid sin altogether:

> frequent and needless drinkings, it is a great danger, they will bring on drunkenness at last: All mischief commonly begins modestly, and from very *Minnims* and least matters; but then afterwards that commonly proves true; he that despiseth small things, shall fall little by little...[126]

I would suggest that such warnings -- based to some degree on concrete experience even if not perfectly factual -- provided a basis for later notions of addiction as necessarily progressive in its course. The new "science" could appeal to the authority of old morality: sins had long been said to get worse in later years. According to Garbut, this applies to adultery which, like drunkenness, is progressive and poisons both mind and body: "the sin of uncleanness, which begins in younger and stronger years, and holds so long as there is any Marrow in their bones, and then when Marrow and Moisture is spent, and nothing but Rottenness in his bones, his bones are full of the sin of youth...the very state of the body is so poisoned and corrupted with the Habit of this sin, that Naturally it propends and inclines to the like..."[127] Small wonder that few adulterers recover: "to odds more (on my Conscience) than a thousand to one."[128]

> It is not denied that some of these the extraordinary Grace of God may Recover, as some of them that have the Plague (but oh how few) extraordinarily recover...[129]

Pragmatically, Garbut was interested in frightening his flock away from sin. Morally (and conceptually), his concern is primarily with order and hierarchy. The extent to which we move away from God is the measure of our evil. This -- and not the addicting powers of a specific object of desire -- is the criterion for enslavement to a vice: "the baser slave is he that serves the baser Lust..."[130] So, in what way is the drunkard unique?

> Other Sinners can be content most of them to be Sinners alone; the Covetous to be Covetous alone, he cares not though all his Neighbors else were Spend-thrifts. The Proud and Ambitious, to be Ambitious alone... But the *Drunkard* Devil-like is a sinner who cannot be content to be wicked alone; but he must needs Tempt others to the same Wickedness also...[131]

Garbut has no conception of substance addiction as a solitary affliction, one where the person is attracted to the substance and content to use even when alone. Not surprisingly because, in his time, solitary drunkenness was rare. This alone is enough to affect the way society views addiction: a drunkard did not have a private relation to the bottle. One might think that too much is being made of this quotation. Yet, another preacher says the same thing. And the reader should note that I am relying on a *very* small sample, and exclusively on texts selected by Warner. I do this to show that it matters little which texts are used: however fanciful some may find the thought, my intention is to show that we *are* dealing with changing mindsets over time. Samuel Ward says that,

> The Adulterer and Usurer desire to enjoy their sinne alone, but the chiefest pastime of a drunkard is to heat and overcome others with wine that he may discover their nakednesse and glory in their foyle and folly.[132]

Drunkenness is less private even than adultery and usury. What we have here -- thought for thought, term for term -- is the exact opposite of a disease conception of alcoholism. This difference

becomes less strange when considered in light of the changes that made the disease conception possible. The nineteenth century saw the rise of compartmentalization. Separate places were set up for work, for schooling and for play.[133] Drinking did not escape this trend, as it became less and less permissible, for instance, to drink on the job. Solitary drinking became more common. Disease specificity is a medical phenomenon, but it is linked conceptually to work, play, and drink specificity. The "epistemic" shift is, in this case, easier to understand and to demystify: economic and industrial developments change the way we live and hence, inevitably, the way we think.

Ward's text contains no section on other sins, so it is not possible to draw comparisons. Someone reading this sermon may conclude that Ward sees drunkenness as uniquely habit forming: "As the Father said of his son, when he had information of his gaming, of his prodigalitie, yea, of his whoring: but when hee heard that hee was poysoned with drunkenness, hee gave him for dead..."[134] I have, however, tried to show that we must make allowances for passionate preachers. Ward knows that faith is the solution to drunkenness: "This have I made good observation of, that where God hath raised up zealous Preachers, in such townes this Serpent hath no nestling, no stabling or denning."[135] Analogies are rampant, and it is too easy to read our preconceptions into texts written by men who were far less concerned with precision than with results: Ward was pragmatic and his objective was to move people's hearts. Talk of serpents, or for that matter of diseases, should not always be taken literally.

In 1682, Owen Stockton wrote his *Warning to Drunkards.* Again, drunkenness is like any other sin. It gets worse over the years: "For it is ordinary for impenitent sinners to grow more vile every day than other."[136] It is the inappropriate -- disproportionate -- love of any object which poisons the soul: "A man may be guilty of drunkenness by his inordinate desire, as well as the immoderate use of wine."[137] This text is 196 pages long, and less than two whole pages are explicitly devoted to compulsion under the title, "It is a bewitching sin, very hardly left by those that are addicted to it".[138] Further, drunkenness is consistently treated as just another sin: "It is an aggravation of the sin of drunkenness, or of any other sin, when a man hath made many vows and promises...and yet persists in his evil courses..."[139]

Stockton even provides a list of excuses drunkards use to continue in their folly: 99 pages are devoted to the listing of excuses such as peer pressure or the allure of high quality wine, with compulsion receiving no subtitle of its own.[140] Finally, the author addresses what we would call "alcohol addiction": "It is no easy matter for a man who is accustommed to this sin to leave it, it is of such an enticing bewitching nature..."[141] The solutions still have more to do with sin in general: "As for such sinners as are desirous to leave their sins, there is hope for them if they pray to God for his grace, that he will hear them."[142]

Despite differences between past and current ideas about drunkenness, many of the old notions about sin addressed in this section have survived in the form of diseased behaviors such as alcoholic drinking patterns. Grounded in some concrete experience,

both the old notion of sin and the new notion of disease have proven capable of reaching broad sections of their respective publics.

Section ii. *The Medical Shift: from analogy to ascendancy*

The advent of alcoholism as a specific ailment, rather than an overall expression of moral degeneracy, was commensurate with other trends. With respect to medicine in general, thought was also moving in the direction of specific disease entities during the eighteenth and nineteenth centuries.[143] As will be discussed in the fourth chapter, psychiatry borrowed from Pasteur's germ theory of disease in order to gain stature and to render respectable its own advances in the positing of single, identifiable mental ailments.[144] One can speculate about the extent to which Pasteur's insights, which involved specific germs as responsible for identifiable disease entities, were inspired by a setting already conducive to such views. Either way, one fact is undeniable: the discovery of germs, and in its wake the germ theory of disease, symbolized an overall conceptual revolution. In medicine, disease specificity was at the turn of the nineteenth century replacing the notion of health as equilibrium, largely dependent on environment.[145] Before then, physicians were not receptive to the idea that a disease could have a specific cause, or that it should run a determined course. Lacking a belief that humanity could attain pure, essential truth, medicine would work by analogy.[146]

Much like the preachers studied in the last section, eighteenth century doctors were adverse to notions of ironclad chronicity.

Certainly, chronicity was present and the theme was even pushed to the hilt by preachers wishing to frighten their flock. Exceptions, however, were undeniable and simply relegated to God's domain. Chronicity was not something that could be explained, as all vices and diseases were understood in terms of larger totalities rather than driving forces internal to them. Given that nosology (the actual classification of diseases) was a formative and even controversial project even in the eighteenth century, this should not be surprising. In a world where the identification of a specific disease was controversial, allusions to the course "it" must run would to many seem nonsensical.[147] Holism and balance were paramount: drunkards were told to moderate rather than abstain; mind and body were understood in terms of their interdependency; and even physical organs were understood less in terms of functionality as they are today and more in terms of their visible relations to the whole body. To assign the same drug each time for the same ailment was considered quackery. Body type, environment, weather and geography had to be taken into account.[148] Above all, every medicine had to have visible effects.[149] The unseen, inner world we take for granted today and without which there could be no modern addiction concept, was yet to be discovered.

The modern medical conception of alcoholism is said to have two founders, Benjamin Rush in America and Thomas Trotter in England, both developing similar views at around the late eighteenth and early nineteenth centuries.[150] Roy Porter argues that Trotter and Rush were not the innovators many claim them to be. However, I think that a

careful look at some of the texts to which Porter refers will show that he has overstated the case; indeed, these very texts reveal important conceptual shifts relevant to our study.

Concerned with the British experience, Porter focuses on Trotter rather than Rush, and claims that doctors in the early eighteenth century were already working with a disease model and that Trotter was part of a "continuing tradition" rather than an innovator.[151] As there is no denying a measure of continuity, this claim need not be challenged. Porter, in fact, is keenly aware of how attitudes towards drinking began to change near the end of the eighteenth century. Discussing the high levels of alcohol consumption in Georgian England, Porter mentions how in 1743 Thomas Cooke wrote notes on his struggles to give up drunkenness, and adds: "Cooke's struggle with the demon drink, or with himself, must have been all too common. For he lived in an age when hard drinking was endemic among both sexes and among all ranks of society."[152]

To highlight the nebulous nature of this topic, I would like to point out that Porter says "*must have been* all too common." He is speculating because confessions in diaries and autobiographies regarding compulsive drinking were rare before the nineteenth century. By 1830, they were the rage. As Harry Levine has noted (albeit in an American context): "The first public announcement that any temperance writers could find (and they looked hard) of someone admitting loss of control was by James Chalmers... in 1795..."[153] The change likely had something to do with a culture becoming more introspective, but we can also suspect -- based on this information alone -- that ideas about compulsion changed drastically, and almost overnight. The extent to

which the changes were sharp or gradual can be debated. Still, one is left with a suspicion that in some respects a sharp conceptual rupture was involved.[154]

In any case, swearing and Sabbath-breaking were punished more severely than drunkenness in the eighteenth century, and Porter even gives an example of a woman who mistook someone else's baby for a log, killed it by placing it behind a fire, and was discharged in court because she had been drunk at the time.[155] Drunkenness was a fact of life, and everyone knew it.

Porter cites preindustrial authors discussing alcohol dependence. Abstinence from all alcoholic beverages, though not initiated by Trotter as a solution, was still not the favored solution in preindustrial England. According to Porter, "What was new [in modernity] was not the concept of the chronic drunkard, but the strategies for dealing with the beast."[156] And on a political note:

> The real divide is that for the Georgians the idea of alcohol dependence as disease was still largely applied to the elite (it was the *vice* of the poor). By the nineteenth century, the ambiguous honour of its medicalisation had spread down through all ranks of society.[157]

We can now turn to George Cheyne's *Essay of Health and Long Life.* Published in 1724, this is one of the texts Porter uses to make his case for the earlier origins of drunkenness as a disease. In typical eighteenth century fashion, Cheyne in his preface says that all human knowledge comes by means of analogy and that, "we shall never be able to search out the Works of the Almighty to perfection, so as to

penetrate the internal nature of things."[158] Cheyne also mentions that this text is not written for the Robust, the Luxurious, the Pot-Companions, the loose, and the Abandoned... But the Sickly and the aged, the Studious and the Sedentary, persons of weak Nerves, and the Gentlemen of the Learned Professions... "[159] So when Cheyne says that those who are hurt by their drinking of hard liquor, "the sooner Stop be put to it, the better," he right away says they should forgo meat and suggests wine in moderation.[160] Like the preachers studied in the last section, Cheyne introduces the theme of progressive dependence with a general moral maxim: "No body becomes extremely bad all at once."[161] This maxim is followed by a statement Porter uses to demonstrate Cheyne's belief in progressive habituation to drinking.[162]

The difference, however, is that Cheyne nowhere suggests that the vice of drunkenness is unique in this regard. Nor could he, given his views on other matters. In the section on passions, Cheyne introduces an important distinction:

> As bodies are purely passive, and are acted upon by other bodies, conformable to the settled laws of nature; in Spiritual Beings, on the contrary, there is an *active, self motive, self determining principle,* by which it directs and manages itself with regard not only to its own self, and its own sentiments; but also to its *Actions* and *Influence* of other Beings without it, and to their Actions and Influences on it. And this is the foundation of Libertie, or Free Will...[163]

It would be inaccurate to put Cheyne in the modern camp. His mind-body duality has more to do with the mysteries of perfection, and even

bodies can only be known by analogy. But while bodies are subject to physical constraint, spirit is moved solely by Charity (love). Like North American Calvinist Jonathan Edwards, who will be discussed in the following section, Cheyne argues that passions -- whether human or animal -- are governed by pleasure and pain.[164] The basis of liberty, then, is positive desire and not a nebulous will somehow disconnected from desire.[165] Neither is Cheyne modern in his treatment of diseases. Of course, we can draw analogies between diseases and passions, as all human knowledge is based on analogy: "the *Passions* may be divided into *acute* and *chronical*, and for the same Reason, as Diseases are."[166] Regarding chronic passions, Cheyne says that, "constant Habits, of fixing one Thing on the Imagination, begets a ready Disposition in the Nerves to produce again the same image..."[167] The physical ramifications -- weak limbs, shortness of breath -- of excessive passions may be cured by your doctor, but passions themselves are not diseases, and not the domain of physic. "But if the Passions be rageing and tumultuous, and constantly fuelled, nothing less than *He*, who has the *Hearts of Men in his Hands,* and *forms them as a potter does his clay*... can settle such tumultuous, overbearing *Hurricanes* in the Mind..."[168] So for Cheyne the physician was in no position to assume the "moral management" which marks modern psychiatry and addiction therapy: a passion for drink was between you and your maker. It is different, as we shall see, in Trotter's system. Cheyne was still writing at a time when the passions were not in the medical domain.[169] Even insanity -- which was sometimes addressed by doctors -- was thought to have more to do with delusion, false beliefs, than with passions gone awry. To a confirmed drunkard's dilemma, Cheyne could add little to

what preachers had long been saying: things ought to be loved in proper proportion.[170]

Porter's case for the addiction concept's presence well before the nineteenth century still leaves us with changes that are hard to deny. For example, Porter claims that the "eighteenth century routinely spoke of men 'addicting' themselves to drams in ways which decidedly do contain assumptions of irresistibility and dependence..."[171] Yet even here, Porter speaks of "assumptions" rather than direct talk of addiction in the modern sense. Further, it is not clear that drinking was considered more enticing than other vices. And even if, as Porter points out, chronic drunkenness was seen by some eighteenth century authors as a "malady of the mind" as it was later to be called,[172] such observations (though pertinent) are incomplete without a grasp of how ideas about what it means to be human changed and how, in this light, terms such as "mind" and "malady" came to signify different ideas. These questions are central to the addiction concept's history. We can recall that, in Porter's view, the main difference rests with the "strategies for dealing with the beast."[173] One may ask whether this, on its own, implies a different "beast." Or, if not, then the question would involve how the conceptual similarities (the attributes of the beast-in-itself) are maintained even as the approach taken presupposes different types of responses from the very same object of concern.

This last consideration is neither as contrived nor as far-fetched as may first appear. It is well known in the natural sciences that the method of investigation can affect one's perception of the object in

question. Hence the object itself may be subject to redefinition.[174] With any kind of social science -- when human beings function at once as subject matter and as researchers or practitioners -- far more caution is warranted with respect to how concepts are defined. Value-laden, culture-bound and sometimes hopelessly self-referential -- the study of the human equation is no cinch. With these issues in view, we can turn to Thomas Trotter's landmark essay on drunkenness.

Trotter begins with the assertion that drunkenness is a disease, and he adds that it is "produced by a remote cause."[175] This statement is ambiguous, and there is no need to indulge in fanciful interpretation. Still, Trotter says this in the very first sentence of the first chapter, and refrains from explaining why, or in what way, the cause is remote. Whereas older texts had explained drunkenness with the same degrees of certainty that pertained to other vices, Trotter opens his essay with assertions of both scientific certainty and utter mystery all in one sentence. This seems closer to modern addiction/disease discourse where the existence of the disease is stated unequivocally while its cause remains elusive. In any event, near the end of the text, Trotter does give a standard explanation:

> The seeds of the disease, (the habit of ebriety,) I suspect, like any other, are sown in infancy. I do not merely allude to moral education. In the present stage of society, human kind are almost taken out of the hands of nature: and a custom called *fashion*, a word which ought to have nothing to do with nursing, now rules everything... too often it happens that the infant is deprived of the breast... Instead... the infant is fed on hot broth,

> spiced pudding, and perhaps also, that enervating beverage tea.[176]

These and other unnatural foods and medicines corrupt both body and soul. Rather than produce a solid modern disease model, Trotter then treats habitual drunkenness as just another vice: "However seducing the love of inordinate drink may be, like other bad habits, mankind seldom get into it at once. There is a gradation in the vice."[177] Yet Trotter is more original in advocating abstinence, insisting that one can stop immediately, and describing in detail how one drink can lead to irresistible compulsion.[178] But what makes Trotter possibly the first -- or at least one of the first -- modern addiction therapists is the negation of traditional community sanction in favor of benign medical expertise: "I firmly believe that the injudicious and ill-timed chastisement of officious friends have driven many unfortunate inebriate to ruin, that might have been reclaimed by a different treatment."[179]

As will be discussed more thoroughly in the next two chapters, Trotter was writing at a time when community, along with the normative power of friends and family, was breaking down. This was true in Cheyne's time, but not to the same degree. The advice, or for that matter the (possibly justified) scolding, of friends is treated as worse than useless; and rightly so because organic community had lost its touch. A new kind of normative -- noncorporeal -- power had to fill the void, and Trotter understood his role:

> When the physician has once gained the full confidence of his patient, he will find little

> difficulty in beginning his plan of cure... nothing gave them so much alarm or uneasiness as the dread of [my] declining my visits... This disease, I mean the habit of drunkenness, is like some other mental derangements; there is an ascendancy to be gained over the person in our care, which, when accomplished, brings him entirely under our control.[180]

Though one can argue over whether and to what extent Trotter was an innovator on addiction patterns, he was undeniably different from Cheyne in that he had fewer qualms about assuming territory that had once been that of priests and, above all, that of God:

> Having always directed my curative indications of habitual temulancy chiefly to the state of the patient's mind, much may be frequently done by arousing particular passions, such as a parent's love for his children, the jealousy attached to character, the desire of fame, the pride of reputation, family pride, &c.[181]

It is now a doctor's business to deal with passions. Also, an essential hierarchy has been upturned. Trotter has few qualms about relying on baser desires -- even sinful ones -- to reanimate virtue. Where regeneration had been God's domain, Trotter takes matters into hand. He can cure the soul, and fix the drunk, who shall be reborn: "put him on food in direct opposition to his former modes of living, and consign him to the lap of nature as if his existence were to pass through a second infancy. Indeed the reformed drunkard must be considered a regenerated being."[182] While once sinners were beyond reach save for grace, and drunks were no different, now that drunkenness is a

disease we can assume that the remedy is within our grasp. Whether a drunkard or a drunkard's doctor, the human being is considered in a different light. This thesis will consider the ways in which a different type of humanity implies a different type of "beast".

Levine's contention, after all, is not that the perennial drunkard is a recent invention, but that our understanding of this subject's inner world has changed dramatically. Further, this change has been part of a bigger shift in how the soul itself is understood. Porter is well acquainted with this transformation, as his writings on mental illness clearly demonstrate.[183] Porter mentions that Christianity had always linked madness to the Fall. Traditionally, everyone had to be somewhat mad. It was a question of degree. Mad men, like lepers, were in a tenuous position: were they evil, or meek and holy?[184] Porter explains how Enlightenment rationalism made possible the conceptual isolation of madness, and that one indication of this was that adjectives were slowly supplanted by nouns for describing the mad -- an indication of a more permanent state rather than episodic behavior. Whereas madness had been a practical question concerning one's ability to function, Porter discusses how modern doctors initiated talk of "irresistible impulses" against which the mad were helpless.[185] Porter also points out how, by the nineteenth century, madness was no longer considered visible. Gradually, it became more and mysterious, often latent, just as alcohol addiction was being formulated in a similar fashion.[186]

Porter explains how, in the eighteenth century, the public was concerned mainly with protecting the sane from false diagnosis and protecting society from the mad. By the middle of the nineteenth

century, cure had become the primary issue. As doctors looked deeper and deeper into the "recesses of the mind," mental illness became less associated with bodily dysfunctions.[187] Porter argues that physicians also took a greater interest in drunkenness in the nineteenth century, and that the disease conception, though pre-dating the nineteenth century, was born somewhere in the eighteenth: "hard drinking was gradually reconstituted during the eighteenth century as a disease of the mind."[188]

The debate over when alcoholism was first formulated has less to do with factual considerations than with how we define our terms. Levine favors the late eighteenth century, while Porter and Warner favor the early eighteenth century or, with some qualification, possibly the mid-seventeenth. The answer will hinge upon how narrowly we define the modern disease model, which in turn dictates the information considered relevant. In fact, we will recall that Levine himself spoke of early eighteenth century American preachers with access to an embryonic disease model. Further, the question comprises more than madness and drunkenness. As will be seen in the fourth chapter, in the eighteenth and nineteenth centuries sexuality was also being medicalized and reformulated in psychological rather than physical terms. While masturbation had been considered a sin leading to physical ailments, by the early nineteenth century it had become the symptom of a disease that led to madness. Such changes shed light on how the nineteenth century was able to incorporate the addiction concept we have come to inherit.

For the understanding of mind-body interaction, the eighteenth century was a time of flux.[189] On the one hand, madness and other ailments were increasingly considered reducible to a few causes rather than the product of integrated minds and bodies. And yet once madness, like drunkenness, was thought curable, there was also more (psychological) mystery as to its source. This paradox is accompanied by a few others. While in the seventeenth and eighteenth centuries madmen and drunkards were considered stupid, modernity saw the rise of devious lunatics and also of wily drunks who could latch on to enablers and develop sophisticated systems of denial. Our aversion to drunks and lunatics was accompanied by respect and fascination. Just as our interpreting of ancient myths -- which held little interest during the Enlightenment -- shows the need to read ourselves into all that is mysterious and elusive, so, in many ways, modernity learns about itself by scrutinizing deviancy. This entails the study of underlying tendencies, each with (as discussed in the introduction) their own "internal laws of functioning" or,[190] when seen as diseases, with their respective etiologies. Either way a tension, between things considered absolutely mysterious yet at the same time amenable to objective scientific scrutiny, came to mark our approach to the human (or arguably Western) soul.

It was amid such changes that the disease conception of addiction took hold, and the changing conceptual realm will be addressed in the next two chapters. Yet the compatibility of the disease conception of addiction with older notions of sin has been touched upon already, and this will also be treated in chapters Two, Three and Four. Crucial, for

example, was the ease with which the Temperance Movement was able to incorporate the addiction concept -- purportedly scientific -- without compromising its moralistic fervor. The next chapter will attempt to give some empirical grounding to the changes under consideration, but only after it explores the mindset of a culture for which the addiction concept was not yet a possibility. Drunkenness had not always been viewed this way in the Christian world, and it will be useful to analyze a way of thinking where the current alliance between religion and science, sin and disease, was not possible.

Chapter 2
Drunkenness and Free Will in the New World: From Puritans to Moderns

This chapter contains two sections. The first section discusses the religious and philosophical ideas of seventeenth century New England Puritans, primarily with an eye on matters pertaining to the addiction concept which would make an appearance by the late eighteenth century. The section ends with a treatment of Jonathan Edwards' mid-eighteenth century reaction to changing times and attitudes. The second section provides a brief treatment of the late-eighteenth and early nineteenth centuries with respect to the cultural, political and economic changes pertinent to the emerging notion of chronic drunkenness as a disease.

Part One: The Puritan Creed: *one can neither see darkness, nor hear silence...*

The Puritans command our attention for several reasons. The first English Europeans to settle the New World in significant numbers, North American Puritans had a formative effect to which American scholars (including Levine in his analysis of this same topic) consistently refer. The time frame is also significant: since it is easy to argue that the eighteenth century was transitional, or proto-modern, it seemed best to go back a bit further and provide a clear picture of a mindset foreign to addiction. Seventeenth century North American Puritans were also leaders in the revival of Augustinian theology, which came with the Reformation. Augustine himself wrote extensively on free will and divine grace. With an eye on compulsive behavior, we can explore a culture which discussed these questions explicitly. As Perry Miller has pointed out, Puritans were keen to quote "Saint Austin" on almost any topic pertaining to spirituality.[191] This fact permits a view of Puritanism as connected to larger Christian developments. In attempting to remain true to Augustine, Puritans can be said to represent -- in many ways -- ideas that have been formative to Western consciousness since Augustine's time. The Reformation was, in some respects, a *traditional* Christian response to the Renaissance and its alleged heresies. So we can, with caution, gain some insight into the longer standing pre-addiction world of Christian

free will even while focussing on this single culture. As well, the choice to study New England Puritans involved one last consideration: unlike many of their English counterparts, North American Puritans were not anti-intellectual. To the contrary, though suspicious of fancy, ornamental reasoning, these Puritans considered it a duty to use their rational faculties in order to enhance faith. They were generally middle class, educated, and all were expected to sit through sermons that at times reached high levels of abstraction. This is important because one objection to the study of any culture's mindset (its episteme or its "spirit") is that we have access only to the thoughts of a small elite, the men of letters, and that hence our findings need not apply to the culture at large. With a study of early seventeenth century New England such objections, though still worth noting, are less troublesome.[192]

For Puritans, God is completely unknowable, unpredictable. Men may be able to explain natural phenomena, but God in his essence is infinite and beyond our finite grasp.[193] To predicate God in any way would be idolatrous. Still, this extreme transcendentalism led to a choice of emphasis that bordered on predication: God's will, Divine Providence, is the attribute to which Puritans paid the most attention.[194] God's will is absolute -- unfathomable -- to such a degree that games of chance were thought sinful not mainly because of pleasure or the wasting of money, but because of the trivialization of providence (what appears to us as contingency).[195] Now, just as God's essence is beyond our intellect, so the inner workings of man -- which hinge completely on Divine Grace -- are mysterious to any finite mind:

> But look beyond all duties to God, and desire him to give thee success above them... it is Satan's subtlety to keep us in ourselves hereto, by endeavouring to make us go out of ourselves by our own strength... [Whereas] it is a supernatural work, and the same hand must bring us out of ourselves that must bring us to Christ.[196]

Whatever goodness lies in your heart, whatever rational faculties you possess, whatever courage you display -- these are all God's *free* gifts.[197] Most importantly, this applies to grace. "The Lord will not stand bent to thy bow and give thee free grace when thou wilt; it is not for us to know the times and seasons."[198] Since this applies to all of God's gifts, it makes no sense to ask why God gives one person more intelligence or another more courage. He certainly has his reasons. What may appear irrational to us -- even evil -- appears this way because of our own failings: all things, insofar as they participate in Being, are good. Of course Puritans were concerned with evil, but evil is ultimately nothing, the absence of good. A shadow without substance, evil is a measure of the extent to which one lacks Being. It is the Augustinian influence which lends philosophical cohesion to this view. Unlike Thomas Aquinas, who felt a need to prove that the world is good, for Puritans the world was good by definition because its creator could do no wrong. "Every gift, as well as every creature of God is good, and may be sanctified for the use and delight of man."[199]

Hence it was difficult (though not impossible) for Puritans to view anything as innately evil. As Edward Reynolds pointed out,

> ...to the pure, all things are pure. And even the harmful things when they are prepared, and their

> malignancy by Art corrected, doth the skilful Physician make excellent use.[200]

This, of course, applied to liquor. But the principle that all things are defined by their goodness applied to any potential evil, even war. As Augustine had explained long before,

> For even those who make war desire nothing but victory -- desire, that is to say, to attain peace with glory. For what else is victory but the conquest of those who resist us? And when this is done there is peace. It is therefore with the desire for peace that wars are waged...[201]

A bad desire is simply a misguided good desire. Even a band of thieves and rapists -- to whatever extent they can function as a team -- must be at peace with each other. To whatever extent they *are,* they are good. While war depends on peace for identity, peace can exist as its own end. War is nothing but perverted peace. The same principle applies to love. Even in hate, we merely love something base such as revenge. As the lower must always depend upon the higher, hierarchy is endemic to creation. Augustine explains:

> Then seek what moves the limbs of the artificer himself; it will be number; for they too are moved in the rhythm of numbers... seek then what it is that gives pleasure in a dance; number will answer, 'behold it is I'.[202]

It is by the standards of numerical perfection and geometrical symmetry that we judge beauty and splendor in our achievements and

also in material objects. But we cannot explain *why* three threes are nine. It is merely given, axiomatic, and seemingly arbitrary to our feeble minds. All aspects of enlightenment are free gifts from God. Thomas Hooker wrote in the seventeenth century:

> ...now wee have received not the Spirit of the world, but the Spirit which is of God, that wee might know the things that are freely given to us of God, as if he had sayd, The Spirit of God knoweth these things, and teacheth a poor Soule these things as farre as is convenient for him; the Spirit of God understandeth these things, and makes knowne these things of themselves but by the power of God's Spirit, the Spirit of God assisting and working effectually in them, teacheth them these secrets.[203]

While perfections such as number justify our lives -- the things we value -- we are not able to return the favor by justifying number. Number exists independently of us; and it gives of itself freely.

So, if we can know the revealed truth of number but never its essence (we do not know why it is true), the same must apply even to Scripture: we can know only God's revealed intentions; his secret intentions remain inaccessible.[204] The question of human free will hinges upon this mystery. To sin is to fall -- by choice. True, one falls because one has not received sufficient grace (which certainly has not been earned by those who have received it) yet the choice is still man's. Choice is represented by the state of one's will (or desire). In Thomas Hooker's words:

> First a man must know that the offer of grace is free. Secondly that a man must will Christ and

> Grace before he has Christ & Grace. Thirdly, he that doth will Christ, shall have Christ and salvation by him... And now wee are come to the fourth circumstance, which is that no man by nature can will Christ and Grace...[205]

A move away from willing grace is simply the mark of an absence. Hence the causes of sin cannot be described by reference to details or attributes -- sin could only be understood in the negative. Though Puritans, like Augustine himself, were introspective, when searching for the cause of sin they could find only *nothing.* Evil is mere deficiency. Augustine even spoke of efficient and deficient causes:

> Trying to discover the causes of such deficiencies -- causes which, as I have said, are not efficient but deficient -- is like trying to see darkness or hear silence.[206]

To the extent that you turn away from God, the lower appetites get stronger. And though Puritans had a duty to preach, they did not believe that any amount of preaching could sway wicked hearts.[207] Just as the truth of number cannot be explained to an animal which God has not so enlightened, the experience of regeneration through Grace cannot be explained, or passed on, by those who have it to those who do not. Human reason is limited, and any suggestion that it could touch essential truth would undermine Grace as a free gift -- it would be to question God's autonomy.[208] At a time when philosophy and religious thought were becoming more skeptical, Puritans were at the forefront. Legal and religious authority could reform behavior, but not soul. The kind of therapy we take for granted today -- therapy that touches the

very soul -- was not possible.[209] This applied to drunkenness. Authority might curb behavior, but only Grace can save a man from being a drunkard in his heart. Though all things, God's creatures, are good, those who crave any object out of proportion are living in sin. Such cravings run more deeply than man's power and reason. These New England Puritans were the most radical, the most consistently "Puritan", and thereby provide an excellent model for this study: intermediaries between God and man -- churches, priests, magical sacraments -- meant little.[210] God understood men, but men could not understand themselves. No science concerning the human condition was possible.

With respect to some of the central themes of this study, Puritanism was explicitly adverse to anything that might resemble the secondary, inner identities which have marked the modern understanding of deviancy. In some ways, such ideas were foreshadowed during the Renaissance only to be challenged vehemently by the Reformation.[211] In both fact and theory, Puritan thought broke away from the sixteenth century: *In fact,* because despite their Calvinist views, few sixteenth century thinkers had much influence on them.[212] *In theory,* because even if we call them "Calvinists," Puritans saw Calvin as only one wise thinker among many. The idea that, say, a language such as Latin could be a forerunner of Italian or French held little sway in the seventeenth century. Such ideas were popular in the sixteenth century, they disappeared in the seventeenth, and reappeared with the advent of modernity -- only this time with more vigor. Just as seventeenth and eighteenth century medicine treated health as related to every aspect of life, so the history of language

was seen as related to economics, politics, religion, etc,.[213] Neither language, theology, economics -- or for that matter a bad habit -- could have an internal teleology virtually exempt from outside influence. Such a position, again, would undermine God's will. We cannot make solid predictions, or speak of "natural" progress, because God's plan is not accessible.[214] These Puritans, therefore, did not view themselves as part of a Calvinist "tradition", but as Christians.

These Christians also rejected Aristotle's notion of potentiality. Whereas Aquinas had revived Aristotelian ideas such as inner form, the Puritans went back to Augustine (and Plato): the essence of man is not within man, but in the transcendent idea; we participate in, rather than comprise, the truth.[215] A modern form-content dichotomy was not possible.[216] Little wonder that few English Puritans, and *no* New England Puritans, wrote directly on psychology.[217] A psychological study could easily reveal sources of virtue that are independent of Grace. Besides, the truth is not within man. So why study man? The very idea is blasphemy. Yet man has free will, so the logic of our choices must be important. This is why Puritans were uncomfortable with uncontrollable passions.[218] Despite the mysteries surrounding providence, in a world created by God the *higher* should rule the *lower*. An equal struggle between passion and reason entails a tragic view of life, one that Puritans despised to such a degree that even dramatic theatre was considered sinful.[219] Following Augustine's Platonic conception of good, all passions must strive for what is perceived as good. "In theory, at least, Puritanism could never admit that any truly natural desire was, qua desire, sinful."[220] Still, if one studied desires too closely, if one became too psychological and went too far in explaining why a man

went bad, "solutions" might appear and thereby undermine Grace. Interestingly, Perry Miller mentions that in the seventeenth century Puritans were not greatly troubled by this dichotomy.[221] This happens later, when we approach modernity. Only in the eighteenth century is there much concern over the way people both could and could not control their emotions.[222]

Nonetheless, Puritanism was an intellectual creed, and the first sign of regeneration was the cleansing of the imagination. So the soul must, to a degree, be understood. Yet the Puritans were also empiricists, partly because empiricism deprived man of an innate capacity for knowledge. Such a capacity could undermine the Bible's authority. Natural instinct could not replace Divine illumination. Ramus was important to them, and his Platonism, like Augustine's, could not be ignored.[223] The result was a balanced view: knowledge was necessary but not enough to heal the soul. According to Perry Miller, the early seventeenth century saw the "externalization" of sin (its internalization would prove crucial to the modern addiction concept): "If the sin of Adam were regarded as the violation of a contract, it could, as it were, become externalized, forensic rather than internal, a punishable crime rather than an infinite sin."[224] So inner salvation and outer community were inseparable; and, despite allowing for the possibility of error, early New Englanders believed that Godliness could be detected in a person.[225] Even Grace was in part a sensory experience. Nature and spirit were not at odds: they were on a continuum.[226]

Thus oppositions of nature and spirit, will and desire, form and content -- oppositions that to some degree shape us today -- were

developed poorly or not at all. But, as will be discussed in the second part of this chapter, by around 1700 things were changing. First socially: fornication, drunkenness and other sins were becoming more common; people were moving away from God in favor of God's creatures.[227] Second, theologically and philosophically: God's transcendence, his unknowability, was not held to with the same conviction as before. New England was no longer the cohesive society it had been: "In 1722 the heavens opened and the consternation rained down: the Rector of Yale, two tutors, and four neighboring ministers announced their conversion to the Church of England."[228] The boundaries, the limits that had defined the Puritan creed, were under attack. By the middle of the eighteenth century, people such as Jonathan Edwards felt it necessary to defend these limits. The second half of the eighteenth century (more notably after the American Revolution) was a time of heated intellectual debate, with Puritan clergy arguing over the meaning of true religion and expressing concern over the statutes of Puritanism within North American democracy.[229]

Jonathan Edwards wrote *Freedom of the Will* to defend Puritanism from what we can cautiously call proto-modern trends, represented primarily by the so-called "Arminians".[230] The term is pejorative and the thinkers in question -- such as Thomas Chubb, Daniel Whitby and Isaac Watts -- did not refer to themselves as Arminians. Named after the anti-Calvinist Dutch Theologian, Jacob Arminius, Arminianism was a label used to accuse someone of preaching free will in a fashion that gives man the opportunity to choose good prior to the reception of

Grace.[231] We can note in passing that Augustine himself had attacked Pelagius along lines that were almost identical. In many Protestant circles, "any and every effort to augment human responsibility by giving the natural will a power to act in some degree by itself was castigated as Arminianism."[232] In Edwards' day, the precepts of Puritan conceptions of Grace as an unearned gift were increasingly challenged -- hence the need to attack "Arminianism." As Perry Miller points out, Edwards was more concerned with overall trends than with specific intellectual foes:

> Whitby and Taylor are now forgotten, and historians lament that Edwards expended his splendid dialectical powers on such ephemeral targets; this is to lose the vital point that for Edwards, with his strong social sense, these men were important as no Manderville or Berkeley ever could be, because they made articulate the average level.[233]

Both Edwards and his Arminian opponents were troubled by what they considered the abdication of moral responsibility entailed by the alternative perspective.[234] For the Arminians, human will had to be emancipated from natural causality in order to make responsibility possible. For Edwards, human responsibility (along with the freedom upon which it rested) was part of a larger, holistic picture, wherein everything (including all causes of human action) must ultimately be knowable (even if only by God).[235] Edwards' plea for holism is pertinent to one of the major themes of this study. It has been mentioned already that modern thinking has been keen to emphasize functionality -- whether it be in the study of human organs or of economic and

linguistic determinants -- and that aspects of the soul did not escape this trend. The will, too, became another "faculty" with its own seemingly internal determining power. According to Miller: "To Edwards' mind, the lesson of popular Arminianism was central: the modern era was committing itself to the delusion that experience is a congeries of ill-matched pieces, of disjointed frames and discontinuous moments."[236] With respect to human agency, this led to a disjointed conception of the soul which in turn entailed a psychologism Edwards considered both heretical and absurd. More to the point, the distinction between will and desire is already psychologistic, with autonomous human will serving to undermine the absolute power of Divine Grace.[237] The independent nature of the will had other implications. Pertinent to themes to be addressed in the fourth chapter, once will is thought of as separate from reason, a modern conception of madness also becomes possible: one can be completely mad in some respects while perfectly rational in others. This, in turn, readies the ground for the more finely honed ideas about dependency on substances such as alcohol. Edwards had a keen eye for the implications of the rising "Arminianism" to which he opposed a holistic conception of both the soul and creation itself. "The core of the *Freedom of the Will* is the assertion of the unitary and functional nature of the organism. If the will is that by which the mind chooses, it is not a faculty or a talent or a knack, but it is the man choosing: 'the very willing is the doing; when once he has willed, the thing is performed'. "[238] Morally, Edwards took issue with the potential (and in his view illusory) empowerment of humanity entailed by the will as faculty. Logically, he could point to the infinite regress such considerations inevitably produce: if the will

moves the person then it must also be moved by something contained within it, with the latter "faculty" also depending logically upon another internal motivator, and so on. Hence, such a will must itself be preceded by another will.[239]

While certainly not struggling directly with the addiction concept (though he does, as we shall see, use drinking as an example for the kinds of behaviors over which individuals always have choice), Edwards was attempting to ward off the kind of thinking that would eventually make such ideas possible. Miller explains:

> The Arminians, by robbing man of an inner principle of continuity, by telling him he can do as he pleases, that he can pick and choose for himself among objects and ideas and motives, were in fact so enslaving him to the domination of objects that they destroyed the very freedom they vaunted.[240]

Domination by something external to the individual was to become, as we shall see in the next three chapters, crucial to the addiction concept. It is interesting that Miller himself compares Edwards' argument to Fromm's own ideas concerning the "escape from freedom."[241] In his critique of the disease model of addiction, Stanton Peele relies on Erich Fromm's ideas as well and argues that a stringent notion of dependency amounts to a denial of essential human liberty.[242] For Edwards (and in different ways for Fromm and Peele as well) if we turn away from our inner (or higher) determinants we can become hopelessly attached to other motivators -- that is to say enslaved by things that should not have such power, be they substances, ideas or persons.

Edwards' main target was the distinction between will and desire: "A man never, in any instance, wills any thing contrary to his desires, or desires any thing contrary to his Will. He may, on some consideration or other *will* to utter speeches which have a tendency to persuade another, and still may desire that they not persuade him; yet his Will and Desire do not run counter at all: the thing which he wills, the very same he desires; and he does not will a thing, and desire the *contrary,* in any particular."[243] When you study the human soul extensively, you have to pick it apart. The kind of inner fragmentation of which Freudian psychology provides an example may ensue. Edwards was aware of this, and aware, as well, of how it could threaten the harmony of his homogeneous universe. Besides, these new developments were absurd: how could a man's choices be influenced by things of which he is *completely* unaware? To Edwards, any talk of will autonomous from desire entailed such a paradox. Yet this mysterious "will" (like the Kantian "I" soon to follow) was gaining acceptance. "Whatever is objectively a motive, in this sense, must be something that is *extant in the view or apprehension of the understanding,* or perceiving faculty. Nothing can induce or invite the mind to will or act any thing, any further than it is perceived, or is in some way or other in the mind's view; for what is wholly unperceived and perfectly out of the mind's view, cannot affect the mind at all."[244] Edwards' case is anti-psychological. We should look to the world for what moves us, and not to the inner (and fictitious) reaches of the soul. It is not that there are two separate entities, will and desire, but that some motives are stronger than others. The desire for small, short-term good may, due

to immanence, overpower the fear of a large, long-term evil. It does in some, not in others, and depends upon which type of desire is stronger. "Thus, when a drunkard has his liquor before him, and he has to choose whether to drink it... the objects to which this act of volition may relate more remotely, and between which his choice may determine more directly, are the present pleasure the man expects by drinking, and the future misery he judges will be the consequence of it."[245]

New ideas threatened clear, sober thought with redundancies. An ordered, planelike harmony was under attack by what Edwards considered nonsensical, intellectual gymnastics:

> I have chosen to express myself thus, 'that the Will always is the greatest apparent good,' or 'as what appears most agreeable,' than to say that the Will 'is *determined by* the greatest apparent good...If strict propriety of speech be insisted on, it may more properly be said, that the voluntary action, which is the immediate consequence of the mind's choice, is determined by that which is agreeable, than by the choice itself...[246]

In one respect, it is all right to say that (free) choice leads to voluntary action; but they are immediately connected and we blunder into redundancy when claiming freedom to be the "cause" of freedom. An idiotic trend, of believing that our motives are explained not by things in the world we desire but by "things" within us, was undermining man's relation to the world and, in fact, to God himself. In this widely neglected text, Edwards shows remarkable insight into the paradoxical character of the modern project: whether it is the

"Cartesian infinite regress"; or Foucault speaking of the (by no means identical) "man and his doubles" -- these are reverberations of a question Edwards understood. And he understood something else: this modern preoccupation with will, and with deeper layers in the self, opens the door to innate evil, evil with its own identity.[247] The Reformation represented a response to such views, yet now these views were reasserting themselves. Rather than the type of volition where we move towards what is agreeable and hence defined by its goodness no matter how base it may be, this new "will" makes possible a kind of arbitrary volition with the power to go in any direction. Hierarchy would be gone, evil might have an identity -- the modern "criminal" (with the added feature of criminality) and the drunkard (with the added feature of addiction) were on the horizon.[248] Edwards is adamant: "But so much I think may be determined in general, without room for controversy, that whatever is perceived or apprehended by an intelligent and voluntary agent, which has the nature and influence of a motive to volition or choice, is considered or viewed as good... It is most agreeable to some men, to follow their reason; and to others, to follow their appetites: to some men, it is more agreeable to deny a vicious inclination, than to satisfy it; others it suits best to gratify the vilest appetites."[249]

Edwards even saw the way human identity, somehow, was becoming defined by an opposition to nature. This, too, was abhorrent. "The word *nature* is often used in opposition to *choice*; not because nature has indeed never any hand in our choice..." Edwards wanted unity, not a fragmented world: "Whereas, I suppose none will deny but that choice, *in many cases,* arises from nature, as truly as other events."[250] As we

find necessity in nature, so we can find it in ourselves. But a "moral inability" need not reflect a lack of choice. "A child of great love and duty to his parents, may be thus unable to kill his father."[251] Habits, good and bad, can be overpowering and demonstrate a measure of necessity which we *choose not to give up*. Divine foreknowledge, nature, freedom and passion need not be at odds. Or at least that is how it had been for early New England Puritans, and how Edwards would have had it continue. He was not to get his wish.

Part Two: Times of Confusion: the Demon Rum and Reform in the New World

The second part of this chapter will treat the period, crucial to the development of the disease conception of alcoholism, beginning shortly before the start of the nineteenth century and ending with the drive for prohibition in the late nineteenth and early twentieth centuries. I will trace the social and political changes surrounding the rise of the addiction concept in North America with an emphasis on the Temperance Movement which, though not solely responsible for it, certainly gave momentum to the medicalization of chronic drunkenness.[252] Despite an attempt to be historical, this section should in no way be treated as a serious history of nineteenth century North America in general or even of the Temperance Movement in particular. It is no more than an attempt to provide context for the emergence of certain ideas pertaining to addiction.

Though coinciding with shifts in thought throughout the West, this is a North American story. As such it involves issues -- biases and historical markers -- specific to our continent. Two issues, prohibition and the disease notion itself, have often been blended by authors with other, often unrelated agendas. One tendency is that of middle and

late-twentieth century scholars to distance themselves from prohibition -- as a failed experiment, overly repressive, or simply naive in its faith in the ability of law to alter ingrained behavior -- and at the same time to associate this failed experiment with whatever they wish to dispel. Hence Jellinek, when promoting the disease conception of alcoholism, argues that Temperance along with the drive for prohibition in general treated drunkenness in terms that were moralistic and incompatible with the disease model.[253] The claim is false, and Levine points this out. Yet Levine, who is less sympathetic to the disease model, sets the stage for more ardent critics of this model. Stanton Peele, for example, is a keen critic of the disease model and (in my view at least) associates it to exaggerated degrees with prohibitionism and rural Protestant moralism.[254] As these latter two perspectives receive little respect in today's cosmopolitan and academic circles, both proponents and detractors of the disease concept have been tempted to associate them with their opponent's views. As already mentioned, this temptation can affect unrelated topics. *Profits, Power and Prohibition,* for example, is a Marxist study which places big capital behind the drive for prohibition.[255] Though such a case can be made, I consider it incomplete. Either way, one should at least bear in mind that few Marxist scholars today would be comfortable with pinning prohibition on the labor movement. A Marxist's first inclination will be to blame it on capital, while liberals prefer to search for moralistic excess as the prime causal agent. The intellectual landscape, and with it our reading of history, would no doubt be different if prohibition had proven successful and popular.

The rest of the chapter will be divided into three sections. The first will draw on the work of Laura Schmidt, who has argued that many scholars, including Gusfield and Levine, unduly minimize the contribution of religious ideas to the development of Temperance ideology in favor of treating such ideas as peripheral to industrialization and other developments.[256] Schmidt argues, quite convincingly, for granting a measure of autonomy to the realm of ideas: certain developments simply cannot be explained any other way. She discusses a "compromise" Puritan clergymen had to make in order to survive in changing times. So Schmidt's point is not that religious and other ideas are perfectly independent, but that a look at ideas as such sheds light on how certain changes actually took place. I consider her insights invaluable to the establishment of continuity between older and newer religious ideas, and helpful in demystifying the overall conceptual changes this dissertation describes.

The second section will represent an attempt to describe the diverse social, political and economic trends that converge upon the issue of Temperance and, finally, prohibition. The main argument will be that it is futile to reduce these developments to a single or even to a few primary causes.

The last section will be an extension of the first, but with an emphasis on the popular notion that Temperance advocates were primarily staid and repressed proponents of social control. Without denying that many fit this description, one can still point to other facets of the movement. A notion that has already been challenged in the introduction -- that of repressed nineteenth century attitudes eventually being supplanted by relatively liberated twentieth century

wisdom -- will here be challenged again, helping to set the stage for the third chapter which describes nineteenth century precursors to our current understanding of addiction. Each section will share one theme: single causes, whether theoretically or empirically derived -- or even single impulses such as the desire to control others or to protect oneself[257] -- simply fail to do justice to developments which defy reduction.

The Compromise

We have already seen how Calvinists such as Jonathan Edwards felt compelled to respond to changing times and new ideas at the middle of the eighteenth century. By the late eighteenth century immigration by members of other Protestant sects had changed the social landscape. Success in the revolutionary war undermined established hierarchies and initiated a culture of liberty and equality, while westward expansion rendered many inaccessible to conventional authority.[258] Temperance was born in this climate. Of course, industrialization was to have an effect. But as Laura Schmidt has pointed out, the Temperance movement preceded industrialization in North America by more than ten years.[259] It is therefore important to understand Temperance within the realm of ideas -- be they religious, philosophical, political or other -- in order both to evaluate Temperance as a normative concern in its own right and to assess accurately the impact of industrialization.

Bringing together different -- and in other respects competing -- Christian denominations after the American Revolution, Temperance

played a pivotal role in the homogenization of the new republic. A new "sense of human empowerment" laid the foundation for a philosophy of choice: thinking clearly, an individual can see the damage alcohol causes and choose to forswear it.[260] The passive posture that individuals had assumed before authority, including that of God, was being replaced by a greater emphasis on self-motivation. This presented many challenges to Puritan clergy, Congregationalist and Presbyterian alike, especially since other Christian sects were in some ways better suited to the new national mood. Quakers, for instance, had long considered man an active agent. Their "belief in an 'inner light' within each individual exalted humans and therefore posed a direct challenge to the Calvinist doctrine of God's sovereignty." Edwards himself had responded to the Arminian belief in free will held by Methodists as it "scandalized New England Calvinists who believed in holy election and predestination [and] proposed that God made the offer of salvation to all humans equally."[261] Further, an emphasis on intellect combined with an overall distrust of passions made Puritanism ill-equipped to compete for the souls of poorly educated individuals who could, conversely, respond well to the sensationalism of instant conversions offered by Evangelical sects.[262] Emphasizing the egalitarian aspects of the Christian tradition, these churches could accept untutored converts as ministers, enabling them to meet the challenge of reaching Western settlers as well as appealing to the democratic spirit of the time. If Puritan views on divine election were too elitist, Puritan thought on innate human depravity was equally unpalatable to an optimistic post-revolutionary setting which, in fact, had seen the "elect" Puritan Hierarchy on the losing side of history.[263]

Schmidt discusses how Puritan churches opted to "compromise" with the new social setting.[264] The Covenant which had to a degree limited God's actions with respect to their communities provided at least a precedent for similar limitations on his dealings with individuals, who now had to *act* in order to achieve salvation. Salvation was no longer free. God was thus limited, even if this limit was self-imposed.[265] The origins of the modern North American Temperance movement can, therefore, be traced in part to Puritan Covenant theory: as God's people could expect to be blessed collectively if they behaved in the expected fashion, so individuals could take hold of their own destinies. No less important was the acceptance of more emotion from the pulpit and, accordingly, from the laity. Spontaneous conversion, a melodramatic event, was merely the extreme manifestation of a setting in which staid Puritanical behavior could no longer dominate as it had in the past. *And it is here, I would argue, that the foundations of Temperance can be found not merely in a repressive social setting but also in the opposite: one where emotional outbursts were assuming even sacred status.* Older restraints -- including those on drinking -- were less effective. Universal abstinence seemed a reasonable goal, both to older Puritans who feared a new climate of less restraint, and to the unrestrained themselves who were less able than past American generations to drink without incident.

Abstinence also provided clarity amid religious confusion. I have already mentioned that earlier Puritans assumed that Godliness could be detected in a person, and that later they became less certain. The "inner", the nature of the soul, was becoming more mysterious.[266] Abstinence -- and with it a whole new way of "seeing" the individual --

became a sign by which such certainty could be reestablished. But this involved a new respect for the importance of human action, and seeming contradictions had to be resolved:

> For example, there was the problem of explaining the role of the revivalist preacher in the context of God's sovereignty: if conversion was entirely carried out by the Holy Spirit, then to what end was the clergyman's preaching? In solving this intellectual problem, Rev. Nathaniel Taylor drew on the rationalism inherent in covenant theology. He emphasized the power of God's truth and its ability to penetrate the minds of the ungodly. The preacher's role was simply to present God's truth to the potential convert; once this was clearly seen, conversion was inevitable.[267]

The value placed on proper conduct provided a setting for the emergence of societies for the prevention of vice. Why these societies, at first concerned with all forms of immoral behavior, soon became focussed solely or primarily on drinking is the question to which we must now turn.[268] Laura Schmidt provides a few answers which, though focussed on the realm of ideas with little consideration of economics, race, and other issues, are helpful.

The competing denominations, Puritan as well as Evangelical, all had some temperance traditions upon which to build. Temperance therefore facilitated interdenominational cooperation. Also, a secular movement enabled Puritan clergy to function without the constraints of clerical discipline and thereby to address laypeople on their own terms. This consideration is political as well as sociological: democracy required new tactics along with new goals, and the Puritans had to

"reconcile the spiritual elitism of their tradition with growing republican and democratic sentiments; this facilitated the re-establishment of their authority on a new basis. Through temperance, Puritan preachers broadcast their endorsement of, and contributions to the Republican 'experiment in civil liberties.' ...These preachers showed how they favor democratic ideals by rhetorically positioning the temperance crusade as an extension of the American Revolution. This began with their presentation of the intemperate American as a 'slave to alcohol.' "[269]

In this chapter as well as the next, we will see how Lyman Beecher was able to promote Temperance and simultaneously make use of it. By presenting themselves as patriots and defenders of liberty out to protect both the nation and the individual from enslavement by the growing tide of inebriety, Puritans were not only posturing but also changing in fact: forced to accept the existence of a freer society, where moral conduct was hard to enforce, their hope for the future required that they moderate their views on human depravity. This entailed positive human agency and hence a limit on Divine sovereignty. It also entailed -- in this context -- a separation of will and desire along the lines of Arminianism against which Edwards had railed only a few decades back.[270] Rather than striving for a pure, positive desire wherein one's interests coincided with God's will, good Christians now had to rise above their desires. The drunken voter, for example, was incapable of this and also a threat to democracy.

Crucial to understanding something like a "shift" in cultural consciousness is the avoidance of mystification. Such a shift can occur -- at least in principle -- without a single new concept, and rely completely on changes in emphasis: a reorganization of old ideas can

constitute a new way of thinking. As Schmidt points out, Puritan thought contained the potential for the compromises it eventually made:

> Covenant theology always held the potential for becoming a philosophy of human empowerment and Divine benevolence. The original story of the covenant was always interpretable as one involving human agency, since man had to agree to contract with God. It always held the potential to be read as a story of heavenly benevolence, since the deity chose to extend His grace to humans.[271]

Influential Trends and Attitudes

A number of trends, some conflicting, had contributed to the rise of temperance sentiment. By the early eighteenth century, Cotton Mather spoke for many religious Puritans of his generation. Far more troubled by the evils of drunkenness than was his father and fellow preacher, Increase, Cotton Mather was concerned with the maintenance of order and the eroding social hierarchy of his time.[272] Mather abhorred the iniquities of his own class. Drunken gentlemen were unfit to command respect, and they set a poor example for the laboring masses who could (and did) buy increasing amounts of rum at progressively lower prices.[273] By the middle of the eighteenth century, the upper classes could no longer control taverns as they once had. The tavern had become a place for the masses to deride British authority, and drinking rum over the objections of those in power achieved symbolic value.[274] Whether one interprets the new upper class concern with drinking

along the lines of traditional class analysis -- the upper classes can be seen as threatened first by unruly (and unreliable) laborers, so their concern with their own behavior would be taken as derivative -- hinges mostly on ideological bent. Either way, the doctrinal lines were elusive. Whereas hard drinking often served to express contempt for traditional authority, the attack on liquor was also part of a larger attack on tradition in general.[275] Faithful to the humanism of his Quaker religion, Anthony Benezet may have come from the ranks of the rich, but his reformist impulses cannot be reduced to class interest. Benezet was moved by the negative impact of distilled spirits on American Indians, and this led him to consider the effects of hard liquor on all who consumed it.[276] Having founded a school for blacks, as well as a school for girls with a separate curriculum for each pupil, Benezet was one of the most influential free thinkers in post-revolutionary America. To him, evil customs should not prevail among rational men and women; and subordination to the irrational desire for oblivion through drinking was akin to slavery, which Benezet also condemned. According to Rorabaugh: "Here for the first time we see liberty viewed in a new light, not as a man's freedom to drink unlimited quantities of alcohol but as a man's freedom to be his own master, with the attendant responsibility to exercise self-control, moderation, and reason."[277] Benezet, like most Quakers, was well educated and represented a facet of temperance far removed from the lower class, poorly educated and more zealous Methodists. At the same time, Quakers were not sympathetic to the type of elitism espoused by Puritans.

Concern with the effects of drinking on Indian communities had already led to legal statutes in the seventeenth century, but the economic appeal of selling liquor to natives rendered most efforts ineffective.[278] By the eighteenth century, inadequate supplies of gold and silver (most of which went to Britain in exchange for goods and services) helped produce a barter economy in which rum functioned as general equivalent. Easy to transport, hard to damage, and its value increasing as it aged, rum worked well for a newly developing coastal economy highly dependent on sea travel.[279] Other economic determinants also contributed to the intertwining of rum with American prosperity, and its price declined rapidly. Though this is not the sole explanation, rum consumption increased sharply along with these developments. The occupation of tavern keeper, once high in esteem, was losing status.[280] And even if, as Krout mentions, a Bishop in 1776 had to quote scripture to convince his audience that drunkenness was a sin, the rise of this sin's popularity was accompanied by a growing hostility to it.[281]

Whether or not the interests of capital were the main catalyst for Temperance, many considered the effect of ardent spirits on labor efficiency the most useful point to raise when promoting temperance sentiment.[282] It was in 1789 that the first organized attempt to promote abstinence from hard liquor was implemented by a group of employers who pledged not to give strong drink to their workers.[283] Like employers, rural communities were shocked by sudden changes, notably population growth. In 1790 there were eight settlements of 5,000 or more, all on the Atlantic coast. By 1830 this number had risen to forty-five, and cities were no longer limited to the coast.[284]

With the size of each city growing rapidly as well, instability ensued.[285] According to Rorabaugh, the declining influence of the paternalistic elite at colonial seaports left a void: whereas they had once provided for the poor and paid for necessities such as docks and warehouses,

> With the collapse of elitist paternalism, the loss of guild control, and the decline in neighborliness, city dwellers were increasingly bewildered, frustrated, and isolated amid a sea of strange faces. And all available evidence suggests that Americans who lived in cities and towns drank more than their rural neighbors.[286]

Those moving from farms to the city were confronted by uncertainty, factory discipline and alienation in general -- an unpleasant change from rural settings where working conditions were familiar and social and family bonds may have been more important than distant market fluctuations. Still, if all classes were affected negatively by modernization, those with education, status and wealth were quicker to express their confusion in an organized manner.[287] Everyone from the skilled craftsman who could not control his apprentices to the lawyer who found that his profession no longer commanded the respect it once had, found reasons both to drink and to be offended by the rising tide of iniquities such as drunkenness.[288] Antipathy to alcohol often functioned as a spearhead for other concerns.[289] Krout mentions that conservative, post-revolutionary New Englanders hated two things above all: "deism and democracy... [and] associated both with the excesses of the French Revolution and confused both with Gallic materialism at its worst. The one was the assertion of heresy in

politics, the other the denial of everything orthodox in religion."[290] Thomas Jefferson's presidency was associated with everything the old order feared and despised: egalitarianism, moral relativism, and disdain for religious customs.[291] While radical egalitarianism undermined the status of elite professions, the breaking of ties with England further eroded the position of established churches.[292] Doctors, in particular, faced disdain because they seemed unable to cure the sick. In 1793, an epidemic of yellow fever in Philadelphia demonstrated the inadequacies of accepted medical practice. Further, the population was less willing than in the past to accept such tragedies as acts of God; people expected results, thought more independently, and had access to newer medical approaches. Jeffersonian individualism even lent support to those who preferred to cure themselves rather than trust professionals.[293]

While many doctors and clergymen were reputedly drunkards and thus derided, drinking was also an expression of equality and hence expected from professionals to demonstrate affinity with clients and working people in general. The turn of the century, transitional and confusing, gave rise to a number of religious revivals known as the "Second Great Awakening" which permitted ignorant (often drunk) self-proclaimed Holy men to compete successfully with educated, traditional clergy.[294] And the transition to a new reality was no easier for the young. University degrees that had once assured status and employment, no longer did so; and the elitism of these institutions received little respect from students whose values were being formed in a post-revolutionary setting. Apprenticeships did not bring certain

futures, as master craftsmen were being supplanted by larger scale production. Heavy drinking among students and apprentices was common, and more so among those cut loose from social bonds almost entirely such as river boatmen, lumberjacks and mobile laborers in general.[295]

In this climate of upheaval, Lyman Beecher began his crusade. As a pastor in Litchfield, Connecticut, Beecher was able to push for changes within his own Church such as a ban on distilled liquor at ecclesiastical meetings, and for codes of conduct among Church members which included foreswearing the use of liquor rations as partial payment for hired labor.[296] More important was Beecher's promotion of voluntary associations to help with the enforcement of laws, particularly those concerning morality.[297] Conservative and elitist, Beecher was appalled by Jeffersonian ideas, the decline in public morality and what he considered lower class arrogance: the masses were breaking laws as never before, and making unreasonable political demands.[298] The Connecticut Society for the Reformation of Morals was founded in 1813, its larger political agenda spearheaded by a focus on drunkenness and Sabbath-breaking.[299] Such an endeavor was to meet opposition stemming from ideology as well as ingrained behavior. Parents, steeped in libertarian ideals, were inclined to permit their children to misbehave and do as they pleased, producing a generation that was indeed "arrogant," as well as poorly educated and prone to drunkenness.[300] This was true among both rich and poor, but Temperance was initiated by individuals of power and standing.[301] Here the latter should be emphasized. For although segments of society hurt by sudden changes were prone to imbibe, those blessed with

newfound success were also in danger. Newly rich Southern slaveholders, for example, lacked the necessary background to enjoy their wealth in wholesome or tasteful ways and, further, had few outlets on or around their plantations. Many took to drinking heavily and "pursuing" black women.[302] Power in the hands of such men had devastating effects on social hierarchy, giving Beecher and his fellows cause to worry about the future. The upper classes were in danger of becoming mired in decadence.

The first Temperance activists were, despite concern for society at large, self-interested in that their primary goal was to save their own kind rather than reform the wretched.[303] The Massachusetts Temperance Society, a close ally of Beecher's group, stated as much: "The design of this institution is not so much to redeem the slaves of intemperance, as to secure from the ignominious those who are yet free... to erect a barrier against that wide-spreading flood."[304] In these chaotic times, drunkenness (along with other addictions and vices) was seemingly incurable.[305] Social bonds that had once been effective, both for prevention and for "cure", were no longer reliable: *The polemics of preachers who had pointed to the iron-clad teleology of sin were now receiving far more vindication in fact than when their purpose rested mostly in utility.*[306] The wretched were thought irredeemable, which helps to explain the seemingly defensive posture of early Temperance societies which nonetheless demonstrated the desire to save society as a whole. This was an Enlightenment project, carrying both the hopes and burdens of Enlightenment thought:

> the Enlightenment ideal contained a paradox destructive to the hope of spreading rationality: to be rational it was necessary to be receptive to reason; to be receptive to reason was itself an indication of rationality. The unenlightened man, therefore, was a poor prospect for enlightenment. Furthermore, the opponents of drinking believed that use of spirituous liquor itself blocked the attainment of rationality. To be rational was to control emotion with reason, but liquor unleashed emotion and destroyed reason.[307]

The paradox is similar to the one concerning faith. This, too, could not be passed on from those who had it to those who did not. The fledgling Temperance movement was caught in an older way of thinking with respect to salvation, yet with a foot in modernity in the sphere of human agency: there was no unknowable God to miraculously enlighten or save stupid sinners; the task was man's, but man was not up to it. The strong belief in human agency had not spread to the area of drunkenness. The change would eventually depend upon Evangelists, Washingtonians and others, all of whom shared one trait: *regardless of their views on the importance of rationality, none of their agendas included an overall suppression of emotion.*[308] Emotionalism would in fact be part of the solution to the apparent limits on God's power.

While intemperance was thought to place the individual beyond the reach of God, religion in general was losing importance in the late eighteenth century. There were many reasons for this, not least of which was a combination of Enlightenment rationalism and a post-revolutionary egalitarianism that undermined authority figures.[309] Ironically, it was the spread of intemperance, God's Achilles heel, which gave preachers purpose and momentum. Spearheaded by Methodists,

camps (notably in frontier communities) would be set up where, for several days, the faithful and potential converts would gather in what amounted to religious festivals marked by instant conversions "amid frenzy and emotion." If a drunkard suddenly saw the Truth, this would be "the highlight of the meeting."[310] In diametric opposition to Calvinism, salvation was available to anyone who accepted God. The emphasis was on heart rather than mind and, as already discussed with respect to Schmidt and the Puritan Compromise, the method was so successful that old fashioned clergy could rarely resist the temptation to move in this direction and increase their following.[311]

To many, spontaneous conversions proved little. Gauging the inner state of others presented new problems to clergy who were in danger of losing authority to a popular conception of salvation that increasingly rested on a private relation between the individual and the Lord, regardless of how exuberant the public, "outer" manifestations may have been.[312] A modern form-content dichotomy required new types of knowledge, new ways of seeing, if there was to be any kind of authority and influence. This development is crucial to an understanding of the transition from vice to current ideas about addiction, and will be a major focus of the next chapter: *eventually, actions would be read in increasingly complex ways as signs of one's inner state.*[313] Abstinence from spirits, however, was convenient in its simplicity and for a time served as the most important (or even the only) measure.[314] This involved many difficulties, including the holy status given to a secular activity such as Temperance activism. Some considered this heretical.[315] But Temperance also had an ally in reason. Enlightenment faith in human rationality, and that the best arguments

should prevail if all are heard, entailed optimism when spreading the Temperance message. In some quarters, Temperance took on a broader meaning: any activity involving excessive passions or appetites would inhibit an individual's rational faculties.[316] Meat, coffee and spices were all taboo among some Temperance reformers, representing an extreme wing of the side of the movement that did indeed reject passions. The point here was not that humans were vegetarian by nature, or that stimulants were unnatural. The vision of progress toward an agrarian, gentler consciousness owed much to hatred of all things "natural." Rorabaugh's comments are pertinent to the overall physical disciplines, to be discussed in the fourth chapter, which grew parallel to conceptions of psycho-behavioral illnesses such as addiction:

> to be natural was next to being called a natural-born fool. It was an age of pure art -- the art of walking *uprightly*, with *unbending* joints; the art of shaking hands after the 'pump-handle' formula; the art of looking inexpressibly indifferent towards every body and every thing.[317]

In many ways, the New World was indeed wild. Nature -- whether represented by frontier conditions and the accompanying mentality, or by groups both feared and oppressed such as blacks and Indians -- was ominous.[318] Eurocentric yet no longer European, white North Americans wanted superiority despite their egalitarian ideals. A growing population meant more people living out West, beyond the reach of traditional society.[319] Further, this society was not nearly as traditional as it pretended to be. Cultural markers, from churches to theatres, were

generally poorer versions of their European models; and, as mentioned already, the North American upper classes often lacked the same "finesse". Self-denial, therefore, was an attractive virtue for many reasons. Those disgusted with the debauchery of the rich, or the disorderliness of the poor, often opted for an ascetic ideal.[320] If the ideology of liberty were to have meaning, some thought, then a new conception of it -- involving self-control and social conscience -- would be necessary. In a similar fashion, many Temperance reformers wanted to redefine equality: it must not mean the right (or even the duty) to sink as low as the lowest animal, but an equal opportunity for all persons to rise above ignorance and vice, notably drunkenness.[321]

These last considerations are of course limited to the realm of ideas which, though crucial, would equally be limited in influence as long as most people considered the trade in ardent spirits crucial to their economic well being. As Krout mentions when addressing this question, distilling was so closely linked to industries such as fruit and grain that it made little sense to treat the production of spirits as a separate industry in its own right.[322] Despite the damage caused by hard drinking, the eventual successes of nineteenth century Temperance efforts would hinge upon social, political and economic changes; and the "Second Great Awakening" of the early nineteenth century was surely a response to a spiritual void in the wake of social, political and economic upheaval. Religious faith was in decline, drunkenness had reached an all time high, and Evangelical Christians -- almost suddenly at around 1815 -- became more and more active.[323] Beginning in the West with the Evangelicals and spreading quickly to established Eastern Churches, the

ideology of abstinence was replacing that of moderation.[324] Lyman Beecher himself, after witnessing political upheaval in Connecticut in 1818 without the dire consequences he had predicted, decided that social activism may be more important than allegiance to the conservative Federalist party.[325] Beecher's six sermons of 1825, the most important Temperance pamphlet of the time, helped to popularize the notion that intemperance is a disease and to define it in such a way that drunkenness is not a necessary symptom.[326] Though twentieth century notions of alcoholism can easily incorporate such a view, for the time it was rigid, uncompromising (yet still, in some ways, consistent with the older religious theme of being a "drunkard in one's heart"). Beecher's position was similar to that of many Temperance workers: democracy required a more responsible population than did absolute monarchy; political liberty must be balanced by a socially conscious and vigilant citizenry.[327] This sentiment was not simply imposed on the masses from above. Vulnerable to excesses such as drunkenness and violent crime, and perhaps moved by the spirit of democratic participation, the lower classes began to take an unprecedented interest in social issues. Union activism was growing, as were organizations such as the Temperance oriented Mechanics and Workingmen's Society of Philadelphia.[328] Not all unions, nor all businesses, favored "Temperance," and the term's meaning was still being worked out by activists. It could mean abstinence from hard liquor, abstinence at work, or the more recent notion of complete abstinence from wine and beer as well. As Krout points out, an indicator of the movement's broad appeal -- and of the centrality of shifts in the broader cultural mindset -- was that in the early going

Temperance organizations would be formed in different regions at roughly the same time and without cooperation or even awareness of each other's existence.[329]

Despite the regional diversity, there was enough unity for the American Temperance Union to form in 1836 and to function as a North American body, with representation in Upper and Lower Canada as well as nineteen states. One theme that united the movement in the early days was a belief in persuasion instead of coercion.[330] Communities might ban ardent spirits at the local level, but it was not thought wise to bring the power of the state into matters best settled by the light of reason. "Moral suasionists" were the majority, although debate was growing. Enlightenment faith in human perfectibility was waning as truth did not seem to conquer error as it should.[331] People were stubborn, resistant to change. The moral suasionists were losing ground as faith in human rationality and free will were abating.

This coincided with another change, also very rapid, which could cautiously be treated as a response to the cognitive, social and spiritual needs of the time. In the 1830's, Temperance workers were generally in agreement on the need to target those still sober, or at least not chronically drunk and beyond human (perhaps even Divine) aid.[332] But in 1840, the Washingtonian revival dispelled this assumption and also initiated a solution to chronic drunkenness that in some ways remains unchanged to this day. The Washingtonians were reformed drunkards who helped each other and new recruits to get and stay sober. The common drunk, once considered irredeemable even by the best Temperance efforts, had struck a blow for human agency by helping himself. New members signed pledges not to drink, and were

both inspired and entertained by first-hand accounts of the past lives and eventual redemption of other members. The movement enjoyed great success almost overnight; and the sharing of experiences was accomplishing what neither the voice of reason, nor that of God, seemed able to do. Pathetic expositions of tragedy, humorous stories, visual displays such as raised rum-kegs -- these were the sources of human empowerment. Rather than control their feelings, the Washingtonians aroused enthusiasm.[333] Not only were the Washingtonians forerunners of twentieth century self-help groups (notably AA), but they were also leaders in a crucial shift in confessional practice: despite admitting to a measure of guilt, their autobiographical renditions were not nearly as condemnatory as had been the norm among (dry) temperance advocates.[334] This is perhaps the first large-scale example of a *confessional practice better suited to a climate of disease conceptions rather than those involving sin.*[335] Confession could be humorous, it could involve boasting about one's struggles, even if a measure of self-derision would likely be present. Above all, the new method seemed to work. The most famous of Washingtonian speakers, John H. W. Hawkins, had been a drunkard and remained that way even after a religious conversion. Despite periods of sobriety, his life did not change until he signed the Washingtonian pledge.[336]

Washingtonians sometimes showed little respect for other Temperance workers with whom they were nonetheless allied.[337] Older methods requiring calm discourse and patience, and especially the older values such as restraint, were anathema to a new and radical movement often dominated by rowdies.[338] Cooperation may have been

the rule, and discord the exception, but the divisions were important. In less than two years, the Washingtonians converted tens of thousands in some cities, and were growing fast.[339] Also, the Washingtonians were nondenominational. This irked older reformers and devout Christians in general, but Washingtonian opposition to Temperance through legislation was even more controversial.[340] Despite the protests of prohibitionists, many (though not all) Washingtonians considered legislation punitive, an attempt to victimize inebriates.[341]

For numerous reasons, the Washingtonian movement began to die only two years after its inception. Decentralized and lacking coherent authority, Washingtonian groups were hurt by relapses, outright defections, and discord over issues such as format, religion, and prohibition. Still, the Washingtonians had left a legacy: the curability of drunkards could no longer be denied, and the solution need not involve religious or medical authority. This resulted in even more confusion as to the nature of drunkenness and addictive behavior in general. Modern science, usually bad science, offered assorted answers.[342]

Though intoxicants were routinely blamed by reformers for many tragedies, from spontaneous combustion to cholera, their economic arguments were more sound. Pauperism, criminal behavior and even insanity were strongly associated with chronic drunkenness. Institutions dealing with these problems all cost the public in taxes. Drinking at work (or even the night before a workday) could be shown to thwart productivity, making abstinent workers more appealing. Strategically, the interests of employers were thought a better target than those of workers themselves in the effort to curb drinking among the laboring classes.[343] This belief, coupled with overall ambivalence

toward legislated solutions, led to a drive for what in Massachusetts was called the "fifteen gallon law".[344] Set in fact at twenty-eight gallons in 1838, the law prohibited the sale of small amounts of intoxicants and thereby banned all retail sales. The polarization of town and country, as described by Gusfield, was evident as opposition to the law came largely from Boston while sponsorship was mostly rural. Arguments that the law discriminated against the poor, as rich consumers could buy liquor in large quantities, were countered by reformers who pointed out that big money was clearly not (at this point in history) the driving force behind the statute.[345] Many employers were sympathetic, but these were often farmers who worked side by side with hired hands. Economic arguments concerning the threat to grain markets, and practical ones (the law was almost impossible to enforce), were more effective.[346]

Unenforceability stemmed in part from the fact that communities which did not favor certain restrictions were expected, by residents of communities that did favor these restrictions, to enforce the given legislation. Further, the drive for prohibition was highly controversial and hence cumbersome for politicians seeking statewide popularity. "Local option", the delegation of liquor licensing authority to towns and counties, was attempted in some states. After some success with local governments, Temperance workers found local option unappealing since the proximity of wet and dry regions made local prohibition futile.[347] But as Krout points out, one crucial lesson from the experiments with "no-license" at the town level was that in 1846, when a surprising number of large urban centers voted dry, it was discovered that local business interests had come on side.[348] This, in

the end, would prove more important than the distinction between urban and rural sensibilities. Another lesson, this one for later scholars, came from the failure of local option. It was only after local option had failed completely in Portland that prohibitionists gave up on that approach in large enough numbers to form a cohesive movement for action at higher government levels.[349] This would suggest -- despite the larger ambitions of many reformers -- that the drive for prohibition was to an important degree self-interested. A dry community was not inclined to push for prohibition elsewhere until it became clear that a lack of legislation in other regions undermined local efforts -- a fact which, at least to a degree, undermines the widely accepted idea of Temperance as a repressive movement. This notion of repressive trends initiated by repressed psychological types must be challenged, not in order to do away with the typology altogether but in order to provide a clearer picture of the social climate in which the addiction concept was born.

The "Repressed" Temperance Advocates

I have argued that the prevalent portrayal of Temperance advocates as sexually and emotionally repressed is incomplete. Again, there is no denying that many did fit this description. Yet the need to strike a more balanced perspective is important, theoretically as well as empirically, to the clarification of the addiction concept's history in North America. It might be best here to begin with an empirical observation. Few would deny that rowdy, Evangelical revival camps

were central to the anti-liquor crusade. Also, it can safely be said that the disease concept of addiction received momentum from these events. However, one aspect of this story has consistently been overlooked by scholars: the "revival" camps were not limited to finding God; sexual partners were also easy to find. As noted by one observer at the time:

> There may be some who think a camp-meeting is no place for love-making... If so they are very much mistaken. When the mind becomes bewildered and confused, the moral restraints give way and the passions are quickened and less controllable. For a mile or more around a camp-ground the woods seem alive with people; every tree or bush has its group or couple, while hundreds of others in pairs are seen prowling around in search of some cozy spot...[350]

One may speculate about the extent to which Temperance was mainly the work of staid individuals, but clearly there were other forces at work than the ideal typical prudes identified by Weber and emphasized since then by many sociologists.[351] A related (but not identical) point to be discussed in the next two chapters is that when instigating attitudes and behaviors pertaining to drinking or even sexuality the upper classes were inclined to apply these to themselves more vigorously than to the lower ranks. This, in some ways, challenges accepted ideas about the nature of political repression: controlling the lower ranks seems, in many ways, to have been a secondary consideration. Levine made the same observation in his essay on addiction. Still, the extent to which the drive for prohibition was primarily a self-interested activity on the part of certain groups is

debatable; and clearly there was a combination of both self-protection and a sincere desire to reform others.[352]

There is at least some consensus -- among opponents and proponents of prohibition at the time -- that Evangelical Protestantism was the strongest element in the movement. Although Evangelicals were highly emotional and hence not "repressed" in the sense that many have portrayed Temperance advocates, despite their emotionalism they were (and still are to this day) repressive in their willingness to concern themselves with the conduct of their neighbors. However, many were quite "emotional" in their desire to repress evil. In any case, on the matter of controlling others as opposed to protecting oneself, Gusfield gave a creative response on the prohibition issue. An individual or a group can struggle for laws even while believing that they will not be obeyed. Legitimation, by means of legal validation of one's beliefs and customs, is both a means to protect one's way of life and to force others to acknowledge its legitimacy:

> Having already attained symbolic victory, the Prohibitionist was unwilling to press too hard for a more tangible kind of change... The Dry knew that somewhere in the evil jungles of urban society Law and Morality were being mocked, but there was little question about whose law and whose morality they were. It was *his* culture that had to be evaded and *his* morality that was transgressed.[353]

There is cause to consider the purely symbolic appeal of prohibition, especially since the desire to curb drinking was being addressed without it: by the time no-license laws were becoming reality, alcohol

consumption had declined significantly. According to Gusfield, Temperance was rooted largely in rural and middle class anxiety over a loss of status in the face of industrialization and mass immigration. Without denying that this may have been the case by the late nineteenth century, Rorabaugh counters that the Temperance movement preceded mass immigration by twenty years and that, even if the leaders of the movement were mostly middle class, the rank and file were more representative of society as a whole, and included many lower class Methodists. Further, as already mentioned, the Temperance movement preceded industrialization. Above all, Rorabaugh points out that Gusfield fails to explain why groups which felt threatened turned to Temperance, and not something else, for a solution.[354]

I would like to turn, briefly, to Rorabaugh's account of the anxieties underpinning the drive for Temperance (and by implication the concern with the concept of addiction to alcohol). As a historian of Temperance, Rorabaugh made his mark not only on the empirical strength of his work but because of his ability to capture the anxieties haunting the time. This way, he provides insight into the passions of individuals whose aspirations should not be reduced to classic pictures of repressed psychological types.[355] Rorabaugh argues that the same anxieties which produced a strong drinking culture sent others in the direction of spirituality. Like drinking, abstinence provided a sense of empowerment and of control over one's situation.[356] I would suggest that, though Gusfield's analysis contains some validity, certain groups were protecting not just their status but also themselves as they too were tempted to drink. This is evidenced by how local option failed in

part because often the same town would go dry, then wet, then back again. Descriptions of structural conflicts are incomplete without consideration of struggles that often took place within the same individual. Such struggles were key, and it was the appeal to emotion rather than reason that gave Temperance momentum.[357] Amid social and political confusion, where solitary drinking had become more common even as drinking had become less socially acceptable, different facets of American consciousness could surface within the same individual. Rorabaugh's thoughts on the matter are worthy of consideration:

> He took a drop of whiskey. He felt better, as the alcohol began to relieve his anxiety. Then he took another drink. He felt even better, and as his anxieties diminished, he felt that he was free... The agony of a hangover was the price that a man had to pay to enjoy a short, sweet binge. Why were so many Americans willing to pay so much for so little? The answer, I suspect, is that Americans who drank to intoxication felt that their drunkenness was an act of self-manipulation in which pleasure had been engineered for personal benefit. And American culture had rejected such hedonism. The consequence was that overindulgence made Americans feel guilty, and the hangover became a kind of deserved punishment that purged the guilt. Feelings of guilt were exploited by fervent evangelical protestants. This message was empty for nonbelievers such as David Bacon. American culture, however, did not make it easy to ignore the preacher's warnings of damnation, and many heard inner voices that constantly badgered them until they sought escape, even through self-destruction. For many guilt-ridden Americans the solitary binge provided the only way for them to play out their lives as a form of suicide.[358]

Without denying the importance of (primarily) Protestant ascetic messages, and in fact emphasizing their importance, Rorabaugh has also captured the desire to rebel against such moralizing.[359] An entrepreneurial society with strong religious foundations, America produced citizens hungry for two things: money and salvation. As evident from the confessional nature of some of the Temperance Tracts to be examined in the next chapter (and evident as well in the AA Big Book to appear in the next century), drunken binges followed by bouts of abstinence marked a pattern for many Americans obsessed with money and religion.[360] Although Rorabaugh goes too far, in my view, in his emphasis on overly repressed psychological types, he is highly perceptive in just this regard. Rorabaugh comments on the tension between the quest for wealth and salvation:

> The heroes of the next generation would be entrepreneurs like Cornelius Vanderbilt, who had so few scruples that he could ignore his avaricious and rapacious pursuit of millions and without embarrassment deliver public lectures on virtue. Somehow, despite his utter baseness, Vanderbilt was more admirable than a hypocritical Henry Ward Beecher, who preached against sin while facing charges of adultery... The times favored men such as Vanderbilt, who ignored principles, followed instincts, and subordinated both his head and his heart to his gut.[361]

We are dealing with "instincts", and the "gut". Materialistic, appetitive, yet still religious, "America was left as a culture dominated by an ambivalence that could only be transcended by an anti-intellectual faith." I will mention only in passing that today the disease

model of addiction, along with the most popular cures, fits the criteria. Here the ambivalence itself needs elaboration, and Rorabaugh is helpful once again. With the hard and calculating side of American culture represented by "private enterprise, corporate culture and the glorification of profit... evangelical religion, the voluntary reform society, the cult of Christian charity, and the Glorification of God were to dominate the emotional, soft, feminine, and inspirational side. Institutions representing the two sides were to work in tandem to build the country. Important among those institutions were temperance societies."[362] Rorabaugh's polarizations are meant to shed light on the issue, and not to exhaust it. Used in this way, his thoughts on the matter help to explain why Temperance became the largest and most influential single-issue mass movement in the history of the United States (and Canada as well).

As the next two chapters will describe the emerging addiction concept and place it within a larger context involving related issues such as criminality and sexuality, it is important that the very idea of "repression" -- whether applied to "inner" emotional repression or direct political repression -- not be taken for granted. Whether and to what extent repression is a good model for understanding Temperance (and other reform movements of the time) would hinge on many considerations, including a definition of repression, that I will address in the fourth chapter. Similar caution should apply to other attempts at reduction. The anti-liquor movement had many supporters, from different walks of life, who often seemed to disagree over everything except the evils of drink. It would be useful here to point, by example,

to the way Temperance owed much to influences that do not fit the profile of the repressed, ascetic crusader.

By the late 1870s, one highly successful method of protest consisted of women sympathetic to Temperance gathering outside a saloon to pray and sing. Of interest is that this method of "coercion by prayer" was first promoted by a Dr. Diocletian Lewis. Far from an advocate of sexual repression, Dr. Lewis advanced causes such as comfortable dresses to free women from the constraints of fashion and shorter skirts to promote rather than hide their beauty. He often infuriated moralists with his open discussions of female body parts. Critical of the pressure for excessively slim waists, Dr. Lewis developed systems of physical exercise for women to enhance their health in harmony with their beauty. The doctor was outrageous and far-thinking enough to establish more than one school for maladjusted girls. "Under a shockingly progressive policy, Lewis kept no record of attendance, deportment or even scholastic achievement. The girls remained free to receive visitors without supervision..."[363] But it was Lewis' advocacy of coercion by prayer, which later evolved into groups of women demolishing illegal grog shops with axes, that helped most to make him famous as a Temperance lecturer. So important was he that Women's Christian Temperance Union president Frances Willard, when turning the WCTU toward constitutional prohibition, felt it necessary to visit him and try not to alienate her old ally, the man who had greatly inspired her and others.[364] Willard, indeed an advocate of sexual repression and of staid behavior in general, owed (along with her organization) a great deal to people with different ideologies. Willard herself communicated and tried to form alliances with socialists and

suffragettes, as large groups of all kinds were sympathetic to prohibition.

The confusion involved in any search for a locus of prohibition support can be exemplified by the fact that many Southern dry politicians drank themselves, and favored the Temperance cause in the belief that blacks who did not drink would work for lower wages than ones that did.[365] One can find examples of big money interests against Temperance, and for it as well. Still, even where business support was strong, Temperance forces owed most of their operating budgets to smaller pledges such as those made in churches.[366] For a sense of how Temperance was, seemingly, "in the air" rather than the property of any interest group, I will finish this chapter by referring the reader to Denise Herd's thoughts on the matter: whereas mid-nineteenth century slave holders often thought of alcohol as something that might foster rebellion among blacks, many black leaders thought of it as a pacifier which, in fact, would quell the activist tendencies they were trying to foster.[367] Clearly, Temperance spoke to both friends and foes of the status quo. Herd also speaks of a "paradox" haunting Temperance itself as exemplified by the political situation she describes: alcohol could be derided both as disinhibitor and as pacifier. The themes governing the next chapter should be approached with this "open" conception of the alcohol question, and with it the meaning of addiction, in mind.

Chapter 3
Temperance and the Disease Model

This chapter addresses the early disease concept of chronic drunkenness as expounded by Temperance activists and sympathizers from the late eighteenth to the late nineteenth century.

It might be useful here to restate briefly the fortunes of the addiction concept during the nineteenth century, and also to restate the importance of caution with regard to rewriting this development in terms dominated by certain preconceptions about what the addiction concept entails.

As already discussed, the disease model of alcoholism emerged at roughly the same time as the drive for Temperance and was largely promoted by the movement's supporters right up to the late nineteenth century when prohibition became the goal. Then, a more condemnatory tone became evident. Some of the most valuable work on this late nineteenth century change was done by Joseph Gusfield in his treatment of Temperance as a function of conflict between drinking and non-drinking cultures vying for status:

> A more hostile attitude to reform can be found when the object of the reformer's efforts is no longer someone he can pity or help. Coercive reform emerges when the object of reform is seen as an intractable defender of another culture,

> someone who rejects the reformer's values and doesn't really want to change... Since the dominance of his culture and the social status of his group are denied, the coercive reformer turns to law and force as ways to affirm it.[368]

Though Gusfield is right to point to a shift toward hostility in the latter stages of the Temperance movement, I would counter that he is wrong to generalize from there about coercion in general. An "open-ended" approach to coercion will be important to the rest of this chapter, and to the following two chapters as well. Even though coercion certainly implies (at least in practice) a measure of hostility, it can in this case also involve a perception of drunkards as addicts, unfortunates who are incapable of helping themselves or even of understanding that they are in need of help. Today, for example, many opponents of drug legalization can be found who are nonetheless sympathetic to the addicts themselves. As Gusfield was writing about the later stages of Temperance, the emphasis on hostility toward the drunkard is appropriate at least in that context. Still, I would raise two more objections to Gusfield's analysis, not in order to refute Gusfield but to highlight two popular views that this section is designed to challenge. First, Gusfield refers to the disease model as new, "a radical change from the attitude of the nineteenth century toward drinking and alcoholism".[369] This statement could only apply to the *late* nineteenth century, and even then it would be suspect.[370] Second, like many twentieth century authors, Gusfield is inclined to view the disease model as a kinder or less condemnatory option to that of vice, and hence as inconsistent with Protestant moralizing. We should,

however, bear in mind that even if the language of disease is usually (though not always) less condemnatory, it can (and often has been) just as moralistic as the language of vice. One can be either hostile or kind for many reasons, regardless of whether one's target is a wretched sinner or a sick delinquent. As this chapter will make clear, when it suited them Protestant moralizers were able to integrate their faith with the addiction concept. In this respect, a "neutral" understanding of the addiction concept is necessary: contrary to the claims of its supporters, those who rejected the disease conception of chronic drunkenness were not necessarily self-righteous or hostile to drunkards (many "drinking men", for example, rejected it); and (contrary to the disease model's detractors) despite continuity with the past, the model was not (and is not) simply a new version of the same old repressive morality.

Near the end of the eighteenth century, a modern conception of addiction was emerging. Along with the medicalization of other sins, alcohol abuse received a new kind of attention. The impulse was social rather than scientific, the trend multifaceted. Benjamin Rush even used Protestantism as the model for medical advances he wanted to introduce: "It is with pleasure we now see the same freedom of inquiry extending itself to medicine, which has long prevailed in religion... Physic... like the Reformed Religion... will become illustrious by stripping off its pageantry."[371] Not only had preachers been the first to identify the sin of drunkenness in terms resembling Rush and the modern movement, they often represented a freedom of inquiry, an

ability to look forward without losing the best that tradition had to offer.[372] The scope of their liberty, along with the scope of Temperance, was unique to North America. Individualism, whether real or imagined, is crucial to understanding the literature of the anti-liquor crusade. First of all, the individualistic emphasis on self-control helped to make drunkenness and addiction repugnant. Secondly, as North Americans were inclined to view individuals as self-motivated and responsible for their actions, there was an inability or at least an unwillingness to treat deviance in social or structural terms: *Temperance, notably the drive for Prohibition beginning just before the mid-nineteenth century, represented in a young society the first large-scale and systematic attempt to address the causes of deviance by blaming the social environment.* Hence drunkards, no matter how vile, were thought to be victims of a society that permitted and encouraged their vice. A tension in Temperance ideology, arguably dialectical, between collectivist and individualist thinking, should be understood as more than merely inconsistency attributable to polemics. The contradiction was endemic to social reality.[373]

The ways in which Temperance ideology was participating in a new mindset can be schematically outlined in reference to four themes. By no means should these themes be taken as anything like the "correct" breakdown. They are simply explanatory tools which can serve the needs of this study while still doing justice to the topic. I will first describe them briefly, and then address each one in length with reference to relevant eighteenth and nineteenth century literature.
[1] *Normalization versus punishment.* In keeping with other trends in the West, the deviant (here the drunkard) was thought redeemable by

means of newer and gentler practices. Society could be saved, harmful individuals made useful, if an understanding of the causes of vice were accompanied by action.[374] [2] *Finding the self versus finding God.* Though founded upon religion, Temperance did not escape the secular focus of modernity. The preachers already quoted in the first chapter looked to God as the agent of redemption, the human soul being an empty slate to be filled by the Word, Spirit and Being. Without explicitly denying the latter, Temperance consistently searched for the good already present in any sinner. The essentially good -- the soul, the will, the sinner as former infant -- had to be reactivated. [3] *Inner versus outer.* Too abstract an idea to be discussed explicitly in popular literature, this notion nonetheless played a crucial role and serves to bring other themes into focus. As the individual's inner, private experiences became the object of greater scrutiny, their meanings changed as well. A new approach to things that had been considered invisible was also reshaping the interpretation of things that could always be seen. Public confessions by former drunkards, for example, became far more important as they represented an ability and, perhaps more importantly, a willingness to uncover what had been hidden. [4] *Drunkard as an identifiable typology.* Last and most important, the habitual drunkard came to be understood as a *case* . The case history, with its attendant, ironclad chronology, would override the immediately empirical either by marginalizing incongruous details or by emphasizing congruent aspects. By reference to an inner, invisible nature, the modern addict was put together, piece by piece.[375]

1. Normalization versus punishment.

Overcoming the need to punish entails reaching beyond the scope of the juridical state. To be sure, the state is suited to social engineering and plays an important role in "normalizing" its population. But the latter objective, if attained, entails a situation where government is unnecessary, or at least in the background: we overcome the need to punish when people act properly of their own accord. Middle class individualism along with the constraints imposed by frontier culture gave added incentive to the drive for creating internal controls. Not that harsh punishment was absent, it was simply insufficient. Alcohol prohibition was a last resort, pushed for only after other methods had failed to create a sober society, and even prohibition was marked by an agenda more complex than that of traditional punishment.[376] In any case, normalization is democratic and more appropriate for a setting where leaders had to prove their worth to those they led. If we must have governors, they too should first be normalized: "Men who are in the habit of using alcoholic beverages are never entirely clear of their mind-disturbing effect, and are therefore never perfectly sane; consequently, nearly all our legislators are, much of the time, more or less crazy."[377] In this era of rationalism sobriety had come to be valued above all other virtues and, in Foucault's words, "The age of sobriety in punishment had begun."[378]

So the question involved a sober response to drunkenness. Newly identified as a serious type of deviancy, chronic drunkenness (and addiction in general) had no place of its own in the current conceptual framework. "Inebriates constitute a peculiar element in society. They are not criminals, and are not, therefore, amenable to legal

punishment. They are not insane, and hence do not need confinement. They realize, however, for themselves, and the community is beginning to realize for them, that remedial appliances of some kind are needed for the purpose of enabling them to recover from the offensive peculiarity which distinguishes them from other men."[379] Further, the problematization of what had seemed simple and transparent required justification: "It might appear to some superfluous to enter upon a serious inquiry into the *nature* of so familiar a condition as alcoholic inebriation. And yet we doubt whether there is any subject relating to the social interests of man concerning which more mischievous errors exist in the popular mind."[380] As normalization required a better understanding of a perpetrator than simple punishment, a closer look inside the soul was required.

The chief error was to view a disease as a common vice. If criminals warranted understanding and rehabilitation, this should apply more so to sick drunkards. The sad truth was that drunkenness could afflict those who meant well, and even showed such a preference: "the fiery natures, the impulsive, the open hearted and the generous... become drunkards all at once."[381] If one is trusting, less guarded, the risk is understandably greater. Yet these, properly nurtured, are the qualities an open and democratic society requires. A self-regulating individual must have conscience, and the ability to feel inner torment was a measure of one's humanity. Even unkind words could be excessively punitive. "No picture can present to them the agony which they themselves feel... The drunkard may be punished or frightened with punishment without any effect; but he will be influenced by the kind word, if based upon a knowledge of his position."[382]

There was more at work than altruism in the shunning of punishment. North Americans, notably the middle classes, felt threatened. An insidious ailment such as intemperance could afflict one's friend, spouse or children. The average American felt neither privileged nor safe from punishment. Relying on his own resources, wits and strength, his status was contingent upon success. Should he falter, he would not have the inherited cushions -- rank and wealth -- that some enjoy. "As Dr. Crosby well knows, our present laws arrest and lock up the wretched drunkard of the streets, although the aristocratic inebriate is driven home in his carriage, and sleeps off his debauches on damask and down."[383] Thus the first large-scale and organized anti-liquor drive in the United States, based on Lyman Beecher's recommendations, was already just moderately punitive. Beecher was concerned more with the inevitability than with the harshness of punishment.[384] The call for consistent and pervasive approaches to vice was in keeping with other developments in the West, and Beecher's success hinged on his ability to address popular concerns:

> Where is the city, town or village, in which the laws are not openly violated, and where is the magistracy that dares to carry into effect the laws against the vending or drinking of ardent spirits? Here then an aristocracy of bad influence has already risen up, which bids defiance to law, and threatens the extirpation of civil liberty. As intemperance increases, the power of taxation will come more and more into the hands of men of intemperate habits and desperate fortunes... In proportion to the numbers who have no right in the soil, and no capital at stake, and no moral principle, will the nation be exposed to violence and revolution. In Europe, the physical power is bereft of the right of suffrage, and by the bayonet is

> kept down. But in this nation, the power which may be wielded by the intemperate and ignorant is tremendous.[385]

As democracy was thought to require temperance, so the challenges of building a great nation required a great population. Beecher refers to the once proud Romans whose descendants, the "effeminate Italians," were the products of long term vice. "The stature dwindles, the joints are loosely compacted."[386] As the severity and scope of intemperance were seemingly unique to Beecher's time (and perhaps to his nation), so, "The remedy...must be universal, operating permanently, at all times, and in all places. There is somewhere a mighty energy of evil at work in the production of intemperance, and until we can discover and destroy this vital power of mischief, we shall labour in vain."[387] Beecher's cryptic interpretation of current ills was not unique.[388] A sense of one's place in history went with fear of failure. The seeming greatness of a nation's calling also entailed harder work on the part of the "mighty energy of evil" bent on subverting God's design. The mysterious nature of intemperance merely confirmed the paranoia and general fear of conspiracies beginning to emerge in the New World. In any case, the reform of society was everyone's job and not just the government's. While Beecher advocated voluntary associations, women were called upon to work for temperance in the home and kitchen, and all were encouraged to teach their children that temperance was in itself a "great principle" and more than the mere avoidance of vice.[389] Such statements show clearly that, alongside the suppression of vice, a positive construction

of identity was taking place: normalization, after all, was for normal people and not simply for scoundrels.

The spirit of normalization was strengthened and vindicated when, by the mid-nineteenth century, reformed drunkards became central to the promotion of temperance.[390] But a few years prior (in the 1830s) Samuel Woodward, whose essays helped to generate support for inebriate asylums in America, saw the recovering transgressor as someone special: "He has now a Herculean labour to perform, and he must have firmness above the ordinary lot of mortals, to get his cure alone, and unassisted by restraints."[391] Woodward was of course making a case for "restraints." But this did not lessen the importance of someone's heroic struggle with the bottle. It did, however, reveal a paradox: people were asked to admire those in need of restraint. Somehow, a drunkard's true self must be better than what he shows.

2. Finding the self versus finding God.

The introduction discussed the conceptual implications of a *purely* secular approach to transgression. Chapters One and Two dealt with the way in which a *primarily* secular approach came about. Despite religious convictions, Temperance activists took part in the shift away from finding the "good" through God to finding it inside individuals. One -- undeniable -- implication is that if positive attributes are absent, they must somehow be hidden within the individual. Hence this secular project is logically tied to psychologism, and by implication to ideas about aspects of the self that have been hidden or suppressed (in this case by drunkenness). This journey of self-discovery had implications

which become more clear when "sobriety" is compared to something like sexual purity.

Like sexual repression, the drive for sobriety was associated with labor productivity. This point, however, should not be over-emphasized. When discussing what he called the "deployment of sexuality", Foucault countered the economic explanations for sexual repression by pointing out that if labor productivity were the primary issue then repression would not have been directed first and foremost at the bourgeoisie, then at the middle classes, and only later and less consistently at the proletariat.[392] Yet this sequence marked industrialization throughout the West. It also runs parallel with North American Temperance: many in the higher ranks were becoming sober well before they tried to impose sobriety on others, with the lower classes receiving attention last. In brief, Foucault saw the modern preoccupation with sexuality as a collective affirmation of self, something the new capitalist class used to forge an identity apart from both the old rulers and the new working class. Still, North America was far too middle class for this European class polarization to apply to the same degree: though the drive for behavioral and ideological consensus could be equally authoritarian, it had to be more democratic, populist, grassroots. The Land of the Free was also home to the Tyranny of the Majority, with all the best (free speech, voluntary association) and the worst (lynching, widespread religious fanaticism) that this implies.

Despite the differences between the New and Old Worlds, in each case the development of identity owed much to sexuality and, accordingly, to the treatment of desire in general. The management of sexuality, after all, was linked to the management of heredity -- by no

means a small consideration. A bourgeois patriarch who had inherited some wealth, and accumulated even more, would normally establish a family legacy. The process of inheritance, and the family ties it involved, helped someone belong. But the preoccupation with kinship, and bloodlines, had a darker side: physical diseases, homosexuality, and bad morals in general were thought hereditary; every family had something to hide.[393] In North America, one's roots played a lesser role but the preoccupation with blood was not lessened. The future simply received more attention than the past. Ever forward looking, settlers and their descendants could not easily ignore a Lamarckian conception of heredity used to portray drinking as a threat to one's children: those who drank moderately could pass on the taste for liquor to their offspring who would thereby be at greater risk of becoming drunkards.[394]

Molded by strong Puritan, Calvinist, and other Protestant traditions, the middle classes were not strangers to notions of original sin. But the nineteenth century gave it a new face. When Cotton Mather had preached and written against drunkenness in the early eighteenth century, he stated adamantly that all children were born evil because of Adam's first sin and would remain so until they turned to God.[395] Nineteenth century Temperance advocates would, at most, pay lip service to such a view. For Mather, regeneration was a spontaneous function of Divine Grace. The same applied to the reformation of sinners of any kind, including drunkards. "Nothing but a *New Nature* will thoroughly Cure an *Old Custome* of doing Evil."[396] As they came straight from Adam, bad habits could not be inherited from one's parents. The inclination to do evil had an older source, beyond the

reach of human labors. Conversely, nineteenth century Temperance was founded on a belief in an innate good nature. If not apparent, the latent tendency had to be brought forth. Human agency could not construct new natures, but it could nurture potential. When discussing a woman who had ceased to be a drunkard, Mather had to emphasize God's role in a way that was to become less prominent: "By his *own strength shall no man prevail,* against those worst of enemies, Evil Customes."[397] And since Puritanism had done away with almost all intermediaries between man and God, there were no markers to facilitate the explanation of sin and redemption: *there was no logic to desire* (this will be discussed in the next chapter). The approach to desire changed in the early nineteenth century. Woodward could argue that it was wrong to believe that drunkards liked to drink. Desires were complex, yet for this very reason decipherable and manageable. God's role was lessened in favor of human activity; God's presence was marginalized in favor of man's inner, true self.

New conceptions of identity, along with the confusion such changes entail, are well exemplified by the rise in racist thinking running alongside Abolitionism. Slavery had originally been justified by virtue of a lack of Christian faith. Some slaves even managed to win their freedom by establishing in court their status as good Christians.[398] This opportunity was of course short-lived. Yet up until the end of the American Civil War, most Southern churches were integrated.[399] No matter how we explain these changes, a rise in race-related identity is evident. This should not be surprising in a white, frontier culture that had kept black slaves and made war upon "red Indians." Overall, there was a fear of anything that could be portrayed as wild, uncivilized or

animal-like. This fear influenced approaches to psychology and morality. In a more general way, the good in a person -- no matter how good the person -- was seemingly threatened. In one Temperance tract, the author speaks of having visited a woman who had complained of her husband's intemperance: "Next day I called, and received a kind welcome from her husband and family; he expressed pleasure at seeing me, and his readiness to sign the Temperance Pledge. The family comprised some three boys and as many girls; the house, and those in it, indicated comfort and worldly respectability."[400] Yet three months later, the author saw the husband on a sofa, nursing a hangover.

> It was now that I began to fully comprehend the case. His father had been a drunkard before him, and was drowned when returning from market drunk; a brother had committed suicide under the influence of liquor; and a married sister was at this time separated from her husband by the same cause. The truth is, it was a case of hereditary intemperance, and Mr. Burnet was as certainly a victim of a transmitted disease as were the accursed offspring of Gehasi. Most readily he renewed his Temperance pledge, and at the end of three weeks broke it... but his interest in the Temperance cause continued unabated; he still read all the Temperance periodicals, attended many Temperance meetings... Like the poet Cowper -- who, while he believed himself to be a reprobate continued to labor for the salvation of others -- Mr. Burnet, while regarding his own case as hopeless, earnestly desired the success of the Temperance cause.[401]

Great pains were taken to describe (and to quote) those, "just like us", who nonetheless fell victim to the craving for drink: "Like Paul,

there is a law in my members warring against the law of my mind, and bringing me into captivity to the law of sin and death."[402] Children were born, not with innate evil, but with positive humanity: "*A child can think.* The faculties of a child, although not equal to the faculties of a man, are yet wonderful and sublime. It can think about the greatest things in nature. It can think about the sun, the moon, and the stars... Then -- *a child can love.* Its heart is a fountain of love."[403] This good nature, still present in every drunkard, had to be recaptured: "Manfully did the young man struggle to resist the appetite."[404] Overall, humanity now had a far more active role to play in the struggle to make a connection with God: "a man's will ought to be king."[405] Self-government was crucial and nothing threatened this more than drunkenness, except perhaps an actual addiction to such a state. If the ability to control oneself was not always apparent, it must be hidden somewhere. Good could hide, and so could evil. Addiction was often latent. The interpretation of what could be seen and its relation to the unseen was in transition. A distinction, for example, between appearance and essence, was for the Puritans I have already discussed (and also for traditional Western thought) mediated by Divine (or Satanic) determinants. From Plato through Augustine and right till the dawn of the Enlightenment, one could certainly speak of a distinction between appearance and essence. But in the absence of transcendental assistance - be it God, Idea, or Unmoved Mover - at the level of conceptualization, what had once been a distinction becomes a hard polarization.[406] Sharp divisions -- between themes such as outer/inner, form/content, appearance/essence -- were central to Temperance ideology.

3. Inner versus Outer

The introduction discussed the way, some two hundred years ago, our approach to the soul began to take the form of an excavation. Notably, discussions of unacceptable behaviors were marked by greater scrutiny of motives, aspirations, and even determinants unknown to the subject. Lyman Beecher, author of what was likely the most influential temperance document of the early and middle nineteenth century, pursues this route (arguably scientific, and decidedly secular in orientation) despite his strong Calvinist roots. Since Beecher was not the only author to take this tack, and since his ideas moved so many activists, it would be unwise to attribute his influence to innovation alone: Beecher captured the approach to drunkenness appropriate for his time, a novel approach which nonetheless survives to this day.

In discussing an overall reform of society, Beecher points out that people's motives require scrutiny. "Latent evil" must be identified.[407] This applies even more to intemperance which involves a subtle process and hence, unlike other vices such as dueling, warrants a separate sermon dealing with the signs by which it can be detected. Somehow, these are both transparent and elusive. Intemperance is a "complicated evil... yet there is no sin so naked in its character, and whose commencement and progress is indicated by so many signs, concerning which there is among mankind such ignorance... and yet, not one of the thousands who fall into it, dreams of danger when he enters the way that leads to it." Specific crimes are "definite actions. But

intemperance is a state of internal sensation, and the indications may exist long, and multiply, and the subject of them not be aware that they are signs of intemperance."[408]

The signs had to be better understood in order to help as well as to judge the intemperate. "Criminal intemperance", said Beecher, was finally being acknowledged as a fact and an issue. Yet the state itself was rarely sufficient to warrant retribution, even within religious institutions. "The tongue must falter, and the feet must trip, before, in the estimation of some, professors of religion can be convicted of the crime of intemperance." This was due to ignorance as, according to Beecher, daily use of ardent spirits in any amount constitutes intemperance. In fact, habitual drunkenness is inexplicable without this knowledge and knowledge of the cravings (at first subtle) which underlie the behavior. Clearly "outward appearances" are meaningless, even mystifying, if we consider what they comprise: "the triumph of intemperance over conscience, and talents, and learning, and character, and interest, and family endearments... But the wonder will cease if we consider the raging desire which it enkindles, and the hand of torment which it lays, on every fiber of the body and faculty of the soul."[409]

Beecher posits "wonder", which entails certain questions, at an object that not long before his time produced outrage but little wonder and hence few questions. Beecher, however, lists the signs that will clarify rather than obfuscate an inquiry. Outward appearances can have meaning -- but here only in relation to an inner state which is not immediately apparent.[410] If certain events such as holidays are sufficient to produce a craving for drink, this is the first sign. In this

category fall other associations, such as the sight of a tavern or the company of other drinkers. Certain people never meet without experiencing the desire. "What can be the reason for this? All men, when they meet, are not affected thus."[411] To increase the number of such occasions, and then to crave drinking at specific times of the day, represent the next two signs on this continuum. This is followed by deception; first directed at others and then, eventually, at oneself. To conceal one's drinking from friends and family, and then to seek out situations where drinking is the norm in order to feign normalcy, will lead to blatant self-deception as soon as the charade fails: "in some unguarded moment he will take more than he can bear. And now the secret is out, and these unaccountable things are explained; these exposures will become more frequent, the unhappy man still dreaming that though he erred a little, he took such good care to conceal it, that no one knew but himself." Finally and most important, self-deception runs more deeply into one's private self, and at the same time has political implications: "Those persons who find themselves for some cause always irritated when efforts are made to suppress intemperance, and moved by some instinctive impulse to make opposition, ought to examine instantly whether the love of ardent spirits is not the cause of it."[412]

If we consider the continuum of signs just outlined, we find a teleology defined by an individual's *inner state* (with the last two signs involving what in the next century was to be called "denial"). To understand such changes in collective understanding, we need not look for entirely new ideas but simply for the reorganization of older ones. Seventeenth century preachers also saw a continuum, but one with moderation at

one end and excess at the other. Even if they understood a teleology of sin, their concerns were "cross-sectional" in that one person's drinking was judged by reference to that of others. Continuity was in the present, and a redeemed sinner was redeemed in full - continuity and qualitative difference were not defined by time. Beecher's drunkard, however, even if redeemed, could not move to moderation once excess had taken its toll. Identity is in this respect more self-contained, defined by inner forces. That Beecher was a temperance advocate who warned all people away from flirting with moderation does not take away from this simple fact: individual development, for better or worse, had a place in time which rendered it partly impervious to the immediate world and in turn *made possible the classification of types of individuals according to autonomous personal histories.* As already mentioned, a polarization of *inner and outer* is apparent in Beecher's thinking.

If these last observations seem unduly abstract, one might recall that Cotton Mather spoke of a "New Nature" as the necessary antidote for evil habits.[413] With Divine intervention a drunkard's nature could be changed and, as was the presumption until shortly before Beecher's time, one should then drink moderately. It would, after all, be inappropriate to suggest that God could not "cure" a drunkard of his affliction. Yet (as we shall see shortly), for Beecher the solution to chronic drunkenness is abstinence from all alcoholic beverages (including beer). No matter how powerful, God cannot (or will not) alter a deviant's condition to the point where he or she may simply behave the way others do. Despite his religious convictions, Beecher has posited a deviant identity that is seemingly out of God's reach.[414] As I

have argued, this is a solid inner identity that is unprecedented in the West.

The determining moment had shifted from sin to the sinner, and from sin to a sin's overall implications. Harry Levine draws attention to the way colonial ministers viewed drunkenness as a sinful state. The main concern was neither an individual's propensity to drink nor the likelihood of misbehavior while drunk. The extent to which these were understood and discussed is another matter; a sin, whether drunkenness or Sabbath Breaking, was punished because it was a sin.[415] An idea such as "drunkard in his heart" was in keeping with Christian traditions, but Beecher understood it differently. When a seventeenth century preacher pointed out that if enamoured with drink rather than God an abstainer was still in sin, we are dealing with a fact that the sinner could identify right away. For Beecher, the sinner's soul need not be accessible to the sinner. Learned clarification may be required: intemperance can start with a seemingly innocent drink to which the agent is not particularly attached. Beecher's target, almost a century before Freud, is an inner self that runs far more deeply than a subject's immediate experience. Levine's exploration of this theme led him to study the views of early New Englanders on the status of drunkenness as an actual cause of accidents and criminal behavior. Crimes committed by drunks were explained primarily by reference to environmental issues such as taverns or insufficient law enforcement.[416] According to Levine, Benjamin Rush was the first to posit a solid causal connection between drunkenness and crime.[417] Accidents caused by drunks also received a new interpretation in the temperance era: "After explaining that a drunken man was run over by

a train, the pamphlet went through an entire cast of characters from the engineer of the train to the bartender, the distiller, the doctor, the minister, the victim's wife, and so on, trying to determine who was responsible for the man's death. The point, of course, was that his death was not really an accident, but was caused by liquor and an environment which sanctioned and encouraged drinking."[418] From this perspective, environment was not negated; it simply acted as a backdrop for a predetermined set of events associated with an individual's relation to alcohol. What had been accidental, contingent and mysterious, became visible and measurable. Yet this identifiable cause, intemperance, was at the same time elusive and hard to know.

Writing in the 1830s, Samuel Woodward considered intemperance to be physical and beyond the will.[419] Remembering that he also claimed that drunkards need not enjoy drinking, we can note that Woodward felt no need to define "will". It is another elusive, inner force, separate from desire yet able to motivate behavior. Such an idea, though relatively new, required no clarification whereas the novelty of addiction -- and its ability to defy the empirical -- was not lost on the author: "The standing of the *moderate drinker* at *this day*, in relation to intemperance, is quite different from what it was ten years ago, when the community were not enlightened on the subject."[420] Things were moving quickly, and Woodward had the authority to convince the public of the need for inebriate asylums run by those with the right knowledge: "Intoxication and intemperance are not the same thing. A man may be intoxicated many times in his life, and not be intemperate. So also he may be intemperate without ever having shown signs of intoxication."[421] With a model similar to AA and other twentieth

century supporters of the disease concept, Woodward considered inner transgression, a state of being rather than transgressive behavior, to be the proper object for medical attention. It is true of course that Woodward considered the sign, here controlled drinking, a transgressive act. Yet there is a centrality to what cannot be seen, a centrality that becomes evident if we consider the time at which Woodward was writing. Whereas today we have experience with the tendency of treated addicts to relapse, and hence cause to view them as somehow addicted despite years of recovery, Woodward was confident in the asylums he was to create: "If intemperance was a vicious habit only, like *theft* and *lying*, I should have less hope... Intemperance and intoxication bring more physical distress than theft and lying; of course, the habit once cured, would be less likely to return. Besides, the motive is less operative, that should induce the recommencement of the practice, after the appetite is once removed... Intemperance is a *physical evil*, and, if thoroughly eradicated, will be no more likely to return than other diseases."[422]

Woodward's emphasis on physical dependency helps clarify a crucial point: *the notion of latency was not dependent on an empirical awareness of relapse; it was an important idea in its own right.* The latent dimension was apparently rooted in the body, and Woodward certainly had trouble relying on purely physical causation. Further, he would search for the outward signs a potential drunkard might display: a kindly disposition, a desire to please others and hence to drink socially, or a general weakness of will.[423] Yet the logic of Woodward's case, and that of many temperance tracts, turns against these explanations as intemperance is often portrayed as *completely out of*

character, or more precisely as having nothing to do with the person's character. A man can sincerely love his mother yet knowingly break her heart.[424] The most disciplined of men can be an unwilling drunkard.[425] The kindest by nature can be the most diabolical when drunk.[426] Also, the path to becoming a drunkard is hidden from the agent. One tract discusses "the *unconscious process* of *drunkard making.* Day after day the tendency in the fated victim to seek for drink becomes stronger... the individual force of *will* to *deny* that tendency becomes weaker and weaker, notwithstanding its swagger and its boast of potency, until, in numberless cases ... the individual will is well-nigh, if not quite, destroyed, and absolute force from without must be used to prevent the indulgence of the tyrant passion within."[427]

Woodward also believed that force was sometimes necessary for a cure. Some drunkards, it was known, would not willingly seek the attention they needed. More than merely an attempt to repress unwanted passions, such intervention was seen as the means to liberate an individual whose true good nature had already been repressed by an unseen, yet overwhelming, inner "tyrant". I use the concept of "repression" anachronistically, as it is properly developed years later. Yet this conceptual liberty warrants only mention and no apology because the pieces of the future notion are all there: unseen essences; latent forces; and denial. One tract would refer to the "secret appetite" while another discusses how a woman, after a trying episode with her husband, "admitted for the first time to herself that he was a drunkard."[428]

To bring home the importance of Temperance to current psycho-behavioral disease concepts, I would like to point out that the above confession is not that of an alcoholic but of what later came to be identified as a co-dependent. They too are tainted by the disease and, as many in the Temperance movement understood, subject to denial. Liberatory confession is the first step toward healing and redemption.[429] As explained in the introduction, the modern approach to inner realities has been marked by an "excavation": deeper and deeper truths have consistently been uncovered (or arguably constructed). This is not to suggest that other approaches to the understanding of humanity (from behavioral to sociological) have been absent, but that modern thinking has also relied heavily on a belief that what has long been kept silent should "finally" be released or freed. This approach to inner (and sometimes even political) realities represents an important feature of Temperance ideology; it has also, from the start, been central to the addiction concept we have come to inherit. A successful movement, Temperance was in line with the times: despite calls for the suppression of intemperance, the Movement was motivated in part by an anti-repressive mindset. The call was also out to discuss in schools what had formerly been an inappropriate topic, just as other sins were discussed at length. "Having boldly come up to your duty in reference to all these, will you now fall back and taboo this other sin of incipient drunkenness?" Rather than hide from evil, efforts should be made to lay it open: "As Sunday school deals with the beginning of life, it should logically deal with the beginnings of sin... every church member should make Temperance a part of his daily religion."[430]

Made too hastily, the association between Temperance (and other nineteenth century developments) and a repressive attitude can lead to misunderstanding. Temperance advocates themselves, aware of this bias among their opponents, tried to dispel it: "I know a great many of our fashionable business-men say: 'The fact is, you teetotallers are an ascetic set.' No, we are not. We are the jolliest set of people that ever lived, but when we laugh we have something to laugh at. You take a lot of men half-fuddled with wine, and anything will make them laugh. Temperance men like to fun and frolic. Man is the only animal that can laugh, and we teetotallers have a right to enjoy our privilege."[431] Should this be seen as a mere polemic, a movement's denial of its own prudishness? Perhaps, but only to a degree. Temperance certainly had a stake in self-control, and hence some rigidity. On the other hand, Earthly happiness was a recurring theme. Few temperance tracts focussed mainly on otherworldly misfortunes or rewards. The latter were used instead to finish diatribes that were primarily secular. The tract in question can be taken at face value: it was written by a jolly teetotaler who feared that he, along with his funloving friends and relatives, were more susceptible to temptation than those who lacked the same capacity for joy. The text seems honest, in its vanity as well as its concerns:

> You know as well as I do that it depends a great deal more upon the temperament of a man than upon the strength of his mind whether he becomes intemperate if he drinks. Some men can drink moderately -- those who possess a cold, phlegmatic temperament. You have seen such men, persons who could not understand a joke... when such a person drinks, he does not stand with one

> foot upon a chair and the other upon the table... he drinks 'comfortably'... Take a man with a nervous, susceptible temperament, who is easily excited, fond of society, full of music, with a very active brain, and give him a glass of liquor. He feels it in every nerve of his system, in every fibre of his frame, for it touches his brain instantly.[432]

As Temperance was over-represented by people from dry settings, whose livelier members would have been likely to drink more than they could take and to behave foolishly if they ever did start to drink, this last quotation is likely nothing more than a candid (perhaps exaggerated) portrayal. The above line of reasoning is common to such tracts, which portray little or no desire to remove someone's "active" qualities but instead would have them prosper safely in a world without alcohol. One author describes an ideal treatment facility as follows: "In view of the difficulty of accommodating several hundred inmates of incongruous social and intellectual conditions under the same roof, without some bond that can be mutually respected, or some mode of classification, that will be appropriate and inoffensive, it is suggested that separate buildings, or separate compartments or sections in one large building be provided... no group to exceed twenty in number. Let each have its own appointments for lodging and amusement... A husband may desire to accompany his wife, or a wife her husband, in which event they should be provided with private apartments."[433]

Within parameters acceptable to the time, attempts were made to "liberate" feelings alongside those made to suppress dangerous passions. Of course, the latter tendency was by no means negligible. It was an important aspect of the perception of liquor as dangerous. Yet to identify Temperance (and by association the early versions of the

disease concept) with a desire primarily to "repress", can blur important considerations. In his study of alcohol and its status as a causal agent, Levine, like many twentieth century scholars can read repressive ideas into nineteenth century statements that make no such claim. To show the perception of alcohol's role as disinhibitor, Levine quotes Temperance advocate John B. Gough: "A man will not beat his wife when sober."[434] Gough says the same of sons who hit their mothers. These statements in fact attribute a greater role to alcohol than that of disinhibitor: *alcohol is said to cause behaviors that, without it, would never happen.* As many Temperance advocates would say: "The evil is in the drink." What I suggest is not that lecturers such as Gough failed to see alcohol as a disinhibitor, but that the idea that it could actually *create impulses* was also operative, and that a Freudian haze causes many of our contemporaries -- whether sympathetic, hostile, or even indifferent to the repressive theory -- to miss that point. Undeniably mysterious, man's inner dimensions were open to many interpretations in the nineteenth century. To Temperance, liquor was always evil, yet its role within the soul was still being worked out. The idea that alcoholism was caused by problems already within the person can be found in nineteenth century texts, but it did not become dominant until the twentieth century. Born in the wake of Prohibition's repeal, the current idea (contra Temperance) is that only a minority of persons is susceptible for nebulous physical reasons.[435] This view achieved prominence, eventually bordering on consensus in North America, only when liquor itself was less problematic.

During the nineteenth century, when liquor was a problem, spirited debate was spurred by (and fuelled) a multitude of ideas and players. The notion of the elusive, inner self was embryonic, with a complexity that defied reduction. Yet a common thread could be found within the mystery itself. For one thing, the resistance of the inner self to being known was often a sign of culpability (or at least of something worth knowing). The unconscious denial of the drunkard, or the conscious and wily evasions of a criminal, were clues to the *object* of an inquiry into deviance: the delinquent within the person. *In this respect, the nineteenth century reform movements were already practicing a type of inquiry which, even today, is in most quarters considered liberatory:* the walls of denial must be overcome, the repressed aspects of the self must be brought into daylight -- unconcealment was considered the key to liberation. We have seen how it was thought that intemperance could exist within someone who had never been drunk. Whereas transgression had primarily been based on action, with the nineteenth century the sodomite -- a man like any other who had committed a sin -- was replaced by the homosexual who may never act on this identity yet still be shaped by it; and the man guilty of a certain crime was replaced by the criminal personality present throughout the subject's life yet only made apparent with a crime committed after years of law abiding social interaction. Knowledge of the inner transgressor made possible the reinterpretation of past behaviors and, with less success, the prediction and control of future behavior. The "intemperate", diseased drunkard, along with other types of addicts, played a greater role in North America than in Europe. He

represented a typology that was developed primarily in the English speaking New World.

4. Drunkard as Typology

As discussed in the Introduction, the attempt to identify a unified body of symptoms to indicate the presence of "addiction" in a subject has consistently fallen short. This leaves us with a need to fall back on an experiential query: does the person experience cravings? Essentially, the entire system involving features common to every addict is discarded in favor of this direct question.[436] However, since the answer to this question merely establishes a fact but explains nothing, subsequent endeavors will reassert the first line of inquiry involving, once again, the common features which proved unsatisfactory at the outset.[437] Gone are the days when an observer, no matter how religious in his or her private life, could in a professional capacity look to God, Satan, demons or spirits for an explanation. Despite the logical difficulties, the addiction concept has proven not only popular but also fruitful as a means to dealing with substance abuse. When, some two hundred years ago, this concept appeared with a host of features said to apply to all drunkards, the event was compatible with the assumptions and needs of a changing world. The development, I believe, is best understood if an inquiry begins at the grassroots and only subsequently turns to more learned innovators.

The attribution of common features to alcoholism has been traced to many sources of origin -- preachers, doctors, folk wisdom -- each of which certainly had a role to play and all of which share one trait: they

represent pre-addiction model expressions of moral disapproval. One avenue that has received little or no attention is the drinking culture's own role in helping to formulate the assumptions of the disease conception and, ironically, the culture's own nemesis: Temperance. Although people had been (and still were) expected to drink to gain acceptance in other cultures, and inebriation as an imperative was neither new nor unique, drinking in the post-revolutionary New World often meant more than fellowship. Drinking had a political component that served both to create and to reinforce a perception of having left the Old World, along with its injustices and aristocrats, behind. As Rorabaugh points out: "After 1800, drinking in groups to the point where everyone became inebriated had ideological overtones. For one thing, such drinking became a symbol of egalitarianism. All men were equal before the bottle, and no man was allowed to refuse a drink."[438] In the past, someone of higher social status might drink with one or more commoners in order to create or vindicate some sort of bond, and no doubt this could imply certain types of equality. But in America it was an expression of the latter, central and explicit. It was in this setting, where "all men are equal before the bottle", that the idea of alcoholism as an "equal opportunity disease" (with a predetermined course) had its roots.[439] Egalitarianism was not in itself sufficient to generate the disease conception, and perhaps it was not even necessary. It did however help to guide perceptions, and Temperance advocates were keen to point out that despite any or all differences, drunks were essentially the same: the patterns were the same; the signs were the same; the results were the same; and the solutions were the same. Intemperance was a democratic disease.[440] A possible

corollary, put forward by social historians despite being highly questionable, can exemplify the way this took shape. Rorabaugh states: "One phenomenon that seems to have appeared for the first time in America during the 1820s was the alcoholic delirium, a malady that is still common today."[441] Even though such delirium was not entirely new, it had definitely become more common -- so much so that the general public knew it well. No doubt, the popularity of hard liquor along with changing drinking patterns played a role. Still, this development cannot be explained without reference to learning and association: Delirium Tremens became prominent as drinking came under attack, and even the hallucinations involved persecution by one's fellows and a conspicuous absence of supernatural tormentors such as ghosts or monsters. According to Rorabaugh's account (discussed in the previous chapter), paranoia was on the rise in general, and the *DTs* reflected this.[442] Temperance advocates, however, could hardly be blamed for thinking such sickness to have purely physical causes. It was graphic evidence of the inevitable, uncontrollable course intemperance must run.

The social origins of the addiction concept become even more evident if its core ideas are compared to other conceptual developments. The loss of control over drinking behavior is the only necessary component of a comprehensive definition of alcohol addiction. Progressive deterioration, for example, can be put aside by a conception of addictive behavior that neither gets worse nor better. No more necessary -- and here I am concerned only with logic -- is the notion of addiction as a permanent condition; one can speak of someone whose drinking was once out of control and can now control it. Loss of control

over one's behavior with respect to an object of desire, in this case alcohol, is not always as extreme as Temperance workers wanted to believe. The transformation of certain examples into generalities -- believable even to many drinkers -- suggests a social and political climate conducive to such beliefs. Though this will be dealt with in the next two chapters, something needs to be said about the *conceptual* climate. As will be discussed in the next chapter, concern over attachment to a single object was not limited to alcohol abuse. By the late nineteenth century, sexual "fetishism" -- the obsession with something like a single body part -- became the means by which sexual deviancy in general was understood.[443] Also, as Levine has pointed out, Benjamin Rush has achieved less fame for his work on drinking than for his "reconstruction of madness as disease," the key symptom of which was a loss of self-control in general.[444] So the loss of control on the one hand, over an object (here alcohol) on the other, made for a combination well in keeping with intellectual and moral trends.

Further, the climate of reform in North America along with the antipathy toward drinking, generated statements that would seem strange to most twentieth century readers: "Every man who is in the habit of drinking will say that he takes it oftener and has a stronger craving for it."[445] A more balanced commentator such as Beecher would be more careful. Any regular drinking (of ardent spirits) "is intemperance... it is an innovation upon the system, and the beginning of a habit, which cannot fail to generate disease, and will not be pursued by one hundred men without producing many drunkards."[446] Although Beecher's target was hard liquor, sudden abstinence from all

intoxicating beverages was the only solution to drunkenness he would accept.

> Some have recommended, and many have attempted, a gradual discontinuance. But no man's prudence and fortitude are equal to the task of reformation this way... Strong beer has been recommended as a substitute for ardent spirits, and a means of leading back the captive to health and liberty. But though it may not create intemperate habits as soon, it has no power to allay them. It will finish even what ardent spirits have begun... and enables the victim to come down to his grave, by a course somewhat more dilatory, and with more of the good natured stupidity of the idiot, and less of the demoniac frenzy of the madman.[447]

And the evil, apparently absent, could surface even in a drunkard while sober.[448] Intemperance had an effect on morals that required uncompromising solutions, regardless of the compassion with which they were delivered.

Despite favorable intellectual and moral trends, Temperance was hard pressed to put together a set of ideas which might give addictive drunkenness the firm position in Western consciousness it now commands. Considering that to this very day questions concerning the medical and ethical status of substance addiction are far from resolved, this should not be surprising. Like theft, madness and sodomy, drunkenness could in part be dealt with by means of religious and legal traditions that all understood. But the drunkard as addict posed problems. Strictly speaking neither criminal nor mad, an addict was special. The newer notion of neurosis did not quite apply, either.[449]

So all three were used. Ideas and disciplines had to cross old boundaries.

One Temperance tract, *The Criminality of Drunkenness: Judged By The Laws Of Nature* , was written by a medical doctor working as a correctional secretary for the Prison Association of New York. The text begins thus: "It is a fearful fact that the brain, as the organ of the soul and the instrument and magnet of the mind, is liable to be cast into utter disorder, and to have all its resources of fancy, of thought, of will, of self-consciousness, of sentiment and affection, and of tenderest and gentlest responses of the human instincts, *confused, perverted,* and *turned* into diabolical fury or satanic wickedness of action or device."[450] Since "alcoholic poisoning" produces such an effect, it is imperative that we "single out this one poisonous agent" and determine why it is conducive to criminality. Though few would deny that alcohol can render powerless those faculties that prevent one from wrongdoing, the author is concerned with what can be "charged directly to the poison, and not to innate depravity." To explain why so many good people fall into this trap, the author quotes another expert:

> 'The consequences of drunkenness are dreadful; but the pleasures of getting drunk are ecstatic. While the hallucination lasts, happiness is complete; care and melancholy are thrown to the winds... it acts in a double capacity upon the frame, being both the source of corporeal feelings and of the mental manifestations.'

This tract does not deal with addiction but criminality. The lack of innate evil -- the fact that the evil is in the drink -- is what makes the

drunkard criminal: the destructive condition known as drunkenness, "when caused by voluntary indulgence, necessarily partakes of criminality."[451]

A paradoxical yet unavoidable ramification, common to Temperance tracts and still operative today, is that if evil were innate and hence not chosen there could be no moral judgment made to establish criminality. And, as many Temperance lecturers pointed out, the desire to commit the "crime" of intemperance becomes "innate" once the disease has taken hold. Insanity, for example, had once required solutions that were "apparently cruel," explains the President of the New York State Inebriate Asylum. "It is otherwise now. Since the days of Pinel, many of the best minds in the medical profession have been engaged in the study of mental disease. Asylums have been established, and have served as schools for scientific observation, as well as retreats for the management and restoration of the patient."[452] Encouraged by developments in this field, the author and many others in his profession have turned their attention to the "inebriate... [and] sought to determine his true status, to decide whether he be a moral delinquent or the subject of disease, or both, and if his case, like insanity, be curable. In order to answer the above question, nine or ten institutions or asylums, public and private, have been established... and for the last thirteen years the case of the inebriate has been studied with scientific care."[453] Toxology, which divides poisons into the categories of "Irritants, Narcotics, and Narcotico-Irritants", puts alcohol in the latter category. At first it irritates the system in an unpleasant manner, then functions as other narcotics do, producing a craving caused by "the lesion of the nerve

tissue." The inebriate is in an abnormal, diseased state. Unrest along with the prospect of relief ensure that "the will has not the power to resist." Important as well for Temperance thinking was alcohol's status as "foreign" to the system. Unlike food substances, "alcohol undergoes no change in the blood, but... exists there as a foreign substance, like a mote in the eye."[454]

Debates over the latter point were often heated. Physiologically, alcohol was said not to appeal to innate desires but to function as an unwanted alien within the body. Morally, the implication is that alcohol does not play on evil desires already present for, as many used to say, "the evil is in the drink." This evil can overpower *the will,* a notion much easier to use than to define. What is implied by the assertion that a will can be overpowered, or even diseased? In this chapter, the question will be developed only in brief. The will is at odds with something alien, controlled by an outsider. For this reason, it cannot pursue whatever it might have been meant to pursue. The person, whose will is diseased, is controlled from the outside -- or by an intruder -- rather than from "within". This alone, to a seventeenth century Puritan or someone such as Saint Augustine, might not be troublesome. Christianity had consistently advocated a foreswearing of self-motivated action in favor of action guided by God. To be impervious to outside influence became the criterion for identity only as identity came to be defined by virtue of internal development.

One's internal make-up could, with little or no reference to external determinants, be either appropriate (in this case "healthy") or inappropriate (diseased). The specificity of the modern addiction concept should be understood in this light. From Plato through Newton,

laws had been understood primarily as external to objects. Laws, in this schema, acted upon objects.[455] An object would be subject to a law that was known to exist but not open to scrutiny; a law, as such, was a given (either axiomatic or empirically derived). This changed when things were understood, though not in isolation from the laws of nature, but to a greater degree in terms of their inner motivating principles.[456] The latter development was especially important to the biological sciences. As discussed in the introduction and first chapter, living things in general, and all their parts, came to be seen more in terms of functions. An organ had a job to do, and interference was therefore unwelcome. In biology (and most sciences dealing with humanity), the arbitrary status of external laws was supplanted by that of the thing as function. As Foucault points out, the unknowable limit became internal: what we have come to describe as organic material is by definition unknowable; as soon as an organic entity can be reduced to knowable parts, the parts themselves -- be they molecules, electrons or something else -- are not properly speaking organic so the realm of explanation is external to an inquiry concerning organic matter. The truth of an organism -- insofar as it is organic -- involves hidden forces; it is beyond experience.[457] Still, truth must be internal to it. As a component of the human soul, the same applies to the will: it is "diseased" if it ceases to be self-actualizing. The will represents an internal limit as to what can be known about man. "And representation itself ought to be paralleled, limited, circumscribed, mocked perhaps, but in any case regulated from the outside, by the enormous thrust of a freedom, a desire, or a will, posited as the metaphysical converse of consciousness."[458] *When the will is diseased*

by an addiction, then the "entity" with its own logic and function, a function impervious to external influence, is the addiction. Addiction runs a preset course, like a seed destined to grow one way, or a historical development marked by an ironclad teleology. Addiction can be stopped, but never steered in another direction; it can be broken, but never bent. A line that cannot be crossed, addiction can only be held in check. One might, according to this view, cease practicing one's addiction. But the condition itself is perceived as chronic and, despite empirical evidence to the contrary, incurable. To this day, talk of anyone being an "ex-addict" is often met with hostility and disbelief.[459]

A practicing addict -- in this case the chronic inebriate -- can be understood as an insult to a conception of humanity that began to emerge in the late eighteenth century. A redeemed (though never "cured") addict represents the triumph of humanity. But in either case the structure of the concept remains true to the notion that the inner law -- the addiction -- is a limit which can be halted but never subverted.[460] Yet the drunkard, as a typology, still leaves many questions open: the nature of addiction, once this concept has been accepted, can be debated within given parameters. The history of these parameters is the subject of this study, and the next chapter will discuss them in terms of related issues such as criminality and madness. But first I would describe a seemingly paradoxical development in sphere of intemperance, the dynamics of which apply to issues ranging from sexuality to mental illness and will be a central feature of the next chapter.

The propagation of intemperance

Few in the field would deny that, from the outset, advocates of intemperance-as-disease worked hard to propagate the object of their attention. Intemperance came to mean more and more things, multiplying the number of persons and behaviors associated with it. In the addictions, this has been a trend ever since, marked by lapses and setbacks of course but, recently, by unparalleled intensification: today, few behavioral disorders have escaped analysis which emphasizes their commonality with addiction. The paradox appears when we consider that, rather than intrusive, Temperance was largely a self-regarding activity initiated by classes and social groups more concerned with defining and protecting themselves than with controlling others: why, then, would they seek to propagate the object of their fear? This is not a "contradiction". By paradox I refer to something that at first glance would appear puzzling, involving tendencies that at once support and thwart one another.

The nineteenth century saw the beginning of an attempt to eliminate, or at least to marginalize, what later came to be called "addiction". At the same time, and in ways that were neither conspiratorial nor insincere, proponents of this movement broadened the definition of their target, multiplied the list of potential signs and examples, and came more and more to define their own identities and even virtue itself by means of contrast to their nemesis. Often, legitimation would be sought by an appeal to tradition. Though Western culture had no historical precedent for complete abstention from drink, a Christian

minister could say, "It is old fashioned total abstinence we are pleading for."[461] Such a plea would also undermine the appeals to tradition of those whose drinking had once been respectable. One tract, entitled *Peter's Training, and what came of it*, finds intemperance in a house that never knew drunkenness since the result of drinking "in what is called moderation" led to "the perfect wreck of a young man, who lay on a pallet of straw, suffering from an attack of *delirium tremens*".[462] Of course there were also the lies, not so much the ones told to others, but the lying to oneself. A tract entitled *I Don't Care For It,* begins rhetorically: "Don't you? I find that almost everybody says so about the drink... My friend, you know nothing at all about it. You *do* care for it."[463] From heredity to politics, the types of intemperance and all their ramifications were multiplied. The struggle of workers to achieve socialism could be blamed on drunkenness.[464]

An effective tool for this goal was the theme of denial. Unlike theories of the unconscious or of repressed sexuality, where still to this day subscription is optional due to a lack of hard evidence, the denial of shortcomings such as incontinence is a fact of life. Armed with a firm foothold in the experiences of many people, the drive to uncover hidden alcohol problems could go forward with confidence. This helped -- and to this day continues to help -- in the uncovering of addictive disorders both real and imagined. Further, egalitarian tendencies in North American politics and attitudes lent themselves to broad-based solutions appropriate for proselytizing. The Washingtonians, the first major self-help group for problem drinkers, needed little help from professionals: drunks receiving help from

former drunks, who could easily be replaced by others, helped to depersonify authority and to broaden its reach.[465]

The latter development bolstered the multiplication of problems for which alcohol was held responsible. As will be discussed in the fourth chapter, nineteenth century Western European reformers linked every illness, mental and physical, to sexuality. In North America intemperance played a similar scapegoat role. Intemperance was a concern in Europe as well, but there was a difference in emphasis. Preoccupation with intemperance in North America did not diminish the importance of sexual, psychological, or criminal deviancy. Nor did it substantially alter their interpretations: what was said and done about masturbation in France or Germany was for the most part said and done here as well. But in North America intemperance had a special function: it, more often than problems associated with sexuality, was used to explain the presence of other vices. In the minds of Temperance reformers, whose goals and beliefs were supported by millions, deviancy in general would be reduced significantly, in some cases even eliminated, if alcohol abuse were to cease -- a single-issue obsession already discussed in the previous chapter. Here -- and these comments are preparatory -- I would question the desire throughout the West to eliminate "unacceptable" behaviors. This should not be taken as a denial of this desire's existence, but simply an indication of other needs and motives by which it was accompanied.

There was, as discussed in the previous chapter, the Washingtonian movement. A predecessor to Alcoholics Anonymous, the Washingtonians were reformed drunkards helping each other to get and stay sober. The cure was on-going: reformed inebriates stayed that

way in part by communicating with those still troubled. Based largely on evangelical Christianity and borrowing preaching styles as well as tenets like the focus on grace and the experience of conversion, the Washingtonians also inherited a paradox.[466] Rorabaugh explains:

> In another, broader sense the failure of reformers to persuade all Americans to forgo alcoholic beverages voluntarily was inevitable because of a peculiarity of evangelical religion. Since abstinence was the creed of those converted to godliness, universal salvation would have ensured its triumph. Such unanimity, however, would have undermined revivalistic religion, whose vitality demanded a steady flow of repentant sinners. The damned drunkard was essential to the cause.[467]

In the same vein the Washingtonians, fuelled solely by reformed drunkards, needed these drunkards in order to maintain the identity they had established. To bring home the importance of this point, I will delve into the present and for a related example that is somewhat removed. A self-help group such as Narcotics Anonymous, with no political agenda or any vision of a world without addiction, states plainly in its main text: "The newcomer is the most important person at any meeting, because we can only keep what we have by giving it away."[468]

A need for sinners, and even for enemies, was central to the anti-liquor crusade and for every subsequent drug war. Just as disciplinary techniques that originated in prisons later became useful in schools, army barracks, factories and finally in the homes of citizens who had learned to practice these disciplines, so the positive role played by the drunkard in helping to shape a new conception of *sober* respectability

must be appreciated. In this light, the self-referential aspects of Temperance may seem less paradoxical. A defensive posture was insufficient, even insofar as the goal may have been the defense (and creation) of one's own identity. An enemy such as intemperance had to be actively sought out and destroyed, while at the same time avoided and perpetuated.

The next chapter focuses on the larger social and intellectual context in which the addiction concept was born. This scenario involved issues ranging from sexual impropriety and criminality to neuroses of every kind. I have already argued that the complex nature of support for Temperance provides some insight into similar difficulties involving the origins of the addiction concept. The transition of chronic drunkenness from vice to disease was, after all, linked inextricably to the attempt to lay the vice to rest. Despite the obvious need for political clout and hence for support of the moneyed classes, the power behind Temperance will be misunderstood by those who attempt to find a single -- or even the most important -- source. The target of this endeavor was equally dispersed: immigrants, to be sure, and Catholics; but also men, because they drank, and women because they should not drink; and children, because they were not yet adults; whites because drink threatened their superior status, and blacks because drink brought out their supposedly inferior traits; the rich because they had money to waste, and the poor because they did not; and of course Protestants, because they could not drink as casually as Catholics. The next chapter will show how the force in question -- involving more than just alcohol -- came from, and was directed, everywhere.

Chapter 4
Hidden Impulses

The new world of aberrant souls in which the addiction concept emerged

This chapter will link the emerging disease conception of addiction to other developments such as delinquency, madness and sexuality. Where appropriate, these will be compared to current trends. Primarily, however, the chapter focuses not on addiction but on related themes which provide a backdrop for this concept. The addiction concept, after all, did not emerge in a vacuum; and this study will now address the host of "deviancies" which evolved -- both in their timing and conceptual structure -- in ways that parallel addiction. The next chapter will focus directly on addiction, finally addressing drugs other than alcohol.

Rather than relying on primary sources from the time, in this chapter I will draw mainly on the works of social historians such as David Rothman, Roy Porter and Andrew Scull, as well as other experts on related topics.[469] I intend to show that, despite differing methods and ideologies, historians of various forms of deviancy have in their respective ways identified themes pertinent to my own treatment of

the addiction concept. As will be made evident, there is enough consensus among scholars of many stripes to establish a foundation for the main points of this chapter, which are also the main points of this study as explicated in the introduction. First, there is of course the novelty of the addiction concept itself. This, in turn, will be treated in relation to three themes:

1. As discussed in the introduction and previous chapter, the late eighteenth and early nineteenth centuries embarked upon an "excavation" of the soul -- entailing secondary or "inner" identities along with some logical difficulties: our thoughts on these matters never seem to be grounded, always leaving a "remainder" which refuses to be captured by either theoretical or empirical endeavors. I have identified this as a secular project, and in the last chapter discussed its emergence and implications under the heading, "finding self versus finding God". Looking directly to humanity -- as the locus of redemption and also of whatever may impede it -- went hand in hand with the rejection of otherworldly sources that had (at least conceptually) seemed satisfactory for many centuries. This has entailed journeys inside the soul that, despite some commonalities with the past, have been unique to our age. Hence, the target of most inquiries pertaining to crime is not the criminal act, but the "delinquency" said to lie underneath.[470] Of course, the primary concern of this study is with whatever underlies the act of drunkenness: the alcoholism or the addiction which must be unconcealed. My intention is to show that the changes in the way chronic drunkenness has come to be perceived have been commensurate with other developments. As

well, I will argue that the addiction concept -- with its direct emphasis on volitional impairment -- represents the purest example of a conceptual endeavor that has marked other issues such as criminality, insanity and homosexuality.

2. I have already remarked upon how the theme of alcoholic denial has a strong affinity with the psychoanalytic notion of repression. Each system involves a scenario wherein subjects who are unwell are prone to hiding the truth of their condition from themselves. First, let me restate the obvious: the denial practiced by alcoholics is not the same as that practiced by neurotics; the former involves suppressing the truth about the compulsion to drink while the latter is about unconscious psychic phenomena. It is still the case that, in either setting, resistance on the subject's part is expected -- in either setting, the affliction is presumed to involve a type of self-deception that hides the essence of the affliction.

Those who subscribe to the disease conception of addiction have, from the start, perceived themselves as committed to breaking down the walls of denial. I have argued strongly in the last two chapters that such a commitment has been accompanied by the perception of oneself as liberatory. Practicing psychoanalysts often lay claim to similar goals. I have shown how even the first Temperance advocates -- often staid, sometimes Puritanical -- participated in an ideology that, in many ways, perceived itself as liberatory and not merely as a force that would suppress feelings and passions. In this chapter the need to question the "repressive" tendencies of many nineteenth century reformers (and of their respective ideologies) assumes an added

significance: Foucault's queries concerning the allegedly repressive posture of the first movements to concern themselves with sexuality in the nineteenth century run parallel to the historical revision I have attempted of Temperance and (by implication) the earliest manifestations of the addiction concept. Again, the point is not that the themes are identical, but that they share a great deal and, in fact, form smaller parts of what in this chapter will be identified as a larger phenomenon.

3. Lastly, as I will try to make clear throughout this chapter, a shift in collective mindsets need not imply anything mystical or magical. Many of the changes in perception can be understood as little more than Westerners developing a type of understanding -- both of the world and of themselves -- that changing times seemed to require.

As mentioned already, this chapter will rely mainly on current social historians rather than documents from the time. Again, the intention is to demonstrate a measure of consensus over themes pertaining to this study. Further, the four themes guiding the previous chapter -- normalization versus punishment, finding self versus finding God, inner versus outer, drunkard as an identifiable typology -- will be referred to throughout. The purpose is to show the affinity between my own findings and those of other scholars in related fields. The only primary author to figure prominently will be Benjamin Rush himself, who was not only a founder of the modern addiction concept but also an innovator in new approaches to madness and criminality.

Aberrant Natures: the duplication of tendencies, vices and souls

The last chapter discussed the early renditions of what today is called "alcoholism" under the heading "Drunkard as an Identifiable Typology". This was done according to a schema, laid out in the introduction and reiterated in this chapter, which among other things treats many contemporary approaches to the soul as akin to an excavation: an absolutely solid (inner) drunkard identity must be uncovered in order to discuss the behavior itself. Here this project will be addressed with an eye on the way addiction is strikingly similar to other diseases, conditions or vices. The emphasis on criminality or delinquency instead of criminal acts themselves represented a different way of understanding social problems. It also displayed a new approach to normality: hidden tendencies -- whether positive or negative -- were applied to the human soul as such. As discussed in the last chapter, this secular project has been marked by finding the good as well as the bad within each "self". That alcoholism or addiction can function as a tendency underlying (and purportedly causing) certain behaviors shows the way a similar approach to deviancy could apply to drunkards or heroin addicts as well as embezzlers and petty thieves. Today's broadening of the addiction concept, primarily though not exclusively at a popular level, in ways that almost any citizen can use to cope with his or her difficulties -- *this is exemplary of how the conceptual journey to which I refer has become integral to the way relatively normal and law-abiding citizens are understood.* Perhaps it is even more important that these citizens are often eager to understand themselves in terms

of such concepts. This should not be taken as an indictment of current trends which, like most psycho-social trends, have proven beneficial in some cases and prone to abuse in others. Nor should it be taken as an indictment of the addiction concept as it pertains to substance abuse. Rather, I wish to draw attention to the precedents for a type of thinking that by the late twentieth century many have come to take for granted.

Sexuality, notably as described by Foucault, might provide the best example.[471] In order to understand the intellectual and social currents under consideration, the specifically contemporary nature of what has come to be referred to as "sexuality" must be distinguished from simple sexual orientation. Just as "alcoholic" has come to mean much more than "drunkard", so a person's sexuality has come to connote a great deal more than sexual preferences. A person's sexuality has come to be perceived as an integral aspect of his being. Freud's emphasis on such interpretations can be taken as an extreme manifestation of a tendency in which most twentieth century Westerners have come to participate. For better or for worse, coming to grips with (for example) one's homosexuality usually means more than identifying the means to sexual pleasure. This applies to heterosexuals as well, who also must come to terms with a "sexuality" which promises to have meaning beyond the pleasures associated with any act. Whether it is used to condemn or categorize on the one hand, or to grant identity and liberate on the other, sexuality has become a window to the soul. For the purposes of this study, it matters little whether we support or condemn this development. It is crucial that the reader appreciate the novelty of the sexuality concept. As already

mentioned -- and the idea will be developed throughout this chapter -- there was a time when a sin was a sin, and a pleasure was a pleasure. Few would have denied that some were more prone to sodomy than others, yet there was no "homosexuality": a sodomite, like a thief, was a sinner who may or may not have been prone to repeating the act.[472] The age-old need to deal with sinners likely to repeat their sins should not blur the distinction between such straightforward observations and the newer, psycho-behavioral inner worlds that have operated over the last two hundred years.[473]

A new regime of *care*, requiring knowledge of details that had been thought trivial, emerged. We have seen how, at first, scholars and moralists had to apologize for addressing an issue as mundane as drunkenness. With respect to sexuality, nineteenth century psychiatrists also had to "excuse themselves for asking their readers to dwell on matters so trivial and base."[474] Modern discipline was built around the codification and regimentation of minute, previously irrelevant details.[475] This involved a shift in perspective: whereas, in the past, attention was directed at the powerful -- "To be looked at, observed, followed from day to day by an uninterrupted writing was a privilege"[476] -- such scrutiny is now directed at commoners and put on file for future use and consideration. Everyone is a target, a reversal that has rendered "individuality" democratic in the sense that all persons are individualized.

One need not reduce the modern preoccupation with inner, psycho-social reality to anything as simple as "domination" in order to appreciate its economic and political dimensions. When all persons are

"individualized" according to unseen yet supposedly inescapable tendencies, there are power relations at work (even if such relations could never provide an exhaustive account of these psycho-social developments). In this sphere of mundane individuality, arbitrary power can function despite the legal rights which all persons share. Even as the Divine, absolute power once enjoyed by monarchs has been supplanted by a regime of formal equality before the law, the arbitrary nature of power has not disappeared: psychiatrists, social workers, prison officials and other beneficiaries of the sciences of human behavior can mediate, evade, and at times negate the principles of codified rights by references to typologies such as schizophrenia or addiction.[477] Identifiable typologies (such as alcoholism) have, since at least the early nineteenth century, enabled power structures to circumvent the regime of equality in the sphere of codified rights.[478]

There are many feasible explanations for this development. It can, for example, be viewed as appropriate for a setting where private property became more important, and the rules protecting it more strict: the number of crimes and types of crimes increased (poaching, for example, had been more or less tolerated) and this entailed a broader conception of criminal behavior.[479] In any case, as the distinction between criminal and legal acts became harder to make, that between normal and abnormal assumed greater prominence. Foucault considered one prison, Mettray, as exemplary: "Mettray was a prison, but not entirely... it contained young delinquents condemned by the courts... it also contained minors who had been charged, but acquitted under article 66 of the code, and boarders held, as in the eighteenth century, as an alternative to paternal correction. Mettray, a punitive

model, is at the limit of strict penalty. It was the most famous of a whole series of institutions which, well beyond the frontiers of criminal law, constituted what one might call the carcereal archipelago."[480] Such an institution dealt not with delinquency, but with deviations from the norm, *"the threat of delinquency."* [481] We have seen the way Lyman Beecher took great care to look for the signs of the unseen (inner) target he called intemperance. At Mettray, whatever might be latent, any potential attribute that could not immediately be seen, was deemed to warrant institutional attention. In this institution, the slightest transgression was addressed because it ran counter to penal discipline. A continuum, therefore, of deviancy could replace that of the hard distinction between criminal and good citizen. Extra-penal incarceration (of lunatics, for example) and other "extra-legal" forms of coercion present to this day attest to shades of gray which our courts have never been able to deal with.

And the thinking born in these settings is not applied solely to those considered deviant. In the case of addictions, it is often the shades that are most interesting. The full blown addict, out of control and a danger to everyone, is often less important than his ability to function as a negative standard by which other misbehaviors -- lesser excesses -- are measured. Difficult to unravel with respect to insanity, the process is arguably at its murkiest when addiction is the issue: addicts, as such, are neither insane, criminal or even neurotic; they may be understood as a mixture of all three, though neither of the three is necessary for addiction to be present. Along a continuum of "gray" transgressions, the modern addict provides shades of gray within each shade: the addict is perennially dubious, and hence

amenable to power structures which reach beyond the anachronism we call "law".

As I will continue to make clear in this chapter, a search for secondary identities has been integral to the process just described; and addiction provides what is, conceptually, the ideal typical model. In this development, the twin concepts of repression and denial have been key.

Repression, Denial and Hidden Identities

The inner truths -- whether real or imagined -- governing a person's feelings and behaviors have for at least two centuries been said to hide themselves, not only from others but also from the person in question. Some of the earliest manifestations of the concept of alcoholic denial were discussed in the previous chapter, notably in the subsection *Inner versus Outer.* I have also argued that the presence of denial has been a necessary assumption in the creation of identities commensurate with modern notions of self. Though addicts and neurotics may provide the best examples of subjects said to deny their condition, the denial concept has been applied to madmen, criminals as well as ordinary citizens. Again, it is this inner, secondary identity which a subject is said to deny. Despite potential disagreement over the extent to which this runs parallel to psychoanalytic repression, one can at least grant that subjects in denial are essentially repressing the truth about their condition. From academic to popular circles, the idea that certain persons must -- without fail -- deny to themselves the nature of their

condition has become almost self-evident. Bearing in mind that this attitude is only about two centuries old and would have been dismissed as nonsense at any other point in Western history, we should ask: how have we come to view the human mind this way?[482]

Foucault attributes the psycho-repressive model to the transposition of legal structures to the psyche: looking for a set of rules by which our thoughts and feelings are governed, the new sciences of psychology often borrowed ideas from government itself. Such metaphors have been with us at least since Plato, but modern psychologists took their examples from the much more legalistic ideas of their age. Legal authority can be said to rest largely on the prohibition of certain behaviors. With respect to communication, censorship is its main tool. This system, when transposed theoretically to individual psychology, assumes the form of a repressive model of inner controls which, in turn, produce a notion of a self divided against itself: self-deception, or "denial", is an inevitable corollary. Targeting sexuality, Foucault asks questions concerning repression as to its historical facticity, as well as the allegedly counter-repressive nature of the discourses that have dealt with it: is sexual repression an historical fact?; are anti-repressive psychologies not really part of a larger network which relies equally on repression and its disavowal?[483] Eventually, this study will address a similar question regarding addictions: to what extent do the dialogues which would free individuals from addictions work in concert with the production of "addiction" (and often a host of traits that go with it) in the minds of subjects. For now, I shall focus on the political level and ask: "Are prohibition, censorship, and denial truly the forms through which power is

exercised in a general way, if not in every society, most certainly our own?"[484]

As it has already been made clear that this question will be answered in the negative, an idea at least should be given of what an alternative might be. A society organized according to prohibitive decrees must rely on punishment to achieve its ends. The previous chapter discussed the shift away from punishing drunkards under the heading of *Normalization versus Punishment.* It is no secret that the West has moved avowedly from punishment for its own sake to attempts at rehabilitation. More accurately, we have made a concerted attempt to do away with corporal punishment; the torturing of transgressors is inconsistent with our ideas of enlightened social interaction. It would, however, be difficult even to conceive of a system of punishment with no corporal dimension at all. Incarceration, meant to focus on the soul, still limits the body and is further accompanied by "rationing of food, sexual deprivation, corporal punishment, solitary confinement... There remains, therefore, a trace of 'torture' in the modern mechanisms of criminal justice -- a trace that has not been entirely overcome, but which is enveloped, increasingly, by the noncorporeal nature of the penal system."[485] Still, it is the noncorporeal dimension -- the inner self -- that must concern us; and even if we may rightly point to a regime of punishment -- even corporal punishment, which means torture -- we have today transcended the corporal nature of punishment at another level: the target of punishment is no longer the physical act of crime but the (nonphysical) propensity to commit the act.

> Certainly the 'crimes' and 'offences' on which judgment is passed are juridical objects defined by

> the code, but judgement is also passed on the passions, instincts, anomalies, infirmities, maladjustments, effects of environment or heredity; acts of aggression are punished, so also, through them, is aggressivity; rape, but at the same time perversions; murders, but also drives and desires.[486]

These considerations help to determine whether and to what extent the perpetrator's will was behind the crime. It is criminality, rather than crime itself, which today must be addressed (likewise, it is alcoholism or addiction rather than drunkenness). Historically, this development was accompanied by the increasing importance of the distinction between first and repeat offenders.[487] This approach entails more scrutiny of all individuals who need controlling, so the attention one receives can function as an (admittedly imperfect) measure of one's disempowerment. Conversely -- as will be addressed later in this chapter -- the disciplinary powers of our time remain invisible where possible.[488] What we have today can, in many ways, be viewed as the opposite of a system with highly visible centers of power personified by kings and lords who rule over largely invisible and insignificant commoners.

Since being kept in darkness is one measure of repression, the situation just described would be anything but repressive. As I have argued in the previous chapter, the need to bring out and to discuss all behaviors and tendencies is in many respects the opposite of repression. Of course, the question cannot be settled so easily. Control of any kind is "repressive" by definition in that some behaviors are prohibited, while monitoring may simply be a component of an overall

repressive scheme. My intention therefore is not to deny the existence of prohibitive mechanisms, but to determine their place in this configuration. Many parts of North America were first colonized by advocates of "repression" whose descendants, by the nineteenth century, advocated institutional confinement for criminals, lunatics and others simply as a corrective to the openness and chaos they saw around them.[489] Throughout the English speaking world, established religious sects tried to eradicate religious enthusiasm from their rites because they despised the enthusiasm of Methodists.[490] There can be no denying an overall push toward staid behavior, but neither should the countertendencies be ignored. More important, the use of force in any context was ideologically unappealing to the emerging capitalist class. Then, we might ask, what type of power was operating and how could it be "invisible"?

Let us begin with an example. Adam Smith's "invisible hand of God" was thought by many to be sufficient for the management of economic activity. This principle was influential at the highest levels of economic interaction, and all the way down to the management of insane asylums. As Andrew Scull has argued, the chaining of lunatics was thought to undermine the internalization of attitudes upon which a new social order was being created.[491] Again, the extent to which such internalization can be equated with repression raises complex questions. Internal controls, to be sure, fit this format. But the discourse surrounding it was often explicitly anti-repressive. As Scull points out: "Originating among the upper middle classes, for example, there emerged the notion that the education and upbringing of children ought no longer to consist in 'the suppression of evil, or the breaking

of the will'."[492] Beatings and intimidation were considered crude, and inappropriate for the creation of self-motivated economic achievers. That such gentler education, as advocated by Locke for example, was originally reserved for the privileged does not negate its overall importance. For it did, over time, "trickle down" to the masses. Further, not only was it being applied even to lunatics right from the start, this application was in a sense microcosmic: as the transition to capitalism was causing unrest, the upper class desire to control the masses was reassured by the success of allegedly pleasant and noncoercive asylums; the order enjoyed by asylum dwellers was even said to result from an invisible hand similar to the one which guided economic activity.[493]

Shortly, we will turn to the question of depersonified power itself, and of how this also helped to provide a backdrop for the addiction concept's emergence. Here, in line with ideas already developed in the last two chapters, I will discuss an alternative to conceptions of nineteenth century reform movements as solely or even primarily prohibitive and punitive in their goals. The latter tendencies were certainly present, but we should not overlook a counter-tendency: the active creation of “truths”, both in society at large and within the souls of its members.

Deviancy and the Proliferation of Discourse

The previous chapter ended with a subsection entitled *The Propagation of Intemperance.* A virtual explosion of dialogue, coupled

with a broader conception of the meaning and signs of intemperance, was aided by the notion that this affliction could hide itself (even from the intemperate themselves) and therefore had to be sought out. I have argued that since addiction is said to cause the addict to suppress knowledge of the condition, the question of repression (sexual or other) is crucial to a grasp of addiction's history as an idea. It is likely that some readers might consider the latter statement an unwarranted blending of concepts that, in some ways at least, are only superficially similar. Let us, therefore, begin with a glance at the work of Benjamin Rush, an original proponent of the modern disease conception of alcoholism who also dealt with what today in North America would be labeled sex (or love) addictions.

According to Rush, when love for another "is disappointed in its object", love itself can be a disease. Physical and mental problems (to the point of madness) may ensue. Rush's solutions -- bleeding, for example -- are less interesting than his ideas on recovery: "It is remarkable, that persons who have been cured of the diseases from love, by these remedies, recover without feeling any affection for the persons they have loved."[494] In harmony with bourgeois designs, Rush considered a focus on personal ambition helpful to those afflicted with the disease of love.[495] Rush was sober and practical, *an advocate of sexual repression who at the same time was part of an increase in discourse surrounding the issue.* He played a similar role with respect to drinking. Such proliferation was aimed not only at the targeted individuals, but their families, associates and communities. The drinking habits of convicts were studied closely, as were those of their friends. As Rothman points out, such sociological analysis was rampant: "The

undisciplined youth typically began to frequent taverns, soon became intemperate, and then turned to crime to support his vice."[496] Prison inspectors were expected to question convicts on the drinking habits of their parents and other relatives, an explanatory method which helped to spread anxiety and guilt throughout society.[497] Bearing in mind North America's Puritan roots, the anxiety to which Rothman draws attention should be understood as more acute in North America than in Europe: issues that had been settled by tradition or considered beyond man's finite knowledge were suddenly open to scrutiny.[498] Individuals, responsible for each other's souls in ways that had once been God's domain, had to go beyond behavior modification when dealing with deviance. The sociological inquiries had to be accompanied by psychological ones, and a reliance on physical coercion to force outward compliance without improving the soul was insufficient.[499] An overall increase in discourse is evidenced by the fact that moral therapy for drunkards and lunatics was initiated not by medical professionals but laymen -- upper class laymen perhaps, but still representing a popular call for moral discussion in place of the physical therapies already present.[500] Scull points out that as public tolerance for "strange" people declines, the definition of insanity becomes broader and more persons are deemed mad. This in turn leads to more discussion. Still, the connection between repression of misbehavior -- related to madness, drinking, sex or crime -- and the proliferation of discussion surrounding it is easy to obfuscate. For example, in the nineteenth century introspection was advocated in response to the "discovery" that mental disease left no one completely unscathed and that the clues could be subtle. Like all behaviors, however,

introspection itself became the target of medical attention. "Morbid introspection" was identified as a disease of the mind which could, among other things, weaken the will.[501]

Morbid introspection provides an example of how one theme, medicalization, can push in opposing directions. Each result, however, serves medicalization as discussion itself proliferates.[502] Similarly, an "incitement to discourse" is almost invariably accompanied by an incitement to silence. The reason for this is less obscure than some might suppose. If an issue is made problematic, it must be discussed; simultaneously, it causes more embarrassment when mentioned and attains the dubious distinction of being "unmentionable". With sexuality, the nineteenth century saw a decline in tolerance for explicit discussion. The restriction was met by more metaphor, innuendo and technical language -- yet still more rather than less discussion. Foucault uses the evolution of Catholic confession as a parallel: by the eighteenth century, the questions posed were more vague in the sense that they were less likely to target sexual positions and the like, but "while the language may have been refined, the scope of the confession -- the confession of the flesh -- continually increased." Thoughts, fantasies and secret desires were receiving more attention than ever before. "According to the new pastoral, sex must not be named imprudently, but its aspects, its correlations, and its effects must be pursued down to their slenderest ramifications: a shadow in a daydream, an image too slowly dispelled... everything had to be told".[503] Similar to the push for nonviolent child-rearing, this was practiced mainly by the upper classes and existed only as an ideal for the masses. Still, habitual and comprehensive confessions did trickle down

as well. Further, a sophisticated system of self-monitoring which had been reserved for religious figures was being applied to laymen. With drinking, especially in North America, a similar imperative of silence accompanied the increased discussion during the nineteenth century. Drinking problems, or even an individual's habitual frequenting of taverns, were often alluded to without explicit detail. Rorabaugh mentions this as one of the difficulties in writing his book: right after the greatest explosion of drink-related dialogue in history, drinking had become so unmentionable that historical scholarship on the topic was scant.[504]

Unmentionability leads to secretive behavior. We can speak, therefore, of a production of secrets. These secrets must then be uncovered, the walls of denial dismantled (and here the "denial" can indeed apply to sexuality, addiction, or anything one may wish to hide). Since a child's behavior is a function of the environment at home, parents can be monitored simply by observing their children. The eighteenth and nineteenth centuries witnessed the rise of explicit instructions for educators regarding the use of schools as means to gage the morality of parents.[505] According to Rothman, in post-revolutionary America the roots of criminality became to a greater degree seen as present in childhood.[506] The breakdown of family control received much attention, but such attention was not limited to monitoring. Asylums for needy and troubled children were meant also to develop systems of discipline for parents to emulate at home.[507] As discussed in the second chapter, one can even treat, at least on our continent, the movement against drinking as fuelled in part by lower class aversion to such scrutiny: uneducated Methodists lacked the

means or the sophistication to address larger, multifaceted social upheaval; by removing alcohol from their environments, they could eliminate a major catalyst for a new disciplinary intervention which threatened their way of life, notably their religious enthusiasm. The threat of such scrutiny was surely felt most keenly by people whose religious practices were considered by many to be medically abnormal. Further, the scope of such threats was growing. The notion of latency -- whether of insanity, criminality, or substance abuse -- gained currency, after all, in the nineteenth century.[508] A new type of secret, of which the subjects themselves were unaware, was an extension of the conscious secretiveness of the traditional sinner. Psychiatrists were expected to search for its signs -- in schools, barracks and workplaces.[509]

The proliferation of discourse was a Western phenomenon. Still, care must be given to avoid generalizations at the expense of regional and national diversity. It is no accident, for example, that Foucault gave so much attention to sexuality. Threats associated with this issue were felt very keenly in France. A continental power, France required a population base commensurate with its stature. Germans were reproducing more quickly, and the potential size of the German army (and that of other neighbors) led to fears that France would eventually be overwhelmed and even carved up into a "rump state".[510] It is interesting to note that England, more repressed sexually than France, did not have this problem. Sexual repression cannot, therefore, be taken simply as a measure of anxiety resulting from the need to manage populations. England, in fact, as an island state, had fewer military threats and did not need to develop the type of centralized

state apparatus common to continental powers. For this reason, according to Scull, England did not need to oppress and control its poor and "unstable" to the same degree as was often the practice on the continent.[511] The English were also preoccupied with sexuality, but in a different way. Lacking the structural means to centralize the treatment of the insane, for example, the island provided more opportunities for experimentation with the management of deviancy. It did require management in England, but mainly because of market forces themselves rather than the changes associated with industrialization and urbanization.[512] England was arguably unique among European powers in that market forces had severed many communal and paternalistic support systems prior to the onset of city-centered industrialization. So the dependent and unmanageable became problematic in the wake of market society, which Scull has convincingly identified as the original impetus for mass confinement in England.[513]

Still, many themes run through the West which enable us to treat it as a unit. One such theme is a proliferation of dialogue pertaining to a host of problematic behaviors, indicating that the preoccupation with drunkenness was not an isolated development. Prior to advances in industry and technology, nature was supreme and to try to improve humanity as a species was sinful -- in England, France and elsewhere. In Scull's view it was capitalism that caused people to believe that anything, including humanity, could be improved.[514] Whether we identify the source as capitalism, industrialization, modernity or the Enlightenment, this change was most acute in North America. Yet even the wine-loving French had anxieties with respect to drinking: in the

wake of the "discovery" that insanity was hereditary, families tainted with alcohol abuse were said to disappear within three generations; hereditary degeneration caused by alcohol abuse was blamed for France's defeat in the Franco-Prussian war and also for the Paris Commune.[515]

Now, if we are to speak of a proliferation of discourse, a broader conception of the meaning of "discourse" -- of communication in general -- is warranted. The ways in which we build the world around us are also means of communicating our ideas, and this was not lost on social engineers when the addiction concept was taking shape. As sex, sobriety and sanity became crucial to the power of nations, discussions around these topics intensified. The silences, omissions and innuendoes should be understood as a part of this intensity and not as merely limits on what could be expressed. If, in Victorian England, the "limbs" of every table had to be covered, this was at least in part because limbs had never before been so alluring, such a distraction. In this regard, Foucault discusses French secondary schools of the eighteenth century:

> On the whole, one can have the impression that sex was hardly spoken of at all in these institutions. But one only has to glance at the architectural layout, the rules of discipline, and their whole internal organization: the question of sex was a constant preoccupation. The builders considered it explicitly. The organizers took it into permanent account. All who held a measure of authority were placed in perpetual alert, which the fixtures, the precautions taken, the interplay of punishments and responsibilities, never ceased to reiterate. The space for classes, the shape of the tables, the planning of the recreation lessons, the distribution

> of the dormitories... What one might call the internal discourse of the institution... was precocious, active, and ever present.[516]

Such "implicit" dialogue within institutions, which Foucault refers to as "internal discourse", was often addressed at the level of architectural planning.[517] Whether one considers schools, barracks or workplaces, the authority figures - sergeants, teachers, supervisors - are expendable, almost faceless, since the real seat of power is essentially anonymous. With no individual holding absolute, king-like authority, the supervisors themselves must be supervised - by their peers or even by their underlings. In a modern organization, success hinges on each individual internalizing a set of norms.[518]

The Depersonification of Power

The second chapter dealt with the rise of the addiction concept in ways that, largely if not entirely, depended upon grassroots support. The third chapter, discussing the way this affliction has been said to affect all equally, went as far as to identify intemperance as a "democratic disease". Even this kind of "egalitarianism", for example involving an etiology that applies to all who are afflicted, should not be taken for granted: Cheyne's text, discussed in the first chapter, was largely a treatment of mental diseases said to target the upper classes. The introduction dealt with the way in which addiction is often said to target all persons equally (a notion that serves to downplay the obviously higher rates of substance abuse among disadvantaged

segments). Such strongly egalitarian statements must be viewed, at least in part, as stemming from a social setting that advocates equality and democracy. (It is, of course, another matter whether such a society lives up to its ideals, and one should not be surprised if egalitarian language is often used to serve elitist goals). There are many reasons to consider the rise of the addiction concept from a perspective that does not hinge upon the identification of elites, whether professional or other. The point is not that elites have always been absent, but that they have often been marginal or even unnecessary. So, without claiming that the development under consideration could be reduced to something like "depersonified" power, we can identify a few facts about "addiction":

1. Unlike mental illness, which has often been solely or largely a professional domain, the addiction concept is not (and has never been) firmly in the control of any professional group, the state, or any identifiable business interest. The concept wields its effects with little consideration for professional boundaries, government policy, and even legal authority (the latter has, perhaps inconsistently, had to take into account ideas first formed by grassroots proponents of the addiction concept).[519]
2. In the twentieth century the disease concept of alcoholism, despite some professional support, probably received more help from AA than from any other source. Here, we have an organization wherein authority is depersonified to the point where members themselves remain anonymous. This organization has inspired the creation of others – such as Narcotics Anonymous and Cocaine Anonymous – which follow the same format, help to

promote the disease conception of addiction, and even provide models for therapy that are often imitated by professionals.

3. These developments can, with caution, be treated as consistent with an overall depersonification of power identified by Foucault and other social historians as an important facet of nineteenth and twentieth century trends in the management of deviancy.

The depersonalized nature of power is most evident when those with the least power are used to influence those with allegedly absolute power over them. The incorporation of children in nineteenth century drives for Temperance and sexual awareness among parents is exemplary -- and the use of children to promote guilt and shame among parents was not monopolized by teetotalers and moralists. In 1776, a public demonstration in France of the benefits of sex education to students served not only to make the matter serious -- one by one the children gave straight-faced answers to questions which others would have considered embarrassing -- but to give the educator an opportunity to chide those adults present who found the exercise amusing.[520] Immediately, parents were rendered more childish than their children. This is a step in disempowering individuation. As individuality can be said to rest on peculiarities and quirks, it should not be surprising that many contemporary quests for self involve the unconcealment of the child supposedly within us.[521] This is the "true" self, or at least one that is considered truer than our favored persona. Foucault argues that,

> as power becomes more anonymous and more functional, those on whom it is exercised tend to

> be more strongly individuated; it is exercised by surveillance rather than ceremonies, by observation rather than commemorative accounts... the child is more individualized than the adult, the patient more than the healthy man, the madman and delinquent more than the normal and the non-delinquent... and when one wishes to individualize the healthy, normal and law-abiding adult, it is always by asking him how much of the child he has in him, what secret madness lies within him, what fundamental crime he has dreamt of committing. All sciences, analyses or practices employing the root 'psycho-' have their origin in this historical reversal of the procedures of individualization.[522]

Since this requires at least some consensual participation on the part of the subject, it was originally most effective when directed at children. Teachers were told to avoid using punishment, and if this did become necessary, to "win the heart of the child" before administering it.[523] In post-revolutionary America, the breakdown of community networks left the family as the only viable institution for instilling proper values in children. But the family itself was considered tainted by vices that were everywhere, and new ideas on how it should function were emerging. Reform schools used the language of "family" in describing their programs. This ideal of family, however, consisted of new disciplinary methods meant, in turn, to be emulated by families at home. Military discipline was enforced even during worship.[524] Criminal behavior and vice in general were thought to be rooted in childhood, and this was where it had to be addressed - even if the criminal was an adult, he had to be "brought up" properly. As Rothman points out, every offender "was a casualty of his upbringing... The importance of

family discipline in a community pervaded with vice characterized practically every statement of philanthropists and reformers on delinquency... They stripped away the years from adults, and turned everyone into a child."[525]

As mentioned already, a search was on for "little things", things that once had been considered too trivial to warrant attention. We might recall the precision with which Lyman Beecher identified the signs of intemperance. Whereas sexual transgressions had long been a concern of criminal justice, by the middle of the nineteenth century the smallest indecencies were targeted by law.[526] Danger lurked in all places and a culture of secular confession -- one that is still with us -- was forming. In prisons, despite all the outward evidence of discipline, the behavior modification of the nineteenth century was aimed at the inmate's conscience itself.[527] In the New World, where colonists convinced of man's innate depravity had spent little time searching for the environmental origins of a criminal's tendencies, biographies of criminals were becoming common. These biographies were not concerned with Satan's hand in the matter, but with the secular roots of immorality.[528] Born innocent, men were now thought to go astray because of environment. Here the anti-liquor movement was at the forefront, with the obvious corrupting effects of hard liquor and the confessional tradition of the Washingtonians leading the way. But the phenomenon was broader throughout the West, and in North America as well. It involved many forms of deviancy.

In the context of a confessional culture, the line is hard to draw between the powerful and the powerless. There is a simple reason for this, and it must be understood by anyone wanting to make sense of

the anti-addiction movements that have been pivotal to North American socio-political development since the rise of Temperance. Confession involves speaking against oneself. Though forced on occasion, confession is most effective when voluntary and, notably in our society, forced confessions are invalid in both legal and therapeutic settings. Here, "therapeutic" should be taken in the broadest possible sense. As Mike Hepworth and Bryan Turner point out: "In both the every-day world and in the formal setting of the legal process, confession is strategically important in the confirmation of our presuppositions of identity and character."[529] Often crucial to self-affirmation, confession can blur the distinction between oppressive social control by some persons over others and a more egalitarian, professedly benign consensus. Social integration, in which everyone including the confessant has a stake, relies on various types of confession. If we take for an example a late-twentieth century North American self-help group, the lines between voluntarism and coercion, whether a confession is internally motivated or a function of authoritarian prodding, are hard to determine. This, in turn, can involve the internalization of certain disease conceptions of behavior which originate in interests outside of the group. To make matters more confusing, confessions now must address issues of which the speaking subject may be unaware.[530] Although this development reached its greatest intellectual respectability in the realm of sexuality and the related theories of the unconscious, the theme of denial has been associated with substance abuse at least since the early nineteenth century. Throughout the West, institutions were playing a role in the development of a culture of guilt, introspection, and confession. Self-

motivated individuals were required. Hence: "Tuke created an asylum where he substituted for the free terror of madness the stifling anguish of responsibility; fear no longer reigned on the other side of the prison gates, it now raged under the seals of conscience... The asylum no longer punished the madman's guilt, it is true; but it did more, it organized that guilt."[531] It would be hard to accomplish such an end without the patient's complicity, and later with developments such as Freudian analysis the patient would be very active in the production of truths that owed much of their structure to the ideas on abnormality which were first developed in confinement.[532] The logical conclusion to a move in the direction of patient complicity would be a setting with no single authority figure, or even a group of such professionals. In North America, ahead of its time in so many ways, the Washingtonians were already practicing an earlier version of this very format: everyone was "complicit" in the promotion and general internalization of a conception of alcohol dependency; with the absence of professional or clerical authority, power functioned with near-perfect anonymity.

The above should not be taken as an indictment of the Washingtonians, but simply as explicatory. The point here is not that a new type of power was more or less insidious than the old, but that it was different and, above all, new. In the seventeenth century, and for the most part in the eighteenth as well, madmen had been thought of as deprived of reason. They were like beasts. Madness became more complex in the nineteenth century, and since that time it has been considered possible to be mad in one respect yet perfectly normal in others.[533] One could, therefore, be aware of one's madness. It was not

until the late nineteenth century that the notion of insanity "with insight" ceased to be problematic. It was also in the late nineteenth century that obsession and compulsion became technical terms and "disorders" in their own right. "Volitional monomania", involving irresistible and involuntary behavior, was at the forefront of ideas concerning "partial insanity." As with the addictions to this day, it was hard to determine whether such ailments fall properly in the category of insanity or neurosis.[534] If the insane were merely partly insane, we should expect their participation in any serious attempt at cure. But there was a paradox. The birth of insanity with insight coincided with new notions of denial: the drunk, the neurotic and the madman were said to resist essential self-awareness. Walls of denial had to be dismantled for this "insight' to come forth in a meaningful way. Gifted with newfound "insight", deviants at the same time conspired to keep it at bay. Since such insight did not surface on its own, it required prodding, sometimes gentle sometimes not; in either case a new world of secrets and their excavation was born.

Sex might provide the best example of a secret, a taboo, which is nonetheless constantly discussed. But the new preoccupation with the soul has been "expansionist" in other areas as well. A criminal act could no longer be understood simply as an act, for the causal agent inside the criminal had to be explored.[535] This was essential to the formation of an order based on guilt and other internal controls. There was some conscious planning to it: Foucault quotes Servan on linking the ideas of crime and punishment solidly and immediately in each mind: "When you have thus formed the chain of ideas in the heads of your citizens, you will then be able to pride yourselves on guiding them and being their

masters. A stupid despot may constrain his slaves with iron chains; but a true politician binds them even more strongly by the chain of their own ideas; it is at the stable point of reason that he secures the end of the chain; this link is all the stronger in that we do not know of what it is made and believe it to be our own work..."[536] Servan's last point merits attention. He sees clearly how the internalization of norms and associations requires not only the complicity of any targeted individual, but a measure of anonymity on the part of the "dispenser" of such norms. We should not make too much of the conspiratorial aspect of such procedures, for ideas can operate without such foresight on the part of any one person. The last two chapters discussed how the addiction concept can be promoted (and arguably imposed on individuals) by persons who have internalized it themselves. Foucault also discusses how in a setting of observation, guilt and confession, a self-monitoring individual can function at once as subject and object of power.[537]

It is worth noting that many post-Catholic English authors lamented the loss of confession and its ability to ensure morality. Confession had brought about a situation where, rather than being judged solely on our actions, validation could stem from "the externalization of inner speech about ourselves."[538] As this applied to situations ranging from legal proceedings to love relationships, the disappearance of institutional confession meant the loss of an important marker. By the nineteenth century, England witnessed a sharp increase in the number of those deemed insane. On top of the contention that a new, mechanical world was conducive to madness, older methods of detection were considered inadequate: many who had been considered

normal were, in retrospect, mad.[539] An intensification of the confessional culture already present was in some ways more difficult in the absence of regular church confession. The rise in the number of insane persons was assisted by newer definitions which were so broad, or arguably vague, that all persons could be classified as such. New types of madness were, of course, good for the mad business itself.[540] Having come full circle from a time when all had been sinners, the propagation of insanity entailed more discussion -- by subjects, doctors and the public. In such a setting, there had to be an anonymous dimension to the exercise of power: everyone, it seemed, had a stake in it. The theme of latency added to the situation's urgency, especially when combined with heredity: hereditary madness could lay dormant for years within any individual, or even for several generations.[541] As discussions around one's past intensified, sexuality, heredity and drinking problems all became subject to greater scrutiny than ever before.[542]

The Multiplication of Deviancies: Chronic and Latent.

The second and third chapters dealt with the multiplication of the signs and behaviors associated with intemperance, and this chapter was written to show the ways in which the struggle against addiction participated in a larger phenomenon. I have also argued that the nineteenth century crusades against intemperance involved goals more complex than a simple desire to curtail it. We need not question the sincerity of anyone who professed a desire to eliminate or curtail

unacceptable behaviors and states of mind. One effect, however, of increased discussion was a multiplication of "deviancies". While sexual transgressions, whether adulterous, homosexual or other, had once been addressed within the scope of sin and unlawfulness, by the nineteenth century homosexuality received special scrutiny due to its unnatural status.[543] Such scrutiny represented an overall change in the approach to whatever was considered disturbing. Leper colonies, for example, had once been centers of exclusion -- basically unknown and left to themselves.[544] This was in keeping with what essentially had been a defensive posture taken in the struggle with undesirable elements. The disciplines in general had been negative in their goals: prohibit certain behaviors; contain undesirable elements. As a rule, preachers were out to save souls one by one. This began to change in the eighteenth century when the objective was to harness a population's utility, to improve mankind, to change the world.[545] Changes in attitudes towards the poor reflect this difference. In colonial America, those in need were given assistance with relatively little consideration of how they had come into poverty. In this homogeneous setting it was not even necessary to discuss what was meant by "poor". An implicit understanding was shared by all. Even those deemed "undeserving" were helped: since all persons were undeserving of grace, and hence deserving of damnation, human charity was an imitation of God's unconditional grace.[546] Further, there was no thought of completely eliminating poverty or sin. With the passing of these "innocent" times, those who had gone astray were to come under increasing scrutiny.

In North America, insanity's status as a disease of civilization was bolstered by accounts of how it rarely afflicted blacks and natives.[547] The "privileged" nature of some diseases gave impetus to benign, psychological attention, while the need for better workers led to sociological sophistication. In England, although experts were accused of exaggerating the number of insane, few denied that civilization caused madness.[548] Further, as minor mental problems came to receive more attention, the multiplication of mental diseases appealed to mad doctors who wanted more, and less troublesome, clients.[549]

In searching for trouble at the slightest hint of transgression, the secular scientists of human behavior found common ground with religious zealots out to purge the slightest impurities.[550] The chronic (or progressive) nature of sin, a traditional view, served a newly emerging social order in many ways. Some of these were petty: mad doctors with poor cure rates could speak of the "chronic" condition of many patients; or, since more people were being committed to asylums, these specialists could claim to be over-burdened and hence unable to practice their craft; and, in little time, such madhouse keepers depended for their livelihoods on the presence of incurables.[551] All this added professional support for the view that mental illness was chronic, often a function of heredity beyond the reach of science, and that signs of cure might always be superficial.[552] That claims to success as well as futility could equally serve the emerging psychiatric profession suggests another, larger social development. Latency and chronicity were applied not just to the mad, but to addicts, criminals, perverts and others. With schizophrenia, chronicity became dogma by around the late nineteenth century.[553] As I have been arguing that

addiction can be taken as a "purer", or at least simpler version of other ailments, it is worth noting that schizophrenia has from the start been difficult to define and that the best explanations given concerned the inability of higher parts of the nervous system to inhibit the lower.[554] *The mental symptoms were simply a function of this loss of control.* As with addictions, this loss of control was said to worsen unless treated.[555] Peter Barham's discussion of schizophrenia as an alleged disease-in-itself with its own etiology, independent of environment and hence the product of internal defects, draws attention to the same circularity of reasoning one finds among proponents of addiction as a disease: schizophrenics who get better might relapse; if they do not for the rest of their lives, they might have if they had lived longer; seeming remission can also be interpreted as indicating an earlier misdiagnosis since remission is not considered possible with true schizophrenics.[556]

As discussed in the second chapter, what could and could not be tolerated was by the nineteenth century often determined by a distinction of natural and unnatural (contrasting ironically to the equally important goal of rising above nature). Though this distinction had existed, and sins deemed unnatural had long been punished more severely, modernity brought with it a sharper division. Sinful acts between monogamous couples received less attention, while the "unnatural" sexuality of children, the mad, and criminals became the objects of study.[557] Taboos could themselves remain, but with different emphasis: suicide, which had once been considered a conscious choice and hence simply a crime and a sin, became a sign of madness.[558] Again, concern had shifted to acts deemed contrary to

nature. As the world itself was becoming less natural, the corresponding afflictions became more threatening. While those with less power were receiving more attention for which they did not ask, an innovator in alcoholism such as Thomas Trotter could also write on diseases of the nerves as an exclusively upper class phenomenon.[559] There was, apparently, a hitherto unknown connection between madness and genius. As old associations were breaking down, and new ones forming, vices were being redefined. Medieval Europeans, for instance, made little distinction between drunkenness and gluttony.[560] By the nineteenth century, drunkenness had not only broken free of this association, but had formed a model of addiction which would apply to the abuse of other substances and (eventually) subsume vices such as gambling and adultery. Also, with the multiplication of sexual transgressions, "The area covered by the Sixth Commandment began to fragment."[561] We might recall that, in traditional societies, sin, crime and disease were all condemned along religious lines: they were associated with the Fall, and hence a part of the natural world. In the last chapter, some of the earliest quests for finding the “true” (and by implication natural) self were discussed in terms of a contrast to past attempts to rise above oneself in order to “find God”.[562] The placing of sin, crime and disease into separate realms, each with more and newer subdivisions, led to a need for another unifying principle. Madness provides what may be the clearest example: while madness had been wholly "natural" in that it represented pure animality, in the nineteenth century madness became more and more the sign of a distance from nature -- wholly unnatural.[563]

Consistent with this was a wily, resourceful deviant. No longer a stupid animal, this person had to be understood in his specificity. The type of perversion, the type of addiction, the type of criminality -- all of these became issues of obvious significance. Foucault discusses how the upper classes were quick to appropriate the culture surrounding the criminal. Intelligent and articulate, the figure in popular novels was usually a well-educated character such as Moriarty.[564] But in the wilder and arguably more democratic New World, the people could not be robbed of criminal folk heroes such as Billy the Kid. Though significant, this difference was not enough to negate certain commonalities. The perception of animalistic madmen, physically strong and even impervious to extremes of heat and cold, dissipated throughout the West in the nineteenth century.[565] Whereas madness had been transparent, easily determined in courts of law, experts were becoming necessary to establish insanity.[566] Madmen could even hide their madness, or protect it. What had once been the domain of priests was usurped by psychiatry:

> Madmen, like devils, were warped, willful, wily. The mad-doctor must be a secular equivalent to the priest wrestling down demons.[567]

Amid these changes, it is probably inappropriate to ask whether, overall, society was becoming more or less permissive. We can safely state that new boundaries were being formed, old ones discarded and, above all, that the means of enforcement had changed. Punishments became less harsh, and there was a greater reliance on medical intervention. In targeting the soul for repair rather than simply

punishing the body, a different conception of knowledge was emerging. Although scientific studies of human behavior often claim to be in opposition to many punitive practices, they have historically been linked.[568] Crucial to understanding the new order is an appreciation of this interdependency. It is equally important to ask whether, and to what extent, the elimination of targeted deviant behaviors was the only purpose. Children's sexuality, however distasteful, was not explored with any hope of its elimination:

> Educators and doctors combated children's onanism like an epidemic that needed to be eradicated. What this actually entailed, throughout this whole secular campaign that mobilized the adult world around the sex of children, was using these tenuous pleasures as a prop, constituting them as secrets (that is, forcing them into hiding so as to make possible their discovery), tracing them back to their source... traps were laid for compelling admissions... an entire medico-sexual regime took hold of the family milieu. The child's vice was not so much an enemy as a support; it may have been designated as the evil to be eliminated, but the extraordinary effort that went into the task that was bound to fail leads one to suspect that what was demanded of it was to persevere, to proliferate to the limits of the visible and the invisible...[569]

This process, altered to fit the behavior in question, applied to issues other than sexuality. With drinking, as discussed in the last chapter, families were also expected to uncover the hidden evils in their homes. In contrast with a regime of public torture -- a system which had existed in part to compensate for a lack of continual supervision -- the trend was in the direction of equality in supervision and a certainty

(however illusory) of apprehension.[570] Such certainty must be understood in the light of the internal regime of controls already discussed in this chapter and the previous one. A drunkard could hide the vice from others, but not from himself. The disease had an ironclad teleology, *a secular rendition of the progress of sin.* Instead of the elimination of all transgressions, the "victim culture" familiar to our times was already emerging. Labor groups complained about workers receiving less attention and compassion than criminals.[571] At the time Cheyne was writing about nervous conditions which affected mainly the upper classes, it was also becoming fashionable for persons of stature to confess their abnormalities.[572]

As stated already, none of this is meant to deny a sincere desire to eliminate abhorrent behaviors and states of mind. It is important to remember that many goals, often inconsistent, can exist simultaneously. The wiliness of a drunkard, for instance, was set in such a way that despite his aptitude for denial and secrecy, the condition was destined to reveal itself in time. The secretive behaviors discussed in the third chapter are part of a story where disclosure is inevitable. The drinker's childhood, current behaviors and attitudes were all clues in the search for chronic and latent tendencies. The homosexual was similar: "The nineteenth century homosexual 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 sexuality. It was everywhere present in him: at the root of all his actions because it was their insidious and indefinitely active principle; written immodestly on

his face and body because it was a secret that always gave itself away."[573] This type of classification was applied to criminals and lunatics as well: a permanent reality, a solid state, was replacing the "temporary aberrations" of old. The creation of such typologies was, I would argue, just as important as any hope of eliminating the said behaviors. The related medicalization was both a cause and an effect of this development. Not that we cannot speak of chronological antecedents. Criminals, for instance, served as bad examples (one learned from them) well before the sciences of criminality and of criminal diseases were to appear.[574]

A greater preoccupation with deviancy had many causes, and the importance of population management in a fast changing world was discussed in the second chapter. To whatever extent the new mobility of populations was an issue in Europe -- Foucault describes early French discipline as "anti-nomadic" for this reason[575] -- it was a greater concern in the New World. Even the army was a target. A place where vice was learned, sobriety undermined -- according to Rothman the military was perceived as "not military enough."[576] Prisons were full of ex-soldiers, and next to drink, a lack of discipline necessitated by the movement of populations was blamed. Traditional, stable communities feared drunks and prostitutes, reflecting "the difficulty Americans had in fitting their perception of nineteenth-century society as mobile and fluid into an eighteenth-century definition of a well-ordered community."[577] Prison discipline was invoked, as a solution outside of prisons as well: the army needed such help; and some said that the world would be better if everyone went to prison.[578] Though the end of the nineteenth century witnessed a decline in such anxiety,

certain attitudes born in this climate remained.[579] Formed amid a fear of chaos, the idea that the insane should be removed from their communities at the first sign of madness was founded on the view that the family was detrimental and that, in general, churches and community networks were no longer able to counteract the lure of bad influences such as taverns.[580]

The tendencies to succumb to such temptations were considered largely "unnatural", and somehow beyond natural reason. The classification, for example, of different types of madness was directed less at understanding than at control. Rather than understand a patient's madness, a doctor's goal was to gain "ascendancy" over the subject.[581] Neither repressed (kept silent in the darkness), nor understood (unnatural abominations were not knowable), by the nineteenth century madness was addressed when a mad doctor asserted his will over that of a patient.[582] In terms of understanding, this limit is still with us: the introduction to this thesis discusses the unknowability, the essential mystery, inherent to all addiction concepts. Already in the nineteenth century, consciously borrowing from a religious tradition that never once claimed to know evil, the isolation of madness rested on a mastery of it.[583] We have seen in the first chapter how Trotter used the same notion of ascendancy when dealing with chronic drunkards. Still, some of the techniques used to cope with vices did have long histories. General discipline, including physical exercises, had long been present in religious orders.[584] But the fact that these disciplines spread throughout society reflected a major change. In the United States, a belief that there should be no poor was

a motivating force. Rejecting age-old social determinism, Americans no longer took for granted that some poverty was endemic to the human condition.[585] Drink was identified as the major cause of poverty, which was said to cause misery which in turn rendered many susceptible to intemperance.[586]

Despite the specificity of alcohol as a target, conceptions of madness were already present to help shape the approach to drink. Not only was the limitless, unquenchable appetite of Sade's characters a model for madness everywhere, the pure desire of such lunacy had a teleology which necessitated greater and more obscene transgressions each time.[587] This was the nineteenth century experience of madness: a push beyond every accepted limit; the inevitable conclusion of such lunacy was to take oneself for God.[588] In the seventeenth century, it was the lack of vision -- the denial of God's existence -- which served as paradigm. By the nineteenth century, madness was identified by a self-centered, unquenchable desire. Here, I am less inclined to call this desire a "thirst" than to draw attention to a corollary: as is still the case with addicts in treatment today, such a madman, though not responsible for his disease, did not lack intelligence and was hence responsible for recovery once the disease had been identified.[589] In the wake of the greatest multiplication of deviancies in Western history, madmen -- like criminals, addicts and perverts -- were expected to cooperate. That they so often did is one of modernity's most stunning accomplishments.

Confession as Cure

When dealing with a "disease" such as addiction, the importance of confession can only be appreciated in full if one takes seriously the notion that we are, in fact, dealing with a disease which has the capacity to hide its nature even from the persons it controls. Having passed the threshold from sin to disease, the meaning of confession must, in this secular context, be "updated" so that we resist the urge to focus upon confessions of misdeeds. Though important, and sometimes necessary, confessions of the latter type are secondary to confessions pertaining to what has now become essential: the disease entity underlying one's behavior.[590]

The secularization of confession, pivotal to the transformation of sins into diseases, involved some ambiguity (arguably still with us) in the relation between physical and psychological knowledge. The sciences surrounding human problems were really just emerging in the nineteenth century. With sexuality, what can be called a hard science of biological reproduction evolved separately from the medico-religious discussions of sexuality itself.[591] The study of madness, however, had a more ambiguous relation to the biological sciences. The first doctors to go into the "mad business" were not very knowledgeable. But this was true of the medical profession in general.[592] What set madness apart was the importance of laymen in the development of the new, so called "moral treatment." William Tuke was not only a layman, but had little respect for the medical profession of his time. The famous mad doctor, Thomas Munro, openly admitted that the medical aspects of treatment were of little use.[593] In the end, mainstream medicine had to

incorporate moral therapy.[594] Thus was born the hybrid today called psychiatry. As Scull explains it, the resulting confusion facilitated the advancement of "latency" as an idea. If the physical sciences of madness could not stand on their own, they at least could add authority by means of creating ambiguity: madness itself came to be identified as "epiphenominal", a symptom of physiological factors, poorly understood yet still the domain of doctors.[595] Despite a lack of evidence and the lack of success enjoyed by physical cures, as moral treatment became a province of medicine the Cartesian mind-body duality was replaced by a modern one: the mind's substrata came to be understood as physical.[596]

Porter discusses how madness itself had long been stigmatized, with patients often demanding physical explanations of emotional ailments, and that the transition was based on precedents ingrained in mainstream culture and medicine.[597] The new addition, moral therapy, also had precedents in confessional practices. This was true even in Protestant countries, as confession had been an important practice prior to the Reformation.[598] Despite regional differences, the appropriation of confession by the human sciences seems to have been accomplished throughout the West at roughly the same time. In England the "enthusiastic" strands of Christianity, popular among the lower classes, relied on public confessions of guilt and the struggles with temptation. This led the upper classes to push for medical/secular alternatives along with the medicalization of religious enthusiasm itself.[599] A sign of the eventual secularization of such confession was its decreasing occurrence among the sects which had originally been built around it.[600] Although the decline can be partly

explained by the rise in status and acceptance of these Christian denominations and accordingly their integration into mainstream behavior, this explanation is not exhaustive. The Quakers, for example, had emphasized the involuntary nature of their "enthusiastic" fits. Although acceptable at first, by the nineteenth century such a passive relation to any external force (even God) involved a compromising of the will -- which in turn was cause for certification of insanity.[601] This giving over of the will was, in effect, appropriated by medicine: if it were to occur outside a medical context, medical intervention would be deemed necessary.

Despite commonalities with the past, newer themes such as latency and chronicity were coming into play. Sexual transgressions had long been important to confession, and they continued to figure in the hands of medicine. One change, described by Porter in the English context, was that in the eighteenth century one's sexual past was rarely tied to current bouts of madness or physical diseases. This changed in the nineteenth century, understandably so since sexuality had become a medical issue.[602] Focussing largely but not exclusively on France, Foucault ties the preoccupation with sexuality directly to the advent of confession as a secular phenomenon. This development is doubly important to the history of addictions. First, because the enthusiastic confessions of Evangelicals clearly had an effect on similar confessions among the Washingtonians and later in Alcoholics Anonymous itself; secondly, because the Freudian tradition of confession, involving themes such as resistance and denial, was also incorporated by AA and other proponents of the disease concept. According to Foucault:

> We have since become a singularly confessing society. The confession has spread its effects far and wide. It plays a part in justice, medicine, education, family relationships, and love relations, in the most ordinary affairs of everyday life, and in the most solemn rites; one confesses one's crimes, one's sins, one's thoughts and desires, one's illnesses and troubles; one goes about telling, with the greatest precision, whatever is most difficult to tell.[603]

Foucault's statement, though part of a discourse on sexuality, would sound familiar to anyone acquainted with North American addiction therapy, whether institutional or of the self-help variety. A theme discussed already and which will figure in the next chapter as well, is that in addictions the direct confession of one's "illness" has become more important than any other confessional disclosure (with the latter functioning largely as a means to the former).[604] Pertaining to a broader context Foucault argues that, after centuries of culturation, confession has become a need in Western societies: "The obligation to confess is now relayed through so many different points, is so deeply ingrained in us, that we no longer perceive it as the effect of a power that constrains us; on the contrary, it seems to us that truth, lodged in our most secret nature, 'demands' only to surface; that if it fails to do so, this is because a constraint holds it in place."[605] Although Foucault considers this a "ruse" of confession, thereby attempting to reverse the conventional reading of how power operates in the West, those who do not agree with this claim can still make use of Foucault's original description. Few would deny, for example, that many Westerners experience the need to confess in the way just described.

Few social theorists would claim that all human beings experience the same. We therefore have a confessional need -- rooted in a culture of guilt as opposed, for example, to one of shame -- which has altered the way Westerners deal with transgression. In his writings on sexuality, Foucault argues that the obligation to conceal sexuality is one aspect of the duty to confess it.[606] I have also spoken of a "production of secrets" with respect to transgressive behaviors and impulses in general. My concern, of course, was with addictions. At this point, however, the targeted activity or state of mind is of less consequence than the overall importance of confession: "a ritual in which the expression alone, independently of its external consequences, produces intrinsic modifications in the person who articulates it: it exonerates, redeems, and purifies him; it unburdens him of his wrongs, liberates him, and promises him salvation."[607] Whatever therapeutic merit one can attribute to movements such as the Washingtonians or AA, this redemptive power in confession must be a part of it. With such group settings available, the person or persons who actually heard the confession became less and less important through the years. The depersonification of power became more complete.[608] This may indeed be "power" in the most benign sense of the word. That is not the issue. In order to understand the prevalence of the disease conception of addiction, one must also understand it as an effective remedy. Without the latter virtue, the model itself could not have achieved the success it did, and still does, enjoy. The power of confession has been integral to this success.

Confession, Latency and Hidden Impulses

Addicts in recovery will attest to the way verbalization of their shameful secrets can have an immediate therapeutic effect. In this way, sexuality and addictions share the capacity to function as, or at least to help reveal, an individual's deepest and darkest secrets. I have been arguing that, with respect to a disease entity such as addiction, the most important "secret" is the addiction itself (even if it may be apparent to everyone expect the addict in question). This position is consistent with the importance of secondary identities as expounded throughout this study. Such identities have, for some two hundred years, served as a means to explain many aspects of someone's thoughts and behaviors (even one's which, at first glance, may appear unrelated). In the nineteenth century, the respective etiologies of a person's drinking patterns or sexuality were connected by experts to just about any emotional or physical ailment.[609] Though in the physical realm alcohol had a distinct advantage as an acceptable causal agent, this fails to explain many of the more nebulous associations discussed in the last two chapters. More telling is how both sexual and substance abuse related problems can easily be identified as out of control, beyond the will. As mentioned already, insanity was said to strike those with little self-control.[610] In the process of medicalizing out-of-control behavior, authorities also had to appeal to the preconceptions of those who participated in such behaviors. A good example would be attacks on religious enthusiasts which turned their behavior into a medical problem; the etiology of the "disease" was defined by a teleology already present in the conception of sin adhered to by these

enthusiasts. The targeted groups could also appreciate, within their own traditions, an emerging definition of insanity as essentially a malfunction of "moral liberty."[611] Once this had been accepted, persons could be expected to alter their behavior, especially since one corollary of this conception of freedom was that confinement could be liberating.[612] Better to abstain from drinking or any activity which, on terms even you must accept, would justify your confinement.

Such compliance cannot, on its own, account for an internalization of vices which could, in turn, empower confession to unprecedented degrees. And we should not hope for an exhaustive causal account. Nonetheless, the story of this development has some explanatory value. The relative leniency with which criminals and other norm violators have ostensibly been treated in modern times has been premised upon, and involved in the construction of, a duplication of vices: a criminal act is preceded by "criminality", sodomy by homosexuality, drunkenness by alcoholism.[613] This is not meant to deny that, in the past, certain individuals were more disposed than others to certain behaviors. But the identification of such dispositions as unalterable states, coupled with extensive scientific scrutiny, is new. The establishment of such a state, facilitated by a subject's cooperation, is best accomplished without violence: in the construction (or discovery) of underlying tendencies, a measure of honest communication is crucial.

We might recall that the introduction discussed the way latency, as a hidden propensity to behave in a certain way, was (and still is) often compounded by heredity. Hereditary explanations of vices such as excessive drinking have been ambiguous in their effects: practitioners

(and subjects) are often receptive to such explanations as they can alleviate guilt and thereby facilitate rehabilitation; conversely, the ostensibly hereditary nature of insanity has been used to justify measures such as forced sterilization.[614] Though it is not hard to understand why a member of AA might cling tenaciously to hereditary explanations of alcoholism, the history of such notions of heredity has involved other issues such as the professional interests of practitioners. According to Rothman, in pre-Civil War America heredity was not considered an absolute determinant for madness. In the later nineteenth century, as optimism for cures had waned, heredity was asserted more strenuously.[615] Ian Dowbiggin discusses how, by this time in France, "heredity" had become a nebulous notion used to explain all mental diseases, some physical ones, and alcoholism as well.[616] The notion's ambiguity was useful to the medical profession: heredity kept mental illness physical and within the realm of medicine; yet given its nebulous nature, heredity did not entail physical treatment, so moral therapy was required. The result was that moral therapy -- which logically had no connection to sciences of heredity -- remained in the hands of doctors.[617]

Also, French psychiatry at the time owed a debt to Pasteur, whose views on the necessity of pre-existent germs to explain phenomena lent credence (however dubious) to notions of pre-existent abnormality.[618] In England, neurology became highly influential by the early nineteenth century. As one "nervous" disorder among many (all disease was said to originate in the nerves) insanity became a disease entity in its own right.[619] Thomas Trotter himself tried to bring Cheyne's ideas up to date on this score.[620] Trotter, of course, helped

to establish repeated drunkenness as a proper disease entity. In England, nineteenth century developments were often presented as responses to Lockean associationism: cures achieved by ridding individuals of false beliefs and associations were deemed superficial, as they did not address the deeper issues upon which madness surely rested.[621] These issues had once been considered satanic or demonic in origin -- unpleasant topics which were best avoided. With the decline of such thinking, and the rise of physical theories of madness, the resulting climate made approaching the "recesses of the mind" more bearable.

Regardless of regional differences, the overall trend favored searches for the deepest, secret dimensions of the soul. Since this endeavor has been marked by a drive to question individuals about aspects of themselves of which they are unaware, it has required some cooperation on the subject's part. Violent and extreme punishments are, today, not only unethical but impractical. Though many call for such measures, and they are still often practiced, the more rational and educated among us know better. We have come to a point where a certain line of reasoning has, though never completely dominant, become highly important: whether or not the underlying issues are considered physical, hereditary, sociological or hidden in the unconscious, *the essential point is that whatever is apparent is probably superficial and thereby a sign of something else.*

Our long Western tradition of confessions surrounding pleasures of the flesh certainly provided a precedent for delving more deeply into the soul, its motives and desires. The links between all sins also made it easier to give intemperance a privileged role: it was identified, and

not just in North America, as the leading cause of sexual promiscuity.[622] So even if a thinker such as Locke could "humanize" madness by stripping it of divine (and demonic) connotations, madness remained essentially the wage of sin.[623] Whether the "sin" was bad parenting, bad genetics, or too much drink, one had to search for this origin and in the process enlist the subject as an ally. The older version of madness, wherein it was essentially a type of stupidity or blindness to the truth, gave way to madness as a specific dysfunction with the potential for insight into itself. The Platonic hierarchy that had dominated Christian conceptions of madness was gone: madness was no longer simply a blindness to the light of reason with the reversal of priorities this entailed.[624] If madness in the classical age had been a type of unreason, in modernity it came to be "entirely enclosed in a pathology... a strictly moral perception of madness."[625] The pathological, the obsessive content of transgression in modern times is exemplified by how, at first, even homosexuality was treated as just one "fetish" among many.[626] It is the secret nature of all pathologies which can help to give a context to the ostensibly inevitable secrecy which has defined addiction in modern times.

In the previous chapter, we saw how anti-liquor crusaders Lyman Beecher and Samuel Woodward treated intemperance: behavior was separable from the state conducive to the behavior in question (the next chapter will address this issue with regard to substance addiction in general). The state can continue even when the behavior has ceased; and the behavior need not be evidence of such a state. To establish the latter, work must be done. This is assisted by one fact: confession has been with us for so long that we seem to have come to need it: "We

have at least invented a different kind of pleasure: the pleasure in the truth of pleasure, the pleasure of knowing that truth, of discovering and exposing it, the fascination of seeing it and telling it, of captivating and capturing others by it, of confiding it in secret, of luring it out in the open."[627] If we see punishment, of which rehabilitation can be taken as a subset, as a means to confirm or even strengthen the authority of those who punish and rehabilitate, then a cooperative subject is preferable to one who must be tortured or forcibly confined.[628] From its inception, the confession served to legitimate official views. "Witches", for example, lent credence to religious authority whenever they confessed to practicing witchcraft. Yet even when torture was a legitimate means of extracting confessions, it was understood that voluntary confessions were far less suspect in their authenticity and thereby preferable. Confessions of a spiritual kind have long been said to heal both body and soul.[629] The appropriation of confession by voluntary settings such as psychoanalysis can therefore be seen as an extension of a tradition of voluntary confession. Still, the voluntary confessions regularly made today in the West are something of which Inquisitors could only dream. This development can, to a degree, be explained by the notion of deviance as a state: a state of being with which the subject must live in perpetuity; unlike a transgressive act which can be left in the past if it goes undetected, the condition which lies underneath, i.e., the state of being, cannot be escaped until it is unconcealed.

There is more than a little irony here: we are perhaps the first civilization to associate liberation and detection so closely; the truth inside the transgressor, screaming to come out, will not give him peace

until he speaks it. In our minds, escape has become linked to apprehension. On sexuality, Foucault said that, "Among its many emblems, our society wears that of the mantle of sex. The sex which one catches unawares and questions, and which, restrained and loquacious at the same time, endlessly replies... it is up to sex to tell us our truth, since sex is what holds it in darkness."[630] On this point, it can safely be said that addictions function in much the same fashion: our desires have a logic of their own, patterns they must follow which include the creation of compulsions both to keep them secret and to tell these secrets. This is not a "natural" state of affairs, for only a few centuries back desires -- or at least our interpretation of them -- lacked such logic and rationality.[631] Desire had been understood as opposed to reason. It had no logic but merely a presence. A modern logic of desire -- pure desire, warped desire -- is present, for example, in the text of a 12 Step fellowship which describes addiction as "a cunning enemy of life" and then goes on to describe this cunning with acute specificity.[632] Not very long ago, madness had no shape of its own, its essence was darkness.[633] Madmen might reason perfectly from false premises, like the man who thought himself dead, knew that the dead do not eat, and therefore refused food.[634] To whatever extent madness had being, possessed any truth, this was owed to the rationality from which it borrowed.[635] As such, madness was "nothing", it was "unreason".[636] Madness, at best, was animalistic. Later, when madness came to be identified as a limitless appetite, unreason and desire achieved a rationality not merely borrowed from rationality proper: with a logic of its own, madness was less likely to hide behind cheap tricks such as that of the "dead" man who refused to eat.[637]

Rather than a simple animality, the desires which defined madness came to represent a distance from nature, warped yet sophisticated.[638] Locke's notion of madness, as the use of sound logic based on delirious premises, had been a product of the Enlightenment.[639] Still, in a more general way, this idea had been present at least since Plato: with reason as the rightful ruler of the souls, and the passions as irrational subjects, madness resulted from a reversal of this natural hierarchy.[640] For Locke, madness may not have been due to the usurping of reason by the passions, but instead by certain delirious beliefs.[641] In each case, reason was "stolen". Later, madness would possess its own logic and hence not have to steal. In the 1600's, the tests for determining whether an individual was mad were relatively simple: does he know his name? can he recognize his father? can he count to twenty?[642] A sign of change, and of greater respect for madness, was that of its diagnosis and treatment falling into the hands of specialists by the nineteenth century. In the eighteenth century, this task was given to general practitioners and laymen.[643] One difference was that if madness owed nothing to proper reason, despite having its own rationality, one could no longer reason with it. Ascendancy over the patient, the "eye" of the practitioner of moral management, came to the fore by the late eighteenth century.[644]

Here, one might ask how ascendancy over a patient could be reconciled with the complicity of the same patient. When a moral manager could control a madman by looking him in the eye, chains were no longer necessary. No matter how highly one regards individuals such as Tuke and Pinel, such a change cannot be attributed solely to the

genius of a few individuals. Despite the lingering presence of coercion, it did decline significantly. Mental patients were cooperating as they never had before. Whether we view this change as a form of liberation or just a more insidious form of control is not relevant to the fact that control did exist. This new form of power is crucial, in my view, to understanding how power operates throughout the modern West. It is unquestionably central to an understanding of how we deal with addictions.

Addiction: a Self-Contained Illness

This study has made use of Foucault's critique of "standard" interpretations of social control as primarily "repressive" in order to write -- and in some cases to rewrite -- the histories of addiction as well as nineteenth century Temperance. Thanks in part to Foucault's influence, such interpretations are perhaps no longer as dominant as before. With respect to the way Temperance itself has been interpreted, however, the revision contained in the second and third chapters was necessary. Further, I have tried to identify the addiction concept as part of a larger movement that has, for two centuries, perceived itself as the means to liberating subjects from the effects of forces that, in turn, somehow suppress them by means of internal control. Since at times it matters little whether a person's better aspects are kept down by addiction or neurosis, it should not be surprising that in some quarters the concept of neurosis has been rewritten as "emotional addiction". So, with these considerations in

mind, I will reiterate: the operations of social control have, in general, been viewed by Western scholars and populations as the laying of rules, primarily negative rules such as prohibition and censorship. It is in fact a very simple form of power which consistently says "no": "it is basically anti-energy."[645] Concerning the social construction of sexuality, Foucault asks whether this conception is what makes it acceptable: power is viewed as putting certain limits on comportment while leaving other freedoms untouched.[646] There is no question here of doing justice to the intricacies of sexual repression as it has been conceived over the years. My suggestion is that addictions present a purer, and in some ways simpler, version of this scenario: a hard drinker, for example, is given one limit (abstain completely from drink); and despite any proscriptive additions to this recovery from drunkenness, other freedoms are essentially untouched. Nothing I say should be interpreted as denying the benefits of a drunkard ceasing to drink. The question, however, is whether an AA member would accept the abstinence rule if it came across not as a simple limit to his behavior but as a precept which actively participates in the construction of his identity.[647] Whether we view alcoholism as hereditary, an allergy, or a spiritual disease, its acceptance in the mind of the subject hinges upon its status as a discovery, rather than a construction, of truth. The significance of this point can be overlooked because of its very simplicity: to internalize the identity of "alcoholism" precludes viewing it as a social construct. A belief in the objective existence of a solid inner identity -- in this case alcoholism -- has been integral to the cure.

If this is a type of power which does not rest on punishment, it is for this reason much harder to codify. Different from the legal statutes governing relations between persons, it involves rehabilitation and rests on an individual's relation to himself. Already in the introduction I discussed how these inner identities are self-referential in that they are seen to possess their own governing principles which amount to chronic and progressive etiologies. The American doctors first in charge of madhouses were called "medical superintendents" whose function, as Rothman points out, was to manage self-contained individuals.[648] Now, in the case of drunkards, there is still punishment in that a relapse entails negative consequences. The punishment, however, is self-referential: it is one's own rule that one has broken, and one's own self that is hurt by the transgression.

As we are dealing with what I have argued was an overall shift in perceptions of deviancy, a reminder that older methods and ideas could survive the shift should help to demystify it. When making the switch to self-contained conceptions of madness and other deviancies, older forms of persuasion had to be defended with completely different rationales. For example, Foucault mentions how the rotary machine had at first been used to spin patients in circles in order to free them of certain delusions. It was a means to open up the subject to the light of truth (God's truth). After the seat of madness had been internalized, the same device was used to repair internal defects, for example to rid a patient of melancholia.[649]

The notion of self-contained, or "primary", mental diseases have become pervasive in the modern West. In this context, the distinction between mental and physical cures assumes a more significant

meaning. All the moral methods, involving guilt and self-reflection, require the notion of an individual as self-contained to the point where things external to psychology (one's physical being as well as the light of truth) can be marginalized.[650] The Introduction discussed the conceptual difficulties associated with such self-contained disease concepts: all data “external” to the disease can (almost simultaneously) be referred to for vindication as well as ignored. Often, the conceptual oscillations entailed by such endeavors will push an inquiry toward a direct appeal to experience which, in turn, explains very little even if the “disease” state is identified. Theories of the psyche participate in this difficult relation with physical reality. That, ultimately, the psyche may have been thought to be rooted in physical reality is largely irrelevant when one considers the methods of moral therapy (just as the purported physical origins of alcoholism are irrelevant to cognitive therapy or twelve step recovery). When Tuke could disarm a potentially violent patient by looking him in the eye, and dominating his will, and use this as exemplary of how moral therapy functions, the body had been relegated to secondary status. This is why the patient did not require chains, and willingly went to his room. "Something has been born, which is no longer repression, but authority."[651] The "ascendancy" to be gained over a patient's mind, often involving kindness and always making use of an authority that had once belonged to religion, was a type of medicine where medicine itself was not used but still appealed to for authority.[652] Minus the mad doctor's "eye", the cures were largely commonsensical. By the late eighteenth century, the "eye" was used all over, in the country on

homeless lunatics, or in the home of England's most famous madman, King George III.[653]

One mad doctor who made use of this technique was also a founder of the modern conception of alcoholism. Benjamin Rush considered madness to be a disease of the will, to which I would add that addictive disorders are the simplest paradigm in that they target the will directly. In keeping with his view of madness as a disease of the will (and despite his belief that madness lay primarily in the blood vessels), Rush considered the most important aspect of cure to be the "complete government over patients".[654] One should begin by keeping the patient secluded, in an environment to which he is unaccustomed and attended by persons he does not know, in order to disconnect him from his old ideas and to produce a "depression... in his mind".[655] Thus prepared for treatment, the patient is ready to receive the physician who must, upon entering the cell, "catch his EYE, and look him out of countenance".[656] To have the desired effect, the type of look given must be suited to the patient in question. Rush was exploring, with all the subtlety at his disposal, the intricacies of the mind. "A second means of securing the obedience of a deranged patient to a physician should be by his voice... it should be harsh, gentle or plaintive, according to circumstances."[657] A physician's third tool is his "countenance", followed by four others which are all psychological in the modern sense. Only when all this fails, and the physician has not attained the patient's love and respect, should coercion be used.[658] In order to dominate someone's will, a science of the will is necessary. Rush's understanding of the will displayed a sophistication that was rare in his day, as theories of the will were still only emerging:

> Two opinions have divided philosophers and divines, upon the subject of the operations of the will. It has been supposed, by one sect of each of them, to act freely; and by the others to act by necessity, and only in consequence of the stimulus of motives upon it. Both these opinions are supported by an equal weight of arguments; and however incomprehensible the union of two such opposite qualities may appear in the same function, both opinions appear to be alike true.[659]

Rush has identified the will in terms of *function* -- like the heart or liver -- in the modern medical sense of functionality and also in the philosophical sense. Further, he has identified the paradox in terms still relevant to our time: there is a difference between Augustine discussing liberty and Divine foreknowledge, and later thinkers such as Kant who could identify the will as an entity and thereby sharpen the paradox of free will and necessity. One would be hard pressed to find a seventeenth century man of letters making self-contradictory statements like the above without quickly explaining away the paradox by reference to the Divine. Rush was participating in a new mindset, and *the experience of pure contradiction goes a long way to explaining the conceptual difficulties entailed by the addiction concept as laid out in the Introduction.* It is this entity which Rush targets, the understanding of which earned him a rightful place in history. There are two ways in which the will can be diseased: "When it acts without a motive, by a kind of involuntary power. Exactly the same thing takes place in this disease of the will, that occurs when the arm or foot is moved convulsively without an act of will, and even in spite of it. [second] When the will becomes the involuntary vehicle of vicious

actions, through the instrumentality of the passions, I have called it MORAL DERANGEMENT." According to Rush, lying can be a disease of the will, voluntary at first and then progressively becoming more compulsive. Drunkenness, of course, is similar.[660] Despite his recommendation that opium be given in "liberal doses" to the grief-stricken, Rush had an approach that is largely with us to this day. For all excessive appetites and passions, Rush believed a combination of medicine and religion to be necessary.[661] It is hard, he says, to distinguish between sin and disease: "How far the persons whose diseases have been mentioned, should be considered as responsible to human or divine laws for their actions, and where the line should be drawn that divides free agency from necessity, and vice from disease, I am unable to determine."[662] If nothing else, concludes Rush, the analogies one can draw between vice and physical disease suggest the benefits of strong ties between medical and moral wisdom.[663]

Psychological suasion was central. In the early nineteenth century, the powers of the human mind were thought capable of changing the world. Francis Willis also had a famous "eye", as described by one observer: "an eye like Mars, to threaten or command... his numerous patients stood as much in awe of this formidable weapon, as of bars, chains or waistcoats."[664] When the doctor performed his craft this way, the goal was control of madness itself -- thereby liberating the "true" individual who, before, had been controlled by madness rather than by the doctor.[665] One could no longer reason with madness itself, as it was simply a controlling usurper to be put down.

Ostensibly, patients were controlled in order to be freed. This claim, of course, is not without merit. But it should be balanced by what freedom often meant at the dawn of the industrial age. Peasants, forcibly removed (freed) from their lands, were instead at liberty to work in factories they despised, or to die of starvation. There was no going back, either politically to the relatively nonalienated labor of the old world peasant, nor socially to that same setting in which the quirks of those more disturbed than others could more easily be tolerated. Moral management, said many of its practitioners, was like disciplining a workforce.[666] Despite a few preliminary answers, the question still presents itself: why have so many of those who violate the norms of modernity been receptive to the internalization of ironclad, deviant identities?

Depersonified Power Revisited: the Cooperative Transgressor

The second and third chapters discussed the grassroots aspects of the first nineteenth century crusades against compulsive drinking. The point was not that elites were absent or unimportant, but that explanations hinging on change initiated "from above" are incomplete. This observation has also been tied to a measure of egalitarianism in almost every sphere in which the addiction concept has operated. One might question how this relates, for example, to my second chapter discussion of Trotter who boasts of absolute "control" over inebriate patients. The answer rests in patient complicity, and the fact that elite authority has often been present but (as the Washingtonian

experience demonstrates) has not been necessary to the success of disease conceptions of addiction. Trotter's achievement, like that of Rush and Pinel, rested largely in his ability to do without physical coercion. The next chapter will further pursue this notion of deviants participating in the construction of deviancy. Here, I will simply develop some of the themes already raised in this chapter.

Highly interpersonal and resting on the nebulous authority of a practitioner as well as some cooperation on the part of the patient, the power of moral therapy cannot be codified with the kind of precision required by legal statutes. Further, if a patient's cooperation is a part of the process, it is because the patient has a stake in it. Power, therefore, cannot properly be said to rest solely in the hands of the practitioner. Power rests, somehow, in the relation between two subjects. This becomes all the more evident when one considers how resistance on the patient's part is expected; if there were no resistance at all, there would be no madness (or neurosis or addiction), no problem to be solved. This exercise of power, therefore, depends on a measure of resistance without which it could not exist. Whether the resistance is violent, or a verbal denial of the disease state in question, the doctor achieves authority only if there is something to overcome. Despite an imbalance, there is no polar opposition of the powerful and the "disempowered". Here, we might refer to a Foucauldian theme pertaining to the operations of power in general: in modern societies power has consistently been dependent on resistance.[667] This point is not limited to close, interpersonal power relations like the ones just described. If we recall the Temperance agenda as discussed in the last chapter, a strong case has been made

by scholars such as Gusfield that advocates of prohibition expected their law to be flouted, thereby criminalizing members of another culture and legitimating their own social superiority.[668] In this case, power is exercised not merely in the legislature or in courts of law, but also in the covert gin dens where the law is flouted and the drinking culture is marginalized, forced to hide, and to drink with more anxiety. In the latter case, the point is not that modernity invented something entirely new but that it made the locus of power more elusive, by far, than it was under Kings and feudal lords. The people targeted by medical authority are too often in want of help from this authority to be painted as simply "oppressed". Yet there is still authority, coercion, and the socio-institutional construction of these subjects' identities which must be understood in terms of motives, interests, and even domination.

One example of a group's "interests" is presented by the rise of the Washingtonian movement. Here, the internalization of a deviant identity was promoted almost exclusively by the deviants themselves. It is, to my mind, hard to determine the extent to which members of this organization were victims of prevailing "myths" concerning the nature of chronic drunkenness, or simply responding to the reality of this condition. To this day, such questions remain highly debatable. As the case for the novelty of the addiction concept must be balanced by the fact that chronic drunkenness was not invented in the modern West, I would argue that the best way to study the issue is simply to refrain from stating, at the outset of an inquiry, that substance addiction is a constant which, if unknown in the past, was already there to be discovered.[669] We might safely say that it was, so long as the

affirmation is qualified with an appreciation of the differences entailed by living in very different worlds. But it is equally true that the dogma of disease can be internalized, and then acted upon after the fact by a subject.[670] Hence caution in this matter has immediate therapeutic, as well as scholarly value.

In looking for the reasons for the cooperation of many deviants, one should bear in mind that the reasons can change. While positing addiction as a constant around which to build an analysis, we need not assume that the interests served by certain responses to it, or the power relations in which these interests are imbued, must remain constant. In the asylums of the nineteenth century, for example, mad doctors were able to enhance their authority by making use of the ways in which patients influenced each other. Doctors even asserted that the influence patients had on each other was as important as the activity of doctors themselves.[671] Patients often were encouraged by their peers to behave properly, listen to the doctor, and so on. This system of interpersonal peer control was also a system of peer support -- a model that lent credibility to notions of self-help which, in turn, made it more feasible later to form associations in which doctors had no role at all. (Needless to say, the addictions have been at the forefront of this development.) Or, in the realm of child sexuality, Foucault describes a similar reversal: parents wishing to extend their control over their children's sexuality eventually found that the analyses which they endorsed served to bring their own sexuality into question.[672] This development is not limited to psychoanalysis, and we are to this day dealing with its ramifications: issues surrounding the sexual impropriety of authority figures would not today be so acute

had we not, two centuries back, embarked on a quest to make childhood sexuality more sacred, and problematic, than it had ever been. Also, the extent to which any individual or group possesses power in these matters should be determined empirically. At the disciplinary level, in factories and jails, those responsible for supervising workers were from the outset themselves supervised and, to some degree, surveillance went from the bottom to the top of the hierarchies.[673] In madhouses, it was only briefly that charismatic figures such as Pinel were crucial to the operation. Quickly, bureaucratization set in and managers became as replaceable as anyone else.[674] Ideologically, the depersonification of power was appropriate. Institutions were legitimated by the fact that any member of the public had the right to see how prisons, schools and asylums operated.[675] Such public supervision, sometimes conducive to reform, should be understood as being in conjunction with the disciplinary systems themselves. They were, after all, reformist from the start. Since their inception, the prison systems of the West have boasted about recent reforms which distanced them from the authoritarianism of only a few decades before.[676] The ideology of equality functioned in many ways. As opposed to the fine, which favored the rich, prison was meant to punish everyone equally. It was also appropriate for a society where liberty was considered a man's greatest possession.[677] This "egalitarianism" was more acute in North America where, given our multicultural demography, incarceration was thought to lack cultural bias and could be meted out equally, and with uniformity, to blacks, Irish and others.[678] This is not meant to blur social and racial inequalities, but to shed light on the ways in which the idea of equality

operated. It did, in fact, affect policies, and was in many ways useful to addressing a multicultural setting. One might suspect (and this would require another study) that something like the disease model of alcoholism, with an emphasis on abstinence which could not fail if adhered to, was most successful on our continent precisely because of this need to cut through cultural diversity with simple solutions that could be applied to everyone.

With respect to the cooperation of deviants, one should not underestimate the importance of equality, especially in the New World but also throughout the modern West. Despite class and race related oppression, the same medical models of insanity, addiction and even criminality have been applied to all citizens. Certainly, some groups have consistently been overrepresented in jails or alcohol rehabilitation centers. On the other hand, as Scull has pointed out, since the methods of rehabilitation have essentially been the same, the families of rich lunatics could buy more comfortable asylums but not better cure rates.[679]

One's Right to be Sick

It is no secret that we have become a society where confessing one's "diseases" has become fashionable. Throughout this chapter, I have attempted to link the history of the disease of chronic drunkenness to other themes -- confession, sex, madness, deviancy in general -- without compromising the topic's own specificity. The associations with sexuality and madness are, I believe, the most important.

When sex became a secular concern, according to Foucault this occurred along three axes, each of which entailed that individuals willingly place themselves under surveillance: "that of pedagogy, having as its objective the scientific sexuality of children; that of medicine, whose objective was the sexual physiology particular to women; and last, that of demography, whose objective was the spontaneous or concerted regulation of births."[680] Essentially, the power of the state had ceased to revolve around its ability to dole out death to transgressors and, instead, rested on its ability to manage "life". This entailed a new breakdown of vices, which nonetheless were rooted in older categories. Older notions of debauchery and excess, for example, could provide the ground for a host of perversions (and other transgressions). Also, the modern procedures for examining the conscience did not appear instantly and in fact were beginning to take shape in the sixteenth century.[681] In a more general way, the procedures were much older. Such self-examination was, however, more accessible to the educated; and just as the preoccupation with sexuality was first targeted at the upper classes, so I have tried to argue that the concern for sobriety in North America began in relatively privileged circles. In order to circumvent the difficulties associated with reconstructing the past, I would direct the reader to current reality. New notions of emotional disease, such as codependency, often begin among persons with more wealth, time and education at their disposal. The "diseasing" process quickly descends to lower spheres -- hard-core addicts, the very poor, etc., -- where its liberatory potential, though still present, is nonetheless more suspect. This is not meant to suggest that such methods invariably start at the

top of social hierarchies, but that they can. One must keep in mind that they do not always originate in a desire to oppress the poor or the downtrodden. That these developments can quickly be incorporated for that purpose is a separate matter. Then, however, they can be "reversed": a good example is the way homosexuality, after being identified as a "condition", eventually led to an effort by those with the "condition" to unite and assert their place in the world along the parameters originally designed to deride them.[682] The original concern with sexuality can be interpreted as an attempt by the bourgeoisie to provide itself with an exclusive, embodied presence. Rather than simply repressing one's "sex", one had to nurture it with an eye on protecting oneself from purportedly impure contacts.[683] Again, in order to avoid historiographical difficulties, I can demonstrate at least the plausibility of this interpretation by reference to the present: certain ailments -- such as codependency and other obsessions -- are invariably compared to the more serious addictions associated with street life; the impetus for these concerns must, at least in part, be a desire to avoid behaviors that have been construed as similar to those of criminals and other marginal elements.

The theme of sexuality ties in to that of liberty, the latter being crucial to the concern with addiction. It is not too daring, therefore, to draw a connection between the cultivation of sexuality (as an expression of autonomy) and the cultivation of liberty. One's "freedom", no matter how we define the term, was (especially in North America) something which required constant care, vigilance, and promotion. As one of the foundations of freedom, self-control was not merely imposed on “the people” from above. I have already dealt with

lower class Methodists and their hard-won battles for sobriety. In a similar vein, Foucault documents the way the proletariat had, in fact, to fight for its own "sexuality" which, at first, was something the bourgeoisie took as its proper domain:

> it was of little concern whether *those* people [workers] lived or died, since their reproduction was something that took care of itself in any case. Conflicts were necessary (in particular, conflicts over urban space: cohabitation, proximity, contamination, epidemics... prostitution and venereal diseases) in order for the proletariat to be granted a body and a sexuality; economic emergencies had to arise (the development of heavy industry with the need for a stable and competent labour force...); lastly, there had to be established a whole technology of control which made it possible to keep that body and sexuality, finally conceded to them, under surveillance (schooling, the politics of housing, public hygiene, initiations of relief and insurance, the general medicalization of the population...)[684]

This analysis makes it possible to view the impositions "from above" as compatible with "acquisitions" from below. Porter's treatment of the medicalization of chronic drunkenness illustrates the same phenomenon: originally, inebriety was a disease if you were rich and a vice if you were poor.[685] It is therefore not hard to understand the motive of those struggling to have their behaviors -- addictive, sexual or other -- medicalized, which in turn can lead to new methods of oppression even as it generates new strategies for resistance. Today, for example, street drug addicts in therapeutic settings can (if they choose) "suffer" from codependency or other obsessional ailments

which warrant attention and sympathy that at least mimics what the originators of such ailments have been able to command from the start.[686] Individuals will, under certain conditions, not only accept various types of surveillance, they will actually demand them.

The Cultivation of Autonomy

Finally, we turn again to one of the first issues to be addressed in this thesis: the more a society values free choice, the more pressing will be its concern with any seeming deficiencies in free will. This has led to the addiction concept, involving what is arguably the most finely honed discussion of "unfree" will in human history. Just as we have become a society with a "sexuality" (not to be confused with straightforward sexual desire which of course is transcultural), so we have become a society with individual autonomy which entails more than simply making choices (the latter practice also being transcultural even though the scope and parameters change drastically). Our means to individuation will often hinge upon the discovery, maintenance and promotion of these attributes. This, in turn, has lent credence to the conceptual oscillations described in the Introduction with regard to the addiction concept. In short, if we ask whether addiction is an entity underlying behavior, or whether it is the behavior itself, neither answer could stand on its own and we may have to reply that it is both. This reply, however reasonable, has never been entirely satisfactory and has, in turn, entailed attempts to bypass the questions altogether by means of experiential examinations of whether a subject craves the object of

addiction. With addictions, it has from the start been difficult to distinguish between the disease and its symptoms, the "outer" and the "inner" or (in terms consistent with the next quotation) the sign and what is signified.[687] Historically, sex also has played a dual role as empirically identifiable reality and as (inner) cause of this reality:

> In the psychiatrization of perversions, sex was related to biological functions and to an anatomo-physiological machinery that gave it "meaning," that is, its finality; but it was also referred to an instinct which, through its peculiar development and according to the objects to which it could become attached, made it possible for perverse behavior patterns to arise and made their genesis intelligible... First, the notion of 'sex' made it possible to group together, in an artificial unity, anatomical elements, biological functions, conducts, sensations, and pleasures, and it enabled one to make use of this fictitious unity as a causal principle, an omnipresent meaning, a secret to be discovered everywhere: sex was thus able to function as a unique signifier and as a universal signified. [688]

The sexuality concept has, since the nineteenth century, been able to play a dual role -- both empirical and transcendental -- which takes its purest form when addressing the one sexual dysfunction that most closely resembles a simple addiction: "this was the form in which it was manifested, more clearly than anywhere else, in the model perversion, in that 'fetishism' which, from at least as early as 1877, served as the guiding thread for analyzing all other deviations."[689] As a sexual dysfunction, fetishism was first identified by psychiatrists during the

last two decades of the nineteenth century. Sexual fetishism was quickly associated with compulsive behavior. Though some fetishists were capable of restraint, themes such as uncontrollable masturbation and nymphomania dominated most aspects of "fetishism".[690] In fact, the issue of self-control was so important that fetishism easily lent itself to broader definitions including behaviors that were, at best, marginally sexual such as the overwhelming desire to acquire clothing. Leading to purchases beyond one's means, or to theft, behavior which today might be classified as addictive was at first medicalized by means of sexual-psychoanalytic categories.[691] It should not be surprising, therefore, that in the late nineteenth century homosexuality was quickly defined as a fetish. Undeniably sexual, and beyond the reach of the subject's will, the desire for same-sex partners was a good example of a morbid condition which could leave other faculties intact. The fetish, which for Foucault was the "master perversion" of this era, functioned much like an addiction in that individuals who otherwise seemed normal were incapable of halting their obsessive thoughts or compulsive behaviors.[692]

When sexuality gone awry became little more than what later was to be called "addiction" -- fetishism has been defined by lack of control and by obsession with a particular object of desire[693] -- it stands to reason that the means to self-realization through sexuality would consistently invoke the language of liberty, autonomy, and (the far more lofty) "liberation". Today, people get to "know" themselves by means of overcoming certain compulsions -- and it is coming to matter

less and less whether these are sexual or substance abuse related. I have already referred to Foucault's contention that, in modernity, the soul has become the prison of the body. Social order depends less upon attacking a body in which the soul is trapped (although this method is still rampant) as it does upona psycho-social reconstruction of one's bodily experience and identity. Yet one could question the goal of self-control along lines already discussed: the latter can itself be an obsession, the desire for it problematized, leaving one with the impression that such control could not have been the primary goal to begin with. We can respond to this query without denying the importance of self-control: Foucault considered the modern experience of madness to be rooted in limitless appetite, with Sade's characters always pushing past former limits of debauchery as exemplary.[694] This may have been a necessary self-corrective for early capitalism: as Andrew Scull has argued, capitalism led many to think that everything (including humanity) could be indefinitely improved.[695] Such a lack of respect for limits may have been conducive to the types of "madness" which soon became paradigmatic. It frightened people, reflecting everything modern society should not become, while at the same time providing this society with a soul upon which to focus in order to develop the types of souls that were needed.

Chapter 5
Other Drugs and the New Disease

This chapter will trace the origins of the disease conception of addiction as it pertains to drugs other than alcohol, outlining the way differing addiction concepts interacted and eventually permitted the advent of the disease model which still operates. The emphasis will be on illicit drugs, primarily opiates and (to a lesser extent) cocaine. Despite an effort to do justice to many themes relevant to the topic -- from geo-political to "micro"-sociological -- nothing in this chapter should be taken as a substitute for more extensive and properly historical works on the causes of drug prohibition such as that of Musto. If anything, at certain points the analysis in this chapter more closely resembles "pure" sociology. This has much to do with two considerations: 1. the association (real or imagined) of illicit drugs with racial minorities and the underclass; 2. a need for a closer look at professional interests (and how these interacted with popular prejudices) in order to question the extent to which "science" surrounding the addiction concept was really as detached as it often claimed to be. These considerations notwithstanding, my intention is to develop the major themes already addressed throughout this study.

1. I have argued that the modern approach to the soul has often taken the form of an "excavation", the latter involving conceptual difficulties perhaps best exemplified by attempts to define or make sense of the addiction concept. The connections made already between addiction and other disorders such as madness and criminality are further developed in this chapter. An entire world of secondary, inner identities becomes more apparent when cocaine and heroin become the targets of social stigma. Since this inner world involves the delinquent who must lie in wait beneath the sometimes respectable veneer a criminal may project, or the alcoholic always present inside the drunkard whether the subject is drunk or sober, the novelty and mystery associated with (soon to be) illicit drugs at the end of the nineteenth century rendered the construction of underlying -- often psychopathic -- identities less controversial.

2. I have linked an addict's propensity to deny the truth to ideas about repression in general, and by implication to confession as a means to uncover the affliction. Stark portrayals of morbid inner tendencies, often by addicts themselves, were easier to disseminate successfully when the drugs in question were less familiar to the general public. This facilitated the development of the view that addicts are prone to denying their condition.

3. The idea that shifts in collective mindsets need not be baffling or mystifying will be elaborated, notably with the aid of one new (arguably sociological) consideration: the way an addiction itself is perceived will

be greatly affected by who actually represents the addict population.[696] If, for example, most opiate addicts are poor or members of visible minorities, then associations between this addiction and psychopathy will be less controversial than if those addicted to the same drug are white, middle class and over thirty years of age. Such a change in the addict population did, in fact, have an important effect on the shaping of the addiction concept as it now stands.

Before proceeding with the body of this chapter, two misconceptions should be addressed. First, there is the idea held by some researchers (and many members of the public) that our current understanding of alcohol addiction is rooted in our experience with opiates.[697] It can safely be said that the reverse is true: problem drinking provided the definitive model.[698] Second, and more important to the contextualization of the addiction concept itself, I wish to emphasize the need to avoid a simplistic, overly constructionist understanding of the addiction phenomenon. There is a temptation among researchers and treatment workers to go too far with the critique of the hard determinism often associated with an addict's behavior. Contextualization, along with an understanding of situational determinants (or even the power of placebo effects), need not imply a denial of the physical dimension which, despite social and historical differences, entails a measure of constancy in how human subjects will react to a drug.

The second concern -- regarding the constructed nature of addiction -- is aimed only at the attempt to push this line of reasoning too far (especially if this were to stem from a misreading of my own work).

This study has been a discussion of the novelty of current ideas of chemical dependency, and the novelty is real as long as certain boundaries are kept in place. The idea of some difficulty involved with relinquishing ingrained habits is certainly not new. The first chapter addresses that question. Also, understanding the importance of psychosocial considerations need not imply a "deconstruction" of physical realities. For example, the distinction between physical and psychological addiction is crucial to addiction research as well as treatment: opiates and nicotine are associated with physical withdrawal symptoms; cocaine is not. That such physical symptoms are stronger in some settings, and in some cases seemingly absent altogether, simply shows that we still are unable to codify the relation of mind and body: how they interact, as well as how they should be separated conceptually; the latter being a separation far easier to criticize than to do without. Just as certain cases of spontaneous remission among cancer patients do not prove that cancer is solely "in the mind", so it would be imprudent (and downright cruel) to suggest that the pain of heroin withdrawal is simply psychosomatic. In fact, it was only in the context of an extremely deterministic conception of addiction that the slightest deviation from certain patterns could qualify as earth shattering, or even marginally interesting.[699]

Whereas the addiction concept -- a specific perspective focussing directly upon inner experiences of compulsion -- is new, dependency in general terms is not. One tenth century observer, discussing issues relevant to the Muslim world at the time, says the following: "People who live in the tropics or hot climates, especially those in Mecca, get into the habit of taking opium daily to eliminate distress, to relieve the

body from the effects of scorching heat, to secure longer and deeper sleep, and to purge superfluities and excesses of humours. They start with smaller doses which are increased gradually up to lethal doses."[700] This observation shows the continuity of certain physical reactions, even if the language of compulsion was to come later. With respect to tobacco smoking, it was in the early seventeenth century that England's King James remarked that, "many in this kingdom have had such a continual use of taking this unsavoury smoke, they are not now able to resist the same, no more than an old drunkard can abide to be long sober."[701] There is no need here to delve deeply into pharmacological questions, but simply to keep the need for balance in sight at all times. Since the history of addictions is still an embryonic field, there is a strong temptation to make too much of every interesting discovery. One might, for example, point out that many cultures have been able to tame hard liquor whereas others cannot even tame beer. This fact, though revealing, should not be used to blur the distinction between the destructive potentials of each substance. Hard liquor is still harder to tame, and more likely to make trouble. A similar distinction -- that between smoking opium or snorting heroin on the one hand, and injecting heroin on the other -- can also be mediated by social and other factors. This does not, however, negate the pure physical difference.

We can now turn to the body of the fifth and final chapter.

Another Dimension to the Addiction Concept: Opiates and Cocaine

Arguing that critical histories of drug prohibition have failed to distinguish between popular conceptions (and prejudices) on the one hand, and relatively autonomous scientific research on the other, authors such as Arnold Jaffe have been critical of social historians such as Howard Morgan and David Musto.[702] Throughout this study, my own claim has been that science -- at least when it pertains to problematic human behavior such as substance abuse -- has yet to achieve the kind of detachment we have come to expect from "hard" sciences like chemistry and physics. Given that culture-laden beliefs and priorities play a role even before a development is identified as problematic -- many times in our own history, chronic drunkenness was encouraged -- one might question whether addiction studies will ever attain such scientific purity, or simply ask what a "value-free" approach to the human condition would have to offer. That aside, throughout this chapter I will discuss how the development of addiction concepts pertaining to cocaine and opiates were marked by anything but scientific detachment. Further, for better or worse, the ideas developed during the nineteenth and early twentieth centuries remain essentially intact as we enter the twenty-first.

The history of how narcotic addiction came to be identified involves a complex interaction of socio-political, pharmacological and medical developments. Morphine addiction became rampant in the U.S. shortly after the Civil War. As Musto has pointed out, medical practice during the Civil War is an insufficient explanation since many European

countries during the second half of the nineteenth century also fought wars, used morphine as an analgesic, yet experienced nothing close to comparable rates of morphine addiction.[703] As hypodermic addiction was the fastest growing concern in the late nineteenth century, it is worth mentioning that few Civil War doctors had hypodermic equipment which at the time was a new technology.[704] Things were changing quickly, and as late as 1870 many doctors still doubted that morphine was addictive.[705] As late as 1865, addiction by means of injection was not a concern. Throughout the 1860's such injections were, without controversy, suggested as an appropriate cure for opium dependency.[706] It was in 1870 that Thomas Clifford Allbutt publicly identified morphinism as a serious danger, and his views were at first poorly received.[707]

Musto provides the most comprehensive history of the concerns which eventually led to drug prohibition. By the late nineteenth century, patent medicine companies resisted vehemently the growing efforts to have them list their ingredients on labels.[708] Often containing opiates, cocaine or both, such medicines had been in circulation without controversy. Musto sees racist sentiment as, at least in part, responsible for the changing attitude. Chinese began coming to North America at around 1870, settling almost exclusively near the West Coast. Brought in to build railroads, their labor became superfluous during a late-nineteenth century economic depression. They were even seen as competing with white, unionized labor. Popular among these immigrants, the habit of opium smoking gained attention accordingly: mistrust and fear of Asians often culminated in anti-opium sentiment.[709] Cocaine, on the other hand, had become the drug of

choice for many blacks in the South who had been deprived of alcohol due to local prohibitory statutes. Cocaine originally became popular not just as a stimulant, but also as a cure for certain ailments such as sinusitis. It was also used as a cure for addictions to opium, morphine and alcohol. However, at a time marked by lynchings, segregation laws and the disempowerment of blacks in general, "Negroes on cocaine" were said to attack whites, rape whites, and even possess the ability to withstand .32 caliber bullets.[710]

There is no need here to go into queries concerning the extent to which actual use by targeted groups was likely to have been exaggerated. More important is the change in perception: whereas in the 1870's opiate addiction was thought to target the "better elements" of society, by 1900 opiate and cocaine use were primarily associated with racial and cultural minorities as well as the poor.[711] Along the way, though, there was confusion. For a time during the transition, blacks seemed less likely to become opiate addicts -- a lack of susceptibility sometimes attributed to the "fact" that their nervous systems were not as evolved as those of whites and Asians.[712] In fact, the best explanation for this lower susceptibility lay in medical practice: most opiate addiction among whites was medical in origin; as few blacks had access to doctors (or to Asian contacts) this form of addiction was rare among them.[713] The overall rise, and subsequent decline, of opiate addiction among the population as a whole hinged to a large degree on medical practice. Changes in perception affected the behavior of doctors, which in turn affected perceptions of the problem.[714] Whereas many critics of drug prohibition have (with some justification) argued that prohibition turns addicts into criminals, it is

also clear that the transformation of the addict into a criminal was underway before the Harrison Act.[715] Prohibition would have been hard to enact, and impossible to enforce, without this change in perception. As David Courtwright has pointed out in this context: *the way we perceive an addiction will depend largely upon who is addicted.*[716] Throughout the nineteenth century, most opiate addicts were women. Most were middle or upper middle class. Addiction among these elements can best be understood by bearing in mind that medical practice was the main cause. As mentioned, this changed between the 1870s and the turn of the century. According to Courtwright, the transition was complete by around 1940.[717] As fewer and fewer opiate addicts were medical in origin, and as fewer were from respectable segments of society, professionals were more likely to see addiction in terms of psychopathy.[718] Our current associations between drug addiction and criminal mentality are indebted to this transformation.

The use of cocaine as a cure for other addictions can only in part be explained by its novelty and the mystification of the euphoria it could produce. Given that new drugs such as Demerol have been considered for this purpose much more recently, one should bear in mind the state of medicine in the 1870's. Withdrawal symptoms were poorly understood, often confused with other diseases, and then "remedied" by more addictive drugs. To highlight the speed at which perceptions were changing, and how it would be imprudent to make a hard distinction between professional and lay opinion, we can note that by the 1890's the general public had a better grasp of withdrawal than did doctors in the 1870's.[719] The reform movements of the time, considered so far mainly in the context of alcohol, were understandably

prone to extremes and hysteria when targeting the evil of opiate addiction. Despite the difficulties involved in reducing anti-drug reform to any single motive, Musto is able to offer a useful distinction: overall, moral reformers of the time were either concerned with corporate misbehavior or with individual morality.[720] This breakdown, which need not preclude cases of overlap, can address two fears of the time: fear of men with money and power; and fear of derelicts lurking in the shadows or, worse, derelicts who see no reason to hide. This last concern was to play a greater role in reforms surrounding illicit drugs.

The Limits of Racial and Economic Explanations

The flaunting of one's vices (or even the failure to agree that they constitute vice), was raised by Gusfield as a central catalyst for alcohol reform. In times of transition, with values and priorities changing quickly, individuals and groups are often left to feel like strangers in their own communities. In one article, *The Rocky Road To a 'Drug Free Tennessee'*, Jeffrey Clayton Foster applies Gusfield's ideas to events in that state at the turn of the century.[721] Beyond providing a case for not attributing the prohibition of certain drugs solely to racist or economic considerations (without denying their importance) Foster's observations are helpful for one more reason: he makes a case for the need to hide one's vices, crucial to what I have called a "production of secrets" without which a confessional setting would not be possible.

Pointing to confusing developments, such as the changing class and racial composition of the addict population and the Lamarckian belief that opiate addiction can be passed on to one's offspring, Foster claims that traditional explanations for the prohibitive impulse -- those involving either race, economics or both -- are insufficient.[722] Foster does not deny their respective roles but, using Tennessee as an example, argues that other issues were involved. Tennessee enacted legislation on the premise that opiate addiction was a disease rather than a moral failing. Conversely, cocaine was condemned in terms that were strictly moral, and state legislation reflected this. Though blacks were associated with cocaine use, that alone cannot explain the quick adoption of harsh policies.

> Racism permeated this period: it was a time of mass disfranchisement of the black population, and accounts of white vigilantes lynching blacks appeared nearly every day in the major Tennessee papers. Therefore, blacks were likely to be associated with anything considered harmful or threatening. We have seen that the authorities were alarmed by the extent to which the black population used morphine; and in the context of intrastate alcohol prohibition, the 'Drys' repeatedly charged that blacks were inveterate drunkards who, while under the influence of alcohol, debauched white women. But neither of these substances was sanctioned nearly as quickly as cocaine. Moreover, cocaine use was not limited to blacks, as the newspaper articles often refer to its use by 'low class whites,' and the like. Thus, while it is undoubtedly part of the story, racism cannot, on its own, explain why cocaine was treated so completely differently from the opiates by the Tennessee legislature.[723]

As Foster states, his account is not meant to deny the importance of race to the history of drug legislation. Musto's own account certainly does not reduce the issue to race, yet it can lend itself to such a reading. Foster's article helps to moderate some of the cynical impulses which can lead researchers astray. Foster also argues that economic interests, for example of those dispensing pharmaceuticals, may help to explain resistance to opiate regulation and yet fail to explain the lack of resistance to harsh control of cocaine.

> Given the newspaper accounts of the vast quantities of cocaine being sold, presumably Voight and his fellow pharmacists could have made substantial sums of money from the sale of the drug... While economic considerations do help explain the opiates' resistance to regulation, they cannot completely account for the differential treatment of cocaine and opiates by the pharmaceutical interests and by the legislature.[724]

Since professional health care was beyond the means of society's poorer segments, iatrogenic addiction affected mostly those who were middle to upper class, white and native-born. Given the ailments most likely to be treated over long periods with opiates, such as arthritis and rheumatism, most opiate addicts were over thirty years of age.[725] Citizens' petitions protesting any attempts in Tennessee to impose stringent opiate regulation likely came from these quarters, which explains their effectiveness. Foster's speculation on the matter is worthy of attention:

> Because the opiate addiction rate in the United States generally and in the South in particular

> around the turn of the century was at an all-time high, it is very likely that at least a fair number of the petitioners were actually addicted to morphine or some other type of opiate... a great deal of evidence exists which indicates that most addicts were incredibly ashamed of their condition and were fearful of the impairment of their respectability and social status if it should become known.[726]

Any form of regulation that would expose an otherwise respectable addict to the public eye (which in fact was to become the norm) met with resistance. If resistance was able to generate at least some effect, Foster reasons that an alternative perspective on drug regulation would be valuable. In the context of alcohol prohibition, Gusfield had argued that the law served a largely symbolic function. Whether or not a law is enforceable, its enactment serves to vindicate a certain mindset. Anyone openly flouting the related norms is a threat, while those willing to hide when behaving improperly can (to some degree) be tolerated. According to this model, the function of law is at once to limit the excesses of deviant behavior and to educate the public at large on what is and is not acceptable.[727] Tacit compliance, by means of keeping one's vices unseen, is what the dominant culture requires. (Shortly, this chapter will deal with how it also requires -- and makes use of -- confessions from the "unseen" deviants). This model need not preclude the importance of racial and other considerations. In fact, the *"dominant" view is constructed by those who dominate.* Foster's account simply provides an important dimension to our understanding of a complicated process.

> Once this dominant norm is established, the apparent paradox of narcotics regulation in Tennessee becomes explainable. In this analytical framework, the anti-cocaine bill was not enacted because of the dominant culture's fear of "cocainized blacks," or because of the intervention of the organized pharmaceutical interests. Rather, the bill was passed because the dominant culture feared the increasingly 'open and notorious' use of narcotics by *both black and white members of those cultures.*[728]

Though important in its own right, Foster's work helps to strengthen the foundation for a claim I have made already and intend to pursue in this chapter: the confessional culture associated with the addiction concept has hinged upon a pressure to hide certain thoughts and behaviors. *Secrets must be produced before they can be confessed.*

Foster does not claim that his approach is exhaustive, only that a consideration of status related concerns can shed light on otherwise inexplicable inconsistencies in the history of drug legislation. It is far too tempting to focus exclusively on an issue such as race (economic class has a similar appeal). Further, the kind of "micro-sociology" Foster proposes gives conceptual balance to another dimension of drug legislation: American imperialism. While it is unlikely that these internal reform movements would have been successful had they not been useful to American foreign policy at the time, considerations such as those proposed by Foster can assist in incorporating foreign policy concerns without -- once again -- giving in to the temptation of reduction.

International Considerations

The United States developed a more complex interest in the opium question when confronted by the desire to penetrate the Chinese market at the turn of the century. Taking the Philippines away from Spain aggravated the urgency of the need to deal with opium. European powers, along with Japan, had forced access to Chinese markets. America was prevented by these other powers from taking full advantage of the lucrative China trade. With the opium trade being forced upon them, the Chinese understandably were receptive to any discussion of opium's evils. Nationalists in China were more and more inclined to view opium as an unmitigated evil, the habit being perceived both as symbol and cause of China's weakness. America was keen to play on this hatred of opium, thereby undermining other powers (notably England) and at the same time endearing itself to China. Having ousted the Spanish from the Philippines, and then refusing to let the locals govern themselves, America was left with a problem as well as an opportunity: the opportunity lay in American power extending solidly into the Far East; the problem was that America would appear hypocritical if it continued to tolerate the opium abuse rampant in its newly acquired territory. As Musto points out: "Opium provided the Islands' government with an early test of its moral intentions."[729]

America initiated harsh drug control legislation in the Philippines, but still had a need to do the same at home. The latter need was complicated by the presence of Chinese nationals inside the U.S. Poorly paid and brutally abused, Chinese along the West coast suffered such

indignities that across the Pacific, in China, merchants organized an informal embargo of American products. To placate Chinese hostility, America suggested the holding of an international conference involving all concerned nations on ways to help China with its opium problem. The gambit helped America's stature among Chinese officials, at the expense of England and other competitors.[730] In condemning the "immoral" British opium trade, America was able to lead the global push against narcotics abuse. Strong domestic policy therefore became necessary. From an international point of view, such a policy would serve two objectives: first and obvious, America would not be seen as hypocritical; second and just as important, the mistreatment of Chinese nationals in the U.S. could be explained as part of a larger anti-opium effort. Since many Chinese along the West coast used opium, the latter explanation enabled China to save face by pretending to believe that anti-Chinese behavior was not rampant in America. This strange scenario was made possible by hatred of opium in China itself: opium addicts in that country were becoming pariahs as well; mistreatment of anyone associated with opium was therefore acceptable to China.[731]

International politics therefore had an important effect on the way addicts were treated throughout our continent (Canada more or less followed America's lead).[732] Such treatment, in turn, affected the way addiction was understood. Other local developments, such as the anti-alcohol movement, were also key. And the formation of the disease conception of addiction must be seen in this light: our notions of the nature of addiction itself will be affected by the ways in which addicts are perceived; so, as already mentioned, the alleged nature of addiction

will be influenced by who is addicted.[733] As illicit drug use became less acceptable throughout North America, it became increasingly associated with minorities and the underclass.[734] This early twentieth century development contrasts sharply with the situation in the nineteenth century where, for example, few opiate addicts were black. David Courtwright uses this change to underscore an important fact: throughout the nineteenth century, those most prone to opiate addiction were "prone" not because of personality or biological predisposition, but because of their access to medical practice and whether or not their illnesses warranted treatment with opiates according to the medical wisdom of the time.[735] Nineteenth century opiate addicts were mostly women, middle and upper class, and medical in origin. As Courtwright points out, by 1940 the addict population had changed considerably.[736] It was in the context of this transition that addiction could more easily be associated with a pre-existent "psychopathic personality." As a larger segment of the addict population comprised the marginalized and the rebellious, associations between an opiate habit and a certain mentality -- which would have been laughable in many circles throughout the nineteenth century -- were able to achieve some medical respectability. The psychopath made a good addict. Possessing reason but lacking the capacity for moral conduct, psychopaths were essentially persons who could not control their behavior.[737]

These international considerations, along with a host of domestic issues, converged upon opiates and created a setting amenable to an addiction concept that is still with us. I will now turn to the concept itself.

The Development of an Opiate Addiction Concept

Any "constructed" dimension of the phenomenon of addiction must be seen in connection to the roles played by addicts themselves. Courtwright mentions one reason, beyond the physical considerations, for the addictive potential of direct morphine administration by physicians. Such administration,

> was more likely to lead to addiction than disguised consumption in the form of a patent medicine. This inference may seem counterintuitive; morphine by any other name is still morphine. The difference is that the farmer who nursed a bottle of Scotch Oats Essence was blissfully unaware of its habit-forming potential; if physical dependence occurred and withdrawal symptoms ensued, he might still have escaped addiction by attributing his sickness to something other than discontinuation of the medicine. If, on the other hand, he, like most doctors' patients, discovered that he had become dependent on morphine and that he could forestall withdrawal symptoms simply be consuming more of the drug, then he was almost sure to become addicted. Hence the very secrecy that surrounded the nostrum served in some instances to prevent addiction to it.[738]

Here we have an ironic twist to the notion of addiction as a social construct: granting that physical addiction is a concrete fact, awareness of its existence can in many cases be conducive to more addiction. The role of suggestion should never be underestimated when studying behavioral disorders. One need not deny certain physical constants in order to understand how their roles may be negotiated by

psychosocial determinants. The development of the addiction concept involved not just "external" labels being placed upon addicts, but also "internalization" -- which is to say a great deal of cooperation on the part of the targeted population. As the nature of opiate dependence was, simultaneously, being discovered and constructed in the nineteenth and early twentieth centuries, there was an innocence among researchers and other concerned persons which can almost be "heard" through the lines of older texts:

> the conviction began to force itself upon my notice, that injections of morphia, though free from the ordinary evils of opium-eating, might, nevertheless, create the same artificial want and gain credit for assuaging a restlessness and depression of which it was itself the cause...[739]

The phrasing indicates a lack of readily accessible terminology associated with the symptoms of withdrawal. The terminology had begun to form, but the author does not use it. Instead we get the more straightforward construction: "of which it was itself the cause". As doctors and patients, addicts and the general population, were developing a notion of addiction, the alcohol dependency model was already present. Musto mentions that syphilis was also present as a "vice-disease easily acquired, progressively damaging, and difficult to cure."[740] Other aspects of the nineteenth century mindset were also preparing, if nothing else, the possibility of a strong addiction concept. Before dealing with that, it would be prudent to study -- for the sake of example - one of the pivotal texts on opiate addiction along with its conceptual debt to alcohol abuse.

Edward Levenstein's *Morbid Craving for Morphia* first appeared in English in 1878.[741] As the title suggests, Levenstein is concerned with the craving itself rather than any related complications. In fact, even mental disorders are identified as effects rather than as causes of morphia addiction. Not only does Levenstein identify the craving in ways that later researchers would call "primary" in its disease status (as was already being done with alcohol addiction), he also draws upon our culture's long experience with the effects of alcohol:

> The injections of morphia not only relieve sleeplessness and pain, but their action induces a change in the entire system. It produces a state of mental excitement that can only be compared to that produced by alcohol. The temper is altered; depressed persons will become lively; to the fainting person it imparts strength; to the weakly it restores energy; the taciturn become eloquent; shy persons lose their bashfulness...[742]

It was standard practice at the time to compare morphine to alcohol rather than to its kindred, opium. Just as the chemical connection between beer and hard liquor had not always been evident, so Levenstein was free to make associations as they appeared (perhaps intuitively) most sensible. Once dependency had set in, "they resort to morphia as the drunkard to the dram bottle."[743] Like liquor, morphia can play the devil's role, offering its victims exactly what they need. Similar to "dipsomania" in many respects, morphine addiction is also different in that there are no glaring physical symptoms and no impairment of the intellect.[744] Of greater interest right here, is the way Levenstein devotes an entire section of his book to comparing

morphine withdrawal to alcoholic delirium tremens, not to opium withdrawal which was well known at the time and, for obvious reasons, more similar. Delirium tremens as caused by morphine withdrawal (for Levenstein this was not simply an analogy) can involve: changes in the conditions of the pupils, "severe collapse", "disordered speech" and "double vision".[745] The parallels drawn become more involved when Levenstein addresses what today is called "denial". On questions concerning impotence, it would of course be unwise to trust a morphine addict's responses since even healthy persons will lie about this topic. However, addicts are said to be especially dishonest on all matters pertaining to themselves.[746] Yet Levenstein had also discussed how the same addicts can still be functioning, and even virtuous, citizens.[747] Bearing in mind that we are tracing the development of a "disease" which, as I have argued, has been defined in the modern fashion by its self-contained (inner) teleology, it is helpful to note how Levenstein treats the mental aspects of the disease as *extremely self-referential:* addicts who may retain enough virtue, say, not to bear false witness against others would still be prone to lying about their own misdeeds; further, the likelihood of lying increases with questions regarding the addiction itself such as the amount one uses.[748] The denial phenomenon is *primarily about addiction:* an addicted thief will, if there is some honesty remaining, supposedly be *less likely to lie about a theft than about the drug use itself.* Self-contained and possessing its own etiology, this disease has a function (denial) which directly targets the disease itself. We are left with a very "private" disease, due as well to the emerging culture of privacy and to the fact that addicts were more prone to lie about use once such use became

unacceptable. Nonetheless, the self-referential nature of the phenomenon of denial is beginning to be seen (and perhaps in reality to form) in an addiction-specific fashion. Again, we need not attribute these mental traits solely to context, but it should be clear that things were changing in ways that eventually led to a situation where (today) many consider the phenomenon of denial to be linked to the habit itself irrespective of context.

Levenstein's text is useful on another point as well: Levenstein puts into context his own views on abstinence and immediate cessation of use. This was a time when modern medicine, with its emphasis on drastic measures such as surgery, was just gaining ascendancy:

> The human organization, as we know from surgery, midwifery, etc., will, in general, submit more easily to sudden and energetic treatment, even when acting powerfully, than to a milder influence. The gradual deprivation, requiring a long time, excites the physical and moral powers to a greater extent, because every dose smaller than the previous day's quantity will produce new symptoms of reaction.[749]

There is no need to deny Levenstein's sincerity, as the above quotation gives plausible reasons for immediate withdrawal; and Levenstein follows with other reasons which, to this day, are still valid (though contentious). What Levenstein has to say on the drawbacks of gradual withdrawal is less interesting than the results of these drawbacks: "they [patients] lose confidence in themselves and in their doctor, whose full and absolute authority is indispensable for the successful treatment of abstinence."[750] Important to mad doctors (as

discussed in chapters one and four), the idea of any doctor having absolute authority over a patient was still controversial.[751] Here it would be appropriate to explore the new "addicts" of the time who, unlike those of the early nineteenth century, were thought by many to require such discipline. As mentioned, the development need not be seen as merely an external imposition upon addicts by the authorities of the day. Addicts played along, and their own confessions were complicit in the creation of the identities of addicts to come.

Opiate Addiction: Confession of Hidden Identities

Published in 1881, *The Morphine Eater, or From Bondage to Freedom,* provides confessions by addicts along with a claim that these stories are an accurate description of the addict's plight.[752] Sympathetic to opiate abusers, the book is filled with statements such as the following: "Were I to continue writing both day and night for a week I could not then fully relate the unutterable torments I have gone through."[753] In this anonymous confession the plea for sympathy and understanding among respectable folk is evident: "To a man of a once proud spirit this is intensely galling."[754] There is, in fact, little reason for others to despise him: "I have acquired as profound contempt for myself, and believe *I really do despise* myself more thoroughly, (if possible), than anybody else does."[755] And yet, "One in my condition gets little sympathy. Men say, 'he ought to stop,' &c., as though he *could* stop of his own volition, and regard him more as an offender against society, than as a helpless victim, bound hand and foot with

bands of iron. I have born the most unfair comments and insinuations from people utterly incapable of comprehending for one second the smallest part of my suffering..."[756] Now, for the clarification of historical developments, this addict's following complaint is noteworthy: "Why do not the temperance lecturers now so numerous and 'eloquent' pass now and then from their vivid pictures of the horrors of alcohol, to speak of the more deadly, because more secret, monsters of opium and chloral?"[757]

It was indeed still a "secret" to many, and this secrecy served to conjure intrigue along with hysteria. The second and third chapters of this study addressed the hostility towards, and the mystification of, alcohol abuse. With newer drugs, a lack of understanding made possible a more earnest attempt at finding the Devil himself behind addiction. One need not deny the tragedy of this last addict's situation in order to note his attempt to garner sympathy and his willingness to attack the drug in order to achieve that end. This way, any addict could play a crucial role in the creation of the stereotypical addict -- conniving and pathetic -- in the very attempt to vindicate himself. Cooperation between mythmakers and the very targets of the derisive myths is an essential part of the formation of the disease of addiction. Along these lines, another confession from the same text merits attention:

> I had been a user of opium about eight months when I first began to realize a mental change in myself -- a new moral viewpoint, so to speak. I handled a story of the arrest of a criminal with real regret, while the news of a clever crime with the perpetrators safely at liberty was a personal gratification.[758]

The addict, of course, is informing the reader about his inner delinquent -- the *secondary identity* which I have argued is key to the modern understanding of deviant behaviors. This man, a journalist, even describes how he got to the bottom of a mystery involving a criminal's whereabouts. As an opium user, he now possessed the mind of a criminal. Working on the story (with his newfound ability), he put himself in the fugitive's place. "The answer came to me like a flash. I roused my lethargic body with a sudden start. *I knew where that criminal would hide.*"[759] The journalist tracked down the individual in order to get a story, and was able to further astound the criminal by informing him of his own plans: " 'Man!' he cried. 'Are you a mind reader? First you locate me here, then you tell me word for word the exact idea I had in mind.' "[760] The criminal was then able to guess that the journalist must have been an opium smoker, for no one else could think this way. The soul of the addict, along with certain latent tendencies, is central to the idea. The theme of latency, the mysterious "potential" which can (or must) exist despite the absence of empirical validation, is one of the crucial aspects of addiction-as-disease. The same journalist continues his confession:

> I do not believe that any man, no matter what his previous character may have been, can use opium continuously and not have the *impulse* to be crooked. He may not be crooked, he may lack the nerve or necessity to steal, but the impulse will be there.[761]

The confessional culture surrounding deviant behaviors was discussed more thoroughly in the last chapter. A process requiring no

conspirators in the corridors of power, the internalization and subsequent confession of delinquent identities has had undeniable effects on the formation of psycho-behavioral theories which have been built around the addiction concept. Whereas some readers might question the extent to which the confessions cited above are exemplary, those familiar with twelve step fellowships (either as participants or observers) or other types of group therapy would be less skeptical: such glaring statements may not dominate, but neither are they rare. The confessional culture which first came to prominence with the Washingtonian movement is still healthy, and growing.

Changing Medical and Scientific Perceptions

Rooted in changing realities, changing collective mindsets need not be as baffling as some may presume. And despite sincerity and commitment to scientific autonomy, medical and scientific perceptions rarely operate outside of cultural trends. This is especially so with any inquiry into psycho-behavioral issues. From the start, this study has attempted to highlight the contingency inherent to any science of addiction. Targeting a so-called "disease of the will", the addiction concept will confound scientific endeavors at the very outset simply because even the definitions of will and disease are culture-bound. Further, this chapter has drawn attention to the many determinants which helped to shape the (sometimes comical) negative perceptions of the drug-addicted individual.

Charles B. Towns, a great popularizer of such attitudes who achieved fame in the early twentieth century with an alleged cure for opiate addiction, refers to the "amazing cunning" the habit inevitably produces.[762] It is in this context, for example, that the idea of "complete control" over the patient must be understood. Medical authority made use of -- and for the sake of sympathy and redemption was used by -- addicts. We need not seek for conscious conspirators, even though undoubtedly such persons could be found. What must be identified is how the conspiratorial dimension was unnecessary; we must demystify the seemingly elusive notion of a "strategy" free of deliberate agency. With addicts, professionals and moralizers all making similar exaggerations (or downright falsehoods) -- with different segments saying the same thing, each with different motives -- the weight of evidence could grow, vindicating each player's belief in his or her own sincerity. Now, it was in this context that an honest thinker such as Levenstein could advocate for total control over a patient. A struggle for professional authority need not be traced back to reprehensible motives, any more than a struggle for equity need be rooted in good ones. Levenstein seems to be searching for the best solutions to what he perceives as a great evil, and has an ambiguous relation to his own professional -- and male -- authority: "During the first four or five days of abstinence, the patient must be constantly watched by two female nurses. Male attendants are of no use in cases of morbid craving for morphia, as they are generally more accessible to bribing, and are less to be relied upon and less capable of self-sacrifice. They are, however, wanted for the coarser manipulations, for attending to the bath of male patients, and may then be admitted

under supervision."[763] Though by no means a renunciation of power, I would suggest to the reader that this statement shows Levenstein sincerely searching (within the framework of his own preconceptions) for the best possible solutions. As we turn to the development of disease notions and their relation to the addiction phenomenon, it will be doubly important to find a reasonable balance between cynicism and progressivist optimism.

To begin, the meaning of "disease" has not remained static even throughout the twentieth century. Whereas in contemporary North America addiction is often identified as a disease by means of terms and concepts resembling those of psychoanalysis -- denial, obsession, etc., -- in the early twentieth century addiction as disease owed more to medical advances such as those in immunology.[764] Psychoanalysis actually provided a model distinct from that of disease in the proper sense of the term. Although the struggles over ownership of the very notion of disease have been explored throughout this study, they still have not been explicated properly, and I intend to address them only as they pertain to addiction. Our North American disease concept of addiction evolved in its own way whereas in other countries -- England, for example -- different disease models have operated. In any case, Musto himself quotes a 1920 AMA report which employs psychoanalytic language to describe addiction, and even refers to it as a "fetish". "Teach this otherwise normal drug addict to irradiate and sublimate this libido which he is so wantonly wasting on the fetish of drug addiction."[765] One might find confusing the idea that the hypothetical addict is "otherwise normal", but this is merely one type of addict addressed in the text. Of significance is that the very traits

used to invoke the term "disease" today are used, earlier this century, to propose a nondisease option. Further, this very option is pure addiction without other qualifiers. Addiction, in itself, was anything but a disease to the AMA in 1920. One might even claim that, at least according to the AMA, addiction possessed a special "nondisease" status. This text merits some attention:

> regressive tendencies, if yielded to, mean disaster to the very soul... Psychoanalysis as a form of mental therapy undertakes the reclamation of this unexplored part of the ego. And here is the greatest hope for the salvation of the otherwise normal person whose will is not strong enough to shake off the drug habit.
>
> If, under psychoanalysis, the "sore spot" in the individual subconscious mind is discovered and a process of reeducation begun, the theory holds that there will be released an increased energy. And the reclamation of this 'normal' addict will depend on the power he will have, under guidance, to direct this libido into higher thought and emotional levels.[766]

If this seems less than promising, one might bear in mind that Freud himself considered psychoanalysis ineffective in dealing with addiction. Of interest here is the very level of confusion which, in my view, is well exemplified by the "solution" proposed above. Earlier, the same text states: "We shall undertake to point out in this report that drug addiction in the sense in which we normally use the word at the present time is a modern problem; that for certain reasons connected in part with commerce and the spread of civilization it is widespread; and because of the growth of cities and their close association, as well as because of the ease of communication, there is a grave danger of the

rapid increase of the drug habit..."[767] There is awareness here of the socially contingent nature of the addiction concept, and there is little reason to be disrespectful of doctors who (with less information at their disposal) were no more confused by the topic than we are today. Let us now explore this confusion as it stood in the early twentieth century.

Addiction: a standard for all psycho-behavioral disorders

From the outset, this study has treated concepts such as latency and repression as pertinent to addiction-as-disease and to modern deviancy in general. The latter often involves secondary, hidden identities that have been marked by the ways in which they undermine an individual's ability to make choices. It is with the addiction concept that modernity has homed in on the essential, rendering the details of one's misbehavior largely irrelevant. Further, as Room has noted, despite a host of causal explanations for addictive behavior all discussions must inevitably fall back on concepts such as "craving" for a drug in question. The latter, of course, can only identify the condition rather than explain it.[768] The evolution of the addiction concept over the last one hundred years provides one key lesson: little has changed.

One constant in the addiction concept is that of compulsion. Without this, at least as a latent tendency (potential, predisposition, etc.), the notion would be empty. Morgan discusses how, by the late nineteenth century, all the pieces of the current puzzle were present:

> Specialists oriented toward physiology proposed that opiates, and alcohol, somehow altered nervous tissue in the brain and spinal cord to create what appeared to be a compulsion to use certain substances whose effects counteract these changes and seemed to the user to restore normality and a sense of well being. Other thinkers refined hereditarian ideas and saw addiction as rooted in poor physical endowment or in inherited tendencies. Still others held that if drug use began accidentally from experimentation it became a compulsion grounded in psychological and physiological change. It was thus a disease rather than a mere vice...[769]

Despite differing scientific explanations, the presence of compulsion was already becoming sufficient to warrant a disease label. Despite the need for explanations, the mere fact that each theory could vindicate a disease model shows the irrelevance of how compulsion is explained. As is common today, the disease status of addiction was often vindicated by claims that the behavior was symptomatic of other problems (biological, psychological, etc.).[770] Even though addiction had to have this "double" role, as both symptom and source of debility, it mattered little what the behavior was symptomatic of -- compulsion was a disease, *as long as it could be identified as a symptom of something.* By the 1920s, therefore, the "disease" could incorporate other dimensions without losing its identity as disease: psychology could embellish biology; and even sociology could be used to explain the origins of the "symptom" of compulsion. Earlier, I mentioned a "nondisease" addiction model prevalent at the time. Here we were dealing with iatrogenic addiction and, above all, the type of addiction that was not considered caused by something else: it was not a

symptom of anything; no excavation for the secondary identity was warranted; hence there was no disease.

The objections of critics like Jaffe notwithstanding, and regardless of whether one approves or disapproves of this modern method, the need to identify such absolutely solid (yet at the same time elusive) inner identities underneath problematic actions is culturally specific. As late as the eighteenth century, even etiology was controversial. And a hard distinction between "disease proper" and symptoms, though understood, was not a prerequisite since diseases themselves were not always identified with the same precision. Today, symptomatology is necessary to understanding addiction as disease even though, unlike with diseases such as chicken pox, addiction does not readily lend itself to clear distinctions between symptoms and disease states. Addiction, in fact, plays a double role: it seems to be both symptom and disease, leaving us with a need to separate and at the same time to blend the concepts of symptom and disease entity. The endeavor represents one potential paradigm, and science could in another context function with another paradigm. When, for example, a pioneer such as Kerr could state with confidence that inebriety could be detected prior to any act of drunkenness, we have before us a highly specific, socially contingent conception of what the nature of a science of human behavior ought to be.[771] Latency, hidden identities, even the tendency to lie -- these are all crucial components of the "sciences" built around the addiction concept.

The late nineteenth century notion of "inebriety", applying to opiates as well as alcohol, served the needs of this conceptual journey (though this was certainly not its only function). Often using similar physical

explanations for the effects of substances which acted in different ways on the body, the study of inebriety held particular importance for the conceptual transitions marking the turn of the century. Nineteenth century psychosocial ideas -- notably degeneration and neurasthenia -- made possible a movement surrounding the notion of inebriety.[772] Degeneration was thought to involve a combination of environmental and hereditary influences, leading to more acute deterioration with each generation: "The first generation of an affected family might be nervous, the second neurotic, the third psychotic, the fourth idiotic, and so forth unto extinction."[773] Opium and alcohol were among the potential triggers for the alleged genetic potentiality. Neurasthenia, simply a weakness of the nerves, was thought to cause innumerable problems both physical and psychological. Anyone overtaxing his mind or living at too quick a pace was at risk and hence susceptible to substance addiction.[774] Courtwright focuses on an important aspect of this discussion:

> Thomas Crothers, editor of the *Quarterly Journal of Inebreity*... in his influential 1902 treatise, *Morphinism and Narcomanias from other Drugs,* argued that those who took morphine to relieve pain received a pathological impression, the intensity and permanency of which varied with the individual. If the patient had an inherited or neurotic tendency or predisposition to seek relief from every pain and discomfort or if he suffered from neurasthenia or some other nervous ailment, the pathologic impression was likely to be 'more or less permanent,' and repeated administration would intensify the impression into a morbid craving. Once the morbid craving or addiction was established, succeeding generations were especially vulnerable to inebreity.[775]

Inebriety was a disease mostly of the middle and upper classes. It was said to affect those with delicate constitutions and those most subject to the stresses of modernity. "Blacks, on the other hand, had a low incidence of addiction because they lacked the 'delicate nervous organization' of whites."[776] We might recall that cocaine addiction was in some quarters denied disease status partly because of its association with blacks (lack of physical withdrawal was also a factor). Though this line of thinking was highly influential until about 1915, it was on the wane. The attempts to paint a somewhat benign picture of opiate addiction became less frequent as it came to target segments poorly represented among those responsible for its explication. To be sure, there was continuity amid the changes. A "pathological impression" had already been identified, so the shift to addicts identified with "psychopathic" tendencies did not seem overly radical. This was, however, a huge change in thinking. Further, it served as a catch-all to identify the more repugnant social strata. The delicacy and precision (or at least the attempts at precision) aimed at a more respectable addict population were no longer required:

> The term *psychopathic personality* was distressingly vague (one authority has called it a' psychiatric wastebasket') but some attempts were made to winnow out its essential elements. During the early twentieth century a German term, *psychopathische Personlichkeit*, was grafted to an older English concept called *moral insanity*. This phrase, coined by the Bristol physician James C. Prichard in 1835, described a state in which the moral faculty alone was disrupted or atrophied, the affected person retaining his reason but not the

> capacity to conduct himself 'with decency and propriety in the business of life.' Serious criminal acts, such as theft, sexual perversion, or murder, might be committed with blithe indifference, even though the morally insane or psychopathic patient was perfectly cognizant of the codes he was transgressing... The psychopath, though not overtly insane, was thus a stubborn and wholly irresponsible individual, completely unaffected by accepted moral and legal standards. The nonmedical opiate addict qualified on every count.[777]

Not only was science guided by the modern propensity for inner identities, scientific descriptions of the nature of these identities were also contingent upon socio-political changes. Further, the addiction concept helped to marginalize the details surrounding someone's deviancy: addicts were out of control simply because they were out of control. As the worst of all delinquents, or perhaps the ideal typical delinquent, the psychopath had this trait: everything was intact save for the capacity to impose morality upon one's behavior. In the early twentieth century, addicts were being transformed into prototypes for mental disorder of the worst kind. Inebriety had presented a more benign conception of addiction, that of good people gone bad. But "the psychopathic addict was someone whose moral sense was hopelessly perverted in the first place, and whose rapid descent to addiction was unchecked by the slightest ethical compunction."[778]

Commotion surrounding the nature of addiction can be attributed to a host of influences: race, class, ethnicity, industrialization, international politics, professional aspirations of doctors, the fear of unscrupulous doctors, the overall shock associated with a fast

changing world, etc. We should recall as well that the demonization of opiates and cocaine was linked to that of alcohol. The latter entailed a Temperance movement wherein the concerns of women were paramount. It is arguable that the "removal" of any one of the above determinants could be sufficient to cause the entire edifice -- the product of which being addiction as we have come to see it -- to collapse. Emotions were running high, and scientific developments must be understood accordingly. For example, the North American debate over the disease status of addiction "was so intense that disproval in 1920 of the antibody theory, the favoured hypothesis of addiction disease advocates, was taken to mean that addiction and the withdrawal phenomenon had no organic basis at all."[779] In times of confusion and struggle, the temptation to think in absolutes is strong. This legacy, to some extent, is still with us. To this day, North Americans tend to view addiction in hard, deterministic terms with abstinence as the only solution. I would suggest that the confusion and intensity created a model which, aside from the appeal it has had for demagogues and opportunists of every stripe to this day, has had the added advantage of being commensurate with the mindset of many addicts themselves: ideas about addiction born in a confusing time of struggle appealed (and continue to appeal) to persons in despair, bottoming out and looking for clear answers. I have already attempted to show earlier examples of the complicity between the demonizers and the demons themselves -- these "demons" are easily tempted by the same rhetoric which has (however ironically) been conducive to their demonization.

Opiate Addiction in England

The situation in Britain was similar, but with just enough differences to facilitate some useful comparisons. As in North America, the Temperance movement in Britain held that alcohol was innately addictive. This position, essential to the nineteenth century disease conception, was subsequently applied to opiates. It was only later that a more current disease model, wherein only some were thought to be susceptible to alcoholism, emerged. It is ironic that the idea of a substance being addictive to everyone regardless of psycho-social or biological variables, despite all evidence to the contrary, has managed to retain at least some currency with respect to opiates -- the irony lies in the fact that the notion was borrowed from ideas about alcohol that have since been dispelled.

Dolores Peters, tracing the disease conception of opiate addiction as it evolved in Britain, puts more stock in the importance of pharmacology than most North American social commentators. Nonetheless, we can speak (as Peters does) of an Anglo-American history of addiction. Peters points out that until the "last quarter of the nineteenth century... cultural practice did not distinguish between what was acceptable use and what was not."[780] Also, as in North America, ideas about opiate addiction were dependent on the theory of inebriety. As Peters understands it, the disease model hinged upon a belief in physiological changes caused by substance abuse and represented an "interim stage" between inebriety and more current pharmacological theories of addiction.[781] Throughout the nineteenth

century, advances were made in the understanding of opium's composition. Nonetheless "chemical analysis of opium did not in the nineteenth century lead to an appreciation of the significance of physical dependence. Knowledge of opium's chemical composition did not lead medical men to accept any interchangeability of the forms of opium."[782] Without this notion, response to nonmedical opiate use focused on the drug's toxicity rather than on the practice itself."[783] According to Peters, the lack of a coherent notion of dependence entailed hesitancy in many sectors over legislative controls:

> The Pharmacological Society's reluctance to support legislation that conflicted with the logic of popular opiate use reflected the more general dilemma of the period: in the absence of a notion of physical dependence, no reliable distinction could be drawn between the quasi-medical use of opiates and habitual use that was no longer determined by its original medical excuse. Furthermore, there was no explicit or widely accepted basis for defining the nature of habituation beyond its component element of mere habit.[784]

In such an intellectual climate opium abuse was simply compared to that of alcohol, with nonmedical commentators emphasizing the subversion of will power.[785] As in North America, the morphine habit led to newer concerns as it affected the "better classes of society."[786] The transition from inebriety to a disease model involved renouncing the need to identify the physical cause. It was enough, based on behavioral evidence, to know that such a cause must be present.[787] So, to whatever extent the disease model took hold, the double role of addiction as both disease and symptom came into play. It was

speculated that, "The innutrition or malnutrition of cerebral nerve tissue caused by repeated doses of opium led to an impairment of the inhibitory process located in the brain and higher nerve centers."[788] The object being the "inhibitory process", the physical dimensions of the inebriety concept were being relegated to secondary status. As Peters points out: "In sliding so smoothly from the physical to the moral, Anstie (and, by virtue of his emphasis, Kerr to a lesser extent) illustrates the ease with which the disease model could in later years be characterized somewhat condescendingly as a 'hybrid disease of the will concept.' "[789] As I have argued throughout this study, a key to modern disease notions of behavior is simply that the behavior *must be symptomatic;* it matters little whether the symptom's cause or causes can be identified, but the method of inquiry must involve symptomatology.

Wanting to borrow the same ideas which had already served to vilify alcohol abuse, British antiopiumists adopted the disease model of the time. With this model, evidence for physical changes such as those caused by chronic drinking would have been helpful. Still, with a disease model which denied the possibility of moderation for all persons, the most important aspect of the antiopiumist case was the alleged impossibility of moderate use.[790] Until around World War I, alcohol abuse was generally considered worse than opium abuse, so the need for a strong addictive argument was crucial. Yet in Britain, as in North America, the physical arguments eventually fell by the wayside in exchange for a purer "disease of the will" concept. This concept was to take hold, in the early-to-middle twentieth century, almost exclusively

in North America. Shortly before and after the World War One, however, the British went much the same way as we did:

> If one wished to retain for addiction the designation of disease, cautioned Collins, then disease was to be used in a very special sense, to connote a *'disease of the will* -- if one may couple terms at the opposite poles of the material and the volitional -- and assuredly a disease in which the individual possessed has in many instances a most essential co-operative influence in his own worsement or betterment.'[791]

In Britain, this disease model gave way to more sophisticated pharmacological and psycho-social explanations (though it did not go away altogether). In North America, despite an abundance of fine research, the model has survived through a plethora of Twelve Step movements and treatment practices. The remainder of this chapter will be an attempt to encapsulate the origins of this North American phenomenon, first with regard to illicit drugs and then to addiction in general.

Addiction: the evolution of an idea

When in the nineteenth century opiate addiction was identified as a problem in its own right, one could treat or even detain addicts without reference to problems the habit may cause -- the habit itself had been identified as a problem. Still, the very notion of disease was ambiguous. A problem with cocaine, though clearly a mark of volitional deficiency,

was for the longest time not considered a disease due (in part) to an absence of physical withdrawal.[792] Further, the identification of addiction as disease rather than moral defect did not eliminate condemnatory language. Persons addicted by physicians, through no fault of their own, could be absolved with a designation such as "involuntary fiends".[793] The rise of "psychopathic personality" as an explanatory construct, though not a nineteenth century phenomenon, could still be viewed as a development consistent with a post-abolition setting wherein nothing could be more degrading than "slavery" to drugs.[794] Given the poor cure rates involved with drug addiction, this marginalization was bolstered by the fact that physicians tended to shun addicts wanting treatment for fear of being associated with failure. The still uncertain state of the attitudes towards opiates is perhaps best illustrated by how, as late as WW1, heroin addiction was often compared to alcohol abuse rather than the abuse of other opiates (even morphine which possessed many identical attributes).[795] Only much later did it become common (as it is today) to compare drunkards to drug abusers for the sake of applying a strong addiction concept to alcoholism.

It was in a context with alcohol providing the definitive model (exemplified by how in the late nineteenth century one of the first allegedly successful cures for opiate addiction had to borrow heavily from the methods of Temperance organizations) that the prohibitory legislation of the early twentieth century evolved.[796] Again, history was moving quickly and its course was to affect the way addiction would come to be perceived. With the success of Bolshevism in Russia and the formation of the Soviet Union, the 1920's witnessed a Red Scare

which made addiction maintenance even less acceptable than it had been. Addiction had already been considered a drag on the war effort, and now the same conspiratorial thinking that had played a role in the nineteenth century response to substance abuse was back -- stronger than ever-- and focussed upon associations between socialism or communism and drug abuse.[797] Drug and alcohol prohibition were enacted amidst a firm belief that substance abuse problems (especially of alcohol and cocaine) were on the rise.[798] In fact, they were in decline.[799] With professional and lay opinion centered on an illusory prevalence of opiate and cocaine abuse, the fear that alcohol prohibition would increase these difficulties was met by stronger measures against maintenance and other displays of tolerance.[800] Reduction of the drug supply quickly became the favored solution.[801]

Overall, there was some frustration over the curability of addicts. Political confusion along with the push for alcohol prohibition had also rendered the disease conception of addiction less respectable than it had been. The alleged presence, for example, of certain antibodies in the systems of opiate addicts could not be proven. This allegation, along with other arguments in favor of long term maintenance, was losing credibility.[802] Perhaps the only aspect of the disease model of the time which did become popular was the notion that use of opiates or alcohol could never be truly "moderate", with any controlled use being perceived as abuse or as the first step toward it. Further, in this moralistic climate scientific advances fell in line with (or arguably were used to serve) the interests and perceptions of the medical profession. By the end of WW1, the germ theory of disease had led to many cures which rendered the indiscriminate use of opiates useless

as well as unprofessional.[803] Medicine was quick to dissociate itself from a practice which had caused it a great deal of trouble. With a reduced incentive to overuse opiates, combined with disillusionment over the curability of addicts as well as a desire to distance themselves from addiction, medical professionals were inclined to go with the tide and support prohibition as a superior solution to addiction than treatment. In this political climate, politicians and the public had lost faith in medical approaches to deviancy in general.[804] The socio-political climate which had initiated the medicalization of every conceivable vice was (we can say with hindsight) not dead but, at least, in suspension. Unmediated punishment had again become the preferred solution. Yet all the components of the current disease model had already been advanced, and in North America the model -- with its emphasis on a seemingly mysterious weakness of the will which could lay hidden within an individual in a state of pure latency even for decades - was to prevail. This is the secondary, inner identity which has been described throughout this study, a logical puzzle with a propensity to hide and an ominous tool for that purpose: this hidden, secondary identity has been said (by scientists and lay observers alike) to induce denial -- the suppression of its existence within the addicted subject's mind. Regardless of whether one sympathizes with this view of addiction, it is hard to escape the uniqueness of the social and intellectual setting which made the formulation so successful.

Conclusion

This study has traced the development of the addiction concept, notably the disease conception, in relation to social, political and intellectual developments pertaining to deviancy in general. I have argued that, despite many changes and new discoveries, the essentials of the current addiction concept were formulated by the beginning of the nineteenth century. Some might consider the claim too sweeping, or perhaps out of step with newer advances in addiction research. This is in part why the views of current authorities were explored in the introduction. The similarities between the views of contemporary researchers such as Flavin and Morse on the one hand, and late eighteenth century figures such as Rush and Trotter are, I believe, difficult to deny. Even if we view the parallels as simply a reflection of objective truth, the fact remains that chronic substance abuse was not always understood in this manner: for thousands of years it was perceived differently. For one thing, observers of a drunkard might have been disgusted but rarely were they perplexed: only with the advent of modernity -- and the strongest emphasis on free will the West had ever seen -- did such sinful behavior become so baffling as to warrant intense, learned scrutiny. This resulted in an unprecedented confrontation with some puzzling aspects of human behavior.

As Room has pointed out, one constant to all variations of the addiction concept is mystery: "The addiction concept is, then, a term used to describe what is perceived and defined as a mystery: the

mystery of the drinker or drug user continuing to use despite what is seen as the harm... resulting from use."[805] In short, addiction studies involve questions concerning why persons (apparently rational in other respects) do things that seem to make absolutely no sense. Modern science has taken this task upon itself, and I have made my own biases clear: such questions, at least foreseeably, are not likely to be reducible to units of knowledge that would meet proper scientific criteria. This is not meant to deny that, through trial and error, treatment methods may some day prove far superior to those of the present (though, even on this point, experience should prompt us to caution). What I do deny is that, for example, a term such as "craving" could ever explain the addiction experience. To say that a person wants drugs because he or she "craves" them offers little by way of explanation. Here, we have taken a mysterious phenomenon and addressed it by pushing the mystery farther away. Drawing on Foucault, I have argued that this process has governed other sciences of human behavior by means of a culturally specific conceptual journey and is therefore pertinent to our contemporary mindset: the paradoxes associated with the addiction concept reflect those which haunt a much larger, human-scientific endeavor. The addiction concept can be said to represent the purest example of this endeavor: homing right in, as it does, on volitional deficiency, addiction provides a model that can subsume (and in some circles already has subsumed) all psychological or behavioral ailments simply by focussing on how subjects are in some respects "out of control".

Here and now addiction is still a mystery: relatively recent explanatory discoveries have consistently been asserted with

confidence similar to those of the nineteenth and early twentieth centuries only to be undermined by newer evidence. For example, up until very recently dopamine had been considered the prime active agent within the human body for the onset of cocaine addiction. A measure of consensus as to the centrality of dopamine seemed, to a social historian like myself, simply a newer version of the scientific journey described in this study. So, unlike many researchers in the field, I was not at all surprised to learn that newer knowledge is now undermining the dopamine hypothesis. First, it would appear that dopamine is simply one factor among many and certainly not the central agent as it has been hailed; second, it might not even be a necessary link in the chain: "Likewise, the rewarding effects of cocaine do not require dopamine; mice lacking the gene for the dopamine transporter, a major target of cocaine, will self-administer cocaine."[806]

Such a discovery need not be taken as disproving altogether the role dopamine might play in a cocaine abuser's behavior. It does, however, bring home the fact that we are nowhere close to a biological explanation for addictive behavior. It also helps to explain the need for addressing some of the most puzzling aspects of the human condition with systems of thought that involve what appear to be inconsistencies. Conceptual paradoxes are not new, and for the longest time the prime method was to pass over any or all mysteries to God or to other transcendental determinants. It is not necessary to rehash this study's "structural" treatment of the addiction concept's conceptual dilemmas -- a treatment borrowed from Foucault's ideas on deviancy and modern conceptualization in general. It is enough right here to recall the way Benjamin Rush was able, seemingly without

embarrassment, to state that the human will is both free and unfree. A founder of the addiction concept and of ideas about madness that in some ways are still with us, Rush seems comfortable with a discourse involving pure contradiction without any transcendental mediation. Philosophers such as Hegel, Kant and more recently Lukacs all have had to deal with an element of mystery which, somehow, forces our ideas to turn on each other. I have identified this as a secular project, and it is worth noting that even in the realm of post-Newtonian physics there seems to be more and more mystery (and inconsistency) as humanity tries to get at the very "bottom" of an object of study. For now, at least, the physical universe seems just as "bottomless" as the human soul -- even if the latter presents extra difficulties simply because its study is self-referential.

Despite taking the form of a critique, the discussion of the addiction concept in this study was not meant to disparage the idea. From the start, I have emphasized some essential mysteries with which our society has found its own way to deal. It is at least fair to ask how well we can ever "know" ourselves. One might argue that such knowledge would require an outside -- if not Divine then at least non-human -- perspective. Perhaps this point would be better served by a lighter observation. In 1996 I stumbled across a newspaper article about the purported discovery of a "new" facial muscle.[807] It was debatable whether or not the muscle was a new one or, instead, a part of a larger one already identified. Of interest is the reason for the "discovery": despite centuries of autopsies, it had apparently never occurred to anyone that the method for cutting should be changed. These doctors, however, "conducted the head autopsy from the front instead of, as

standard, from the side." It would seem that one culturally ingrained bias, that for some reason had not been questioned, has been responsible for the way we count muscles on the face -- the latter being a far "harder" science than anything involving definitions of human will, deviancy, or ethical conduct.

This study has tried to show that, though understood to some extent, compulsive behavior had never been discussed with the kind of precision entailed by the addiction concept. The latter represents, despite popular renditions, a scientific endeavor entailing greater understanding even if a measure of confusion seems inherent to the project. There is, however, no need to mystify the distinctions between old and new. In fact, it would seem that current discussions about addiction have been able (when appropriate) to reclaim past experiences which were largely overlooked in the nineteenth century and most of the twentieth. We might recall that an important part of the argument in the first chapter was that until the late eighteenth century drunkenness was considered no more compulsive than any other harmful behavior. If we are to speak of a preindustrial addiction concept, it would resemble a broader conception of dependency. Just as many researchers (and lay critics) have been broadening the addiction concept to something that is not substance-specific, so past ages have recognized pleasurable experience as something that could overwhelm an individual with detrimental effects on his sanity, health, and peace of mind. There is little to indicate that preindustrial Westerners were interested in singling out drunkenness as any more enticing than theft or sodomy. Instead, one might claim that the increasing popularity of an addiction concept which today can pertain

to anything from shopping to video games is -- in some respects -- taking us back to a more ancient wisdom. The latter statement, however, must be qualified by the fact that the value placed on individual liberty, along with the emphasis on free will that this has entailed, is uniquely modern and has led to a far greater focus on all matters pertaining to volition. Past ideas on compulsion are, accordingly, much less systematic.

Yet the systematicity was first made possible by a substance-specific approach to addiction. A more holistic conception -- with all vices receiving similar attention and God firmly in the picture -- was pushed aside. Current discussions have been trying to recapture aspects of this holism without losing the advantages of a scientific perspective. If, however, gambling addiction is no different from substance addiction then where does this leave the purportedly scientific nature of our insights into alcoholism? The disease conception of alcoholism is, despite many calls for spiritual solutions, the product of a more secular mindset. Disagreements notwithstanding, Levine, Warner and Porter all make clear that many themes and observations have survived the transformation. Conversely, the meaning of any observation will at least to some degree be altered to fit a new context. When studying other ages (or cultures) it is good to keep in mind that both similarities and differences are likely to appear if one actively seeks them out. With respect to the disease conception of addiction, its novelty is as undeniable as are the conceptual precedents that made it possible.

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Notes

[1] Harry Levine, "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America," *Journal of Studies on Alcohol* 39, 1 (1978).

[2] Roy Porter, "The Drinking Man's Disease: the 'Pre-History' of Alcoholism in Georgian Britain," *British Journal of Addiction* 80, 4 (1985); Jessica Warner, "Resolv'd to Drink no More: Addiction as a Preindustrial Construct," *Journal of Studies on Alcohol,* 55, (1994).

[3] Warner, "Resolv'd to Drink no More," p. 690; Levine, "The Discovery of Addiction," p. 147. For Levine, and for the purposes of this study, the "modern" era can be said to begin at around the late eighteenth and early nineteenth centuries. Whether or not the late twentieth century should still be called modern is less important to this study than the fact that, either way, a "modern" addiction concept is still with us.

[4] John Downame, "A Treatise of Swearing", in *Foure Treatises Tending to Diswade all Christians from Foure no Less Hainous then Common Sinnes; Namely, the Abuses of Swearing, Drunkennesse, Whoredome, and Briberie,* (Imprinted by Felix Kyngston, for William Welby, London, 1609), p. 36.

[5] Robin Room, *The Cultural Framing of Addiction,* (paper revised from conference on Addiction and Culture, Claremont Graduate School, Claremont CA, 1996).

[6] ibid., p. 6.

[7] ibid., p. 7.

[8] ibid., p. 10.

[9] ibid., p. 10.

[10] ibid., p. 13.

[11] Stanton Peele, *Diseasing of America: Addiction Treatment Out of Control,* (Lexington, Massachusetts, 1989), pp. 55-56.

[12] Levine, "The Discovery of Addiction", p. 143; See also: Robin Room, *Governing Images of Alcohol and Drug Problems: The Structure, Sources and Sequels of Conceptualizations of Intractable Problems,* Ph.D. Thesis, (University of California, Berkeley, 1978), pp. 52-56; and E. M. Jellinek, *The Disease Concept of Alcoholism,* (Hillhouse, New Haven, 1960).

[13] Daniel K. Flavin and Robert M. Morse, "What is Alcoholism? Current Definitions and Diagnostic Criteria and their Implications for Treatment", in *Alcohol Health & Research World,* Volume 15, #4, (1991), p. 267.

[14] ibid., p. 267.

[15] Arnold Washton, *Cocaine Addiction: Treatment, Recovery, and Relapse Prevention,* (W. W. Norton & Company, New York & London, 1989), pp. 57-58.

[16] ibid., p. 58.

[17] James Robert Milam & Katherine Ketcham, *Under the Influence,* (Madrona publishers, Seattle, 1981), p. 36.

[18] Donald Goodwin, *Is Alcoholism Hereditary?,* (Oxford University Press, New York1976).

[19] ibid., p. 142.

[20] Flavin & Morse, "What is Alcoholism?", pp. 267-268.

[21] Washton, *Cocaine Addiction,* p. 55.

[22] Milam & Ketchum, *Under the Influence,* p. 170.

[23] Mariana Valverde, *Diseases Of The Will: Alcohol and the Dilemmas of Freedom,* (Cambridge University Press, Cambridge, 1998).

[24] Ibid., pp. 3-4, 14, 44-45, 87, 100-101. Valverde actually claims that the "will" as a faculty was subsumed by science only briefly during the nineteenth century with the concept of "inebriety", and quickly dismissed by science as metaphysical. For my purposes, however, her discussion of how such questions were never able to disappear for long are more interesting. Whether speaking directly of the will, or indirectly by reference to a loss of control, and whether the question is in the hands of sociologists or recovery groups and self-help authors, the question itself will not go away.

[25] Flavin & Morse, "What is Alcoholism?", p. 269.

[26] ibid., p. 268. Emphasis added.

[27] Obviously, starvation is in most cases not "chosen". The point, however, is that it can be chosen, and that an individual may choose to perpetuate the condition. Diseases, as defined by our culture, must involve etiologies that are completely independent of an agent's will. For more on this see: Talcott Parsons on the "sick role": "Definitions of Health and Illness in the Light of American Values and Social Structure" in E. G. Jaco ed., *Patients, Physicians and Illness,* (The Free Press, New York, 1958); "Illness and the Role of the Physician" in Clide Kluckhohn and A. J. Murray eds., *Personality in Nature, Society and Culture,* (Knoff, New York, 1953).

[28] Thomas P. Beresford, "The Nosology of Alcoholism Research", *Alcohol Health & Research World,* Volume 15, #4, (1991), p. 264.

[29] Washton, *Cocaine Addiction,* p. 55.

[30] Howard Shaffer & Stephanie Jones, *Quitting Cocaine: the struggle against impulse,* (Lexington, Mass., 1989); Norman Zinberg, *Drug, Set, and Setting: the case for controlled intoxicant use,* (Yale, New Haven, 1984).

[31] For a discussion of how this applies to mental illness, see: Peter Barham, *Schizophrenia and Human Value,* (Basil Blackwell, New York, 1984).

[32] Michel Foucault, *The Order of Things: An Archeology of the Human Sciences,* (Vintage, New York, 1973).

[33] In the larger picture, Foucault's conception involves three sets of "doubles" which haunt modern human sciences: 1. the empirical and the transcendental, referring largely to tensions between empirical and theoretical statements; 2. the "cogito" and the unthought, dealing with tensions between aspects of the self that are accessible to rationalistic "Cartesian" reflection and those aspects (for example the unconscious) which seem to haunt any attempt to reduce the human subject to such enlightenment-inspired schemas; 3. the retreat and return of the origin, referring to dilemmas associated with the quest for clear historiographical grounding.

I should perhaps apologize in advance to Foucauldian scholars for what may appear as an oversight: at no point in this thesis will the three sub-categories be addressed one at a time. There is, after all, a structural continuity between all three, just as with Lukacs and his "Antinomies of Bourgeois Thought" one can point to "dialectical" continuity" between each antinomical couplet. See: Gyorgy Lukacs, "The Antinomies of Bourgeois Thought", in *History and Class Consciousness: studies in Marxist Dialectics,* (Merlin Press, London, 1971). One should recall that the addiction concept is not one thinker's philosophical or sociological system, nor a school of thought, but a concept that has marked modernity and should be understood as participating in many of the conceptual dilemmas that have haunted our age.

[34] Room, *The Cultural Framing of Addiction.*

[35] Of course, some type of unseeable "secondary" identity (such as a propensity to behave in a certain way) is not new. It is the way such transcultural realities are dealt with that separate one culture (or age) from another. One could argue, however, that at no time prior has the West posited strictly deterministic identities such as alcoholism -- we have opened up an inner world involving themes such as germ theories of disease

and supposedly iron-clad unconscious determinants that would have been unthinkable in the past.

[36] For a critique (arguably prescient) of an attempt such as my own to draw stringent parallels between psychoanalytic repression and denial as expounded by AA, see: Valverde, *Diseases Of The Will.* Although in agreement with my contention that the disease conception of addiction (largely through AA) has been responsible for the prevalence of terms such as denial throughout North America and that this is similar to the popularity of the psychoanalytic unconscious (pp. 19-20), Valverde says that "Storytelling in AA bears little resemblance to a psychoanalytic inquiry into the deep self" (p. 132). Still, she does agree that "It is the soul of the member that is the main object of AA's innovative approach to ethical governance" (p. 120). Right here, I wish to point out that denial of the source of one's condition -- whether addictive or neurotic -- is central to each therapeutic method. The third and fourth chapters will discuss how the addiction concept along with its sub-component, denial, has been part of a much larger phenomenon that includes psychoanalysis,

[37] As I will show throughout this study, notions such as repression and denial are central to the history of the addiction concept. If this were a history solely of alcoholism, one could conceivably write a different history. Valverde, for example, identifies the precursor of twentieth century "alcoholism" as the nineteenth century notion of "volitional monomania" (Diseases of the Will, pp 46-47). I found her case convincing, but contingent upon her own ideas of what is in fact essential to what we have come to call "alcoholism". The latter concept, as Valverde knows, has been hard to pin down. Similarly, in the first chapter I will argue that the timing of the birth of the addiction concept hinges upon definitional considerations: the more narrowly we define "addiction", the later will its "arrival" be identified. For my purposes, the affinity with "repression" is central to a study aimed at a concept that has rarely respected professional boundaries, and yet remains with us. If the latter has been true of alcoholism, it has been doubly so for addiction. Valverde herself discusses the proliferation of dialogue -- moving (seemingly) at will from popular to medical discourse -- pertaining to feelings, experiences as well as denial (*Diseases of the Will,* pp. 19-25).

[38] The way Levine and Gusfield, both influential in the history of alcoholism, take part in this interpretation will be discussed in the second and third chapters. See Harry Levine, *Colonial and Nineteenth Century Ideas about Alcohol as a Cause of Crime and Accidents,* (University of California Press, Berkeley, 1977); Joseph Gusfield, *The Symbolic*

Crusade: Status Politics and the American Temperance Movement, (University of Illinois Press, Urbana, 1986). Robert L. Hampel, writing more recently, concludes his book on prohibition with the following: "Living after Calvin and before Freud, 19th century Americans... believed that subduing the passions required self-control, restraint, abstinence, and denial. Victorian morality was a negative set of prohibitions rather than injunctions to do and create." (*Temperance and Prohibition in Massachusetts: 1813-1852,* (Umi Research Press, Ann Arbor, 1982), p. 179). This thesis will demonstrate that Hampel's comments, though partly accurate, are incomplete.

[39] Foucault, *The Order of Things.* For Foucault, as for many others, the "modern" era begins at around the end of the eighteenth century. Foucault himself discarded the term " episteme" in his later works because, among other things, of difficulties associated with pure discourse analysis: discourse cannot explain discourse, hence Foucault's later empirical studies of power relations. I have chosen to retain the term (though I use it in a less rigid fashion) in order to do justice to the text which inspired this thesis, and also to emphasize the fact that this study is primarily about a change in perception (pertaining of course to substance abuse).

[40] Lost as well -- as might be expected when an author becomes highly fashionable -- is a certain conceptual rigor. Foucault's later works on criminality and sexuality are in many ways guided by ideas he had developed (and modified) earlier on. Though concepts such as discipline and bio-power are certainly useful to sociologists, criminologists and others, Foucault's works were more cohesive than many eclectic applications of such Foucauldian concepts might suggest. There may be nothing wrong with taking such notions one by one -- and in many situations this is indeed the best route -- but I do object to the ways in which "Foucault the philosopher" (and Foucault the archeologist) seems to have been lost along the way. For a clearly written treatment of Foucault's own intellectual development (a treatment involving Foucault's collaboration and receiving his subsequent approval) see: Dreyfus and Rabinow, *Michel Foucault: Beyond Structuralism and Hermeneutics.*

[41] Much confusion can stem from the fact that Foucault's Nietzschean critique of modernity is inspired by an equally Nietzschean critique of Western thought in general. Certain transcendentals -- such as Plato's forms -- might do justice (even to this day) to many of the ideas that govern us. In other ways, we have developed means of interpreting the world that are specific to our own time. Still, many aspects of the current addiction concept could be interpreted as simply Western: if nothing else, they

may be compatible with our longer standing philosophical tradition even if they came about relatively recently. Nonetheless, as unified body of ideas, this concept is specific to our time.

[42] Foucault, *The Order of Things,* p. 320. Foucault actually uses Compte's positivism and Marx's analyses of the material underpinnings of consciousness as exemplary of two seemingly opposed projects that, in fact, form part of a larger picture and have more in common than the respective authors would have liked to admit.

[43] Foucault, *The Order of Things,* p. 321.

[44] Of course, most researchers as well as philosophers will emphasize one side of the puzzle in an attempt, for example, to subsume reflection to their empirical observations or perhaps to treat all empirical data in terms of deeper, mysterious constructs such as the unconscious.

[45] Room, *The Cultural Framing of Addiction,* p. 10.

[46] Foucault, *The Order of Things,* pp. 323 & 331. A reader more acquainted with this text might object to what could appear as a blending of different concepts on my part. The "origin" to which Foucault refers is historical, whereas whatever "eludes" us (in the first part of the quotation) is the "unthought" (or unthinkable) ground of subjectivity. I blend these concepts for a reason: in either case, they represent Foucault's ideas on modern thought attempting to grasp the inaccessible. My study is about the addiction concept, which in my view fits with much of Foucault's argument. A proper treatment of Foucault's text would require a separate study. Above all, the reader should appreciate that by no means do I claim the "fit" to be perfect. Such a claim would be unduly abstract, impervious to empirical scrutiny, as well as unwise (notably since Foucault himself later abandoned many of his claims first made in *The Order of Things*).

[47] ibid., p. 344.

[48] ibid., pp. 354-355.

[49] Questions concerning free will have always been problematic, and our focus here must remain with the problems confronting our own age. Saint Augustine, for example, was no stranger to the paradoxes surrounding free will and Divine foreknowledge. But for Augustine the "contradictions" would have to be illusory, and hence his task was to explain them away. It is different when we approach the modern age, and with it the Kantian experience of pure contradiction. As shall be discussed in the fourth chapter, Benjamin Rush himself, while formulating principles pertinent to modern conceptions of madness and addiction, can accept the idea that the will is both free and unfree and that hence two contradictory statements can each be true. This acceptance of pure

contradiction in the late eighteenth century would have been unthinkable only a hundred years back. See: Rush, *Medical Inquiries and Observations upon the Diseases of the Mind,* (Kimber & Richardson, Philadelphia, 1812), p. 263.

[50] ibid., p. 364.

[51] Evolutionary theory, of course, focuses first upon random mutation interacting with the environment rather than "internal laws". This idea, however, hinges upon genetic traits that are indeed "internal" to the animals in question -- a significant change from past conceptions. See n. 61.

[52] Rush, *Medical Inquiries and Observations...* pp. 367-368.

[53] ibid., p. 368. The origin of disease etiologies is discussed in Chapter One.

[54] ibid., p. 374.

[55] ibid., p. 374.

[56] ibid., p. 375.

[57] The point is not that the actual term, denial, had achieved in the nineteenth century the prominence it has today. Here, I am only concerned with the concept itself, that is to say the way alcoholics (and other addicts) have long been said to deny that their behavior is compulsive (or at least to strongly downplay the extent of compulsion).

[58] This will be addressed historically in the second chapter and conceptually in the third.

[59] For our purposes, Rorabaugh provides a good example as he is a historian of Prohibition. The second and third chapters discuss the way such interpretations, though helpful, can be pushed too far. J. W. Rorabaugh, *The Alcoholic Republic: an American Tradition, 1790-1840,* (Oxford University Press, New York, 1979).

[60] See Rorabaugh, *The Alcoholic Republic;* Gusfield, *Symbolic Crusade.*

[61] This can be illustrated by reference to a few developments that have already been mentioned. Genetic notions of heredity, involving codes completely unaffected by behavior and environment, at first appeared nonsensical. Lamarckian ideas about heredity wherein one's behavior, for example, would produce commensurate tendencies in offspring, were up until quite recently much closer to the common sense expectations of even the most sophisticated Westerners. The immediate, causal connection between a giraffe's need to reach for higher branches while feeding and the likelihood of offspring with longer necks, is no longer respectable. It has been replaced by a journey into the less accessible world of genes and their codes. In the case of genetics, the "excavation" has certainly proven fruitful. Yet with the dichotomies pertaining to addictions, the picture is less clear.

[62] For a comprehensive discussion see: Peele, *Diseasing of America.*

[63] Ellen Bass & Laura Davis, *The Courage to Heal: a guide for women survivors of child sexual abuse*, (Perennial Library, New York, 1988).

[64] Lisa Uyehara, Paul Applebaum and Mark Elin, *Trauma and Memory: Clinical and Legal Controversies,* (Oxford, New York, 1997); Mark Pendergast, *Victims of Memory: Sex Abuse accusations and Shattered Lives*, (Upper Access Inc., Hinesburg, Vermont, 1996); Velerie Sinason, ed., *Memory in Dispute,* (Karnac, London, 1998).

[65] See: Donna Laframboise, "Multiple Personality Disorder: The many faces of a fad", *The Globe and Mail,* May 2, 1998, pp. D1-D2;(AP), "Psychiatrist's Tale Debunked: Even Sybil didn't have that much personality", *The Toronto Star,* August 17, 1998, p. A3; Malcolm Ritter, "Lost Tapes Challenge Sybil Story: Psychologist: Multiple personalities created during therapy", The *Globe and Mail,* August 18, 1998, p. A12.

[66] Hubert Dreyfus and Paul Rabinow, *Michel Foucault: Beyond Structuralism and Hermeneutics*, pp. 81-82.

[67] Ian Hacking, *The Social Construction Of What?* (Harvard University Press, Cambridge, Mass, 1999).

[68] Though Europe is certainly not ignored, this study focuses primarily on North America. There are a few reasons for this. The disease conception of addiction has been more successful on this continent than anywhere else. Also, concern with addiction, though not absent elsewhere, has also been more keen on this continent: the United States spearheaded the global push to ban narcotics and other substances, initiated alcohol prohibition, and has been the most active major power in all the "drug wars" ever since. To this day, disease conceptions of addiction -- pertaining to other behaviors and states of mind that need not involve drugs -- receive more attention in the U.S., and Canada, than anywhere else. "Codependency", for example, was an American invention subsequently exported, with varying degrees of success, first to Canada and then elsewhere.

[69] Specifically, Levine was refuting Jellinek, a proponent of the disease conception who wished to portray it as a scientific and progressive idea at odds with religious and moralistic attitudes. See Jellinek, *The Disease Concept of Alcoholism.*

[70] Mairi McCormick, "First Representations of the Gamma Alcoholic in the English Novel", *Quart. J. Stud. Alc.,* (Number 30, 1969), pp. 957-980.

[71] Levine, "The discovery of Addiction", p. 148.

[72] ibid., p. 143.

[73] ibid., p. 144.

[74] ibid., p. 144.

[75] Here one might object that cocaine and heroin are still considered inherently addictive. To this, two replies. First, given the legal status of certain drugs, it is not wise to expect the culture at large to deal with them in a "normal" fashion. Second (and more important) treatment workers and authors do not necessarily perceive these drugs as inherently addictive. With cocaine, for example, discussions may refer to a very high risk associated with use by any subject, yet authors such as Washton (see introduction) make it clear that their concern is with addicts and not with casual users. This is in part an honest response to reality, but it also makes possible an inquiry into why, and how, a certain individual became addicted and why this individual -- unlike many others -- may never use drugs successfully.

[76] Levine, "The Discovery of Addiction", p. 145.

[77] ibid., pp. 145-148.

[78] ibid., p. 149.

[79] ibid., p. 147.

[80] ibid., p. 151.

[81] ibid., p. 151., n(8).

[82] ibid., p. 152.

[83] ibid., pp. 153-161.

[84] Joseph Gusfield, *Symbolic Crusade.* Gusfield provides an analysis of the drive for Prohibition in terms of status politics. The old order -- Anglo-Saxon and middle class -- according to Gusfield felt threatened by new mores, which included drinking and challenged the dominance of its values and habits. Gusfield's ideas will be discussed in chapters two, three and five.

[85] See for example, Mariana Valverde, *Diseases of the Will,* pp. 66-91. The author discusses how, for a period, it seemed that gentler practices were monopolized by the Salvation Army which, ironically, rejected the disease conception of alcoholism. Within these pages, Valverde also has some interesting things to say about AA's debt to Salvation Army techniques (see also: pp. 18-21).

[86] Levine, "The Discovery of Addiction", p. 162.

[87] ibid., p. 162.

[88] ibid., p. 158.

[89] ibid., p. 163.

[90] ibid., pp. 164-165.

[91] Porter, "The Drinking Man's Disease"; Warner, "Resolv'd to Drink no More".

[92] Jessica Warner, "Before There was 'Alcoholism': lessons from the medieval experience with alcohol", *Contemporary Drug Problems,* (Fall, 1992, vol. 19).

[93] Warner, "Resolv'd to Drink no More", p. 686.

[94] ibid., p. 689.

[95] Porter, "The Drinking Man's Disease", p. 389.

[96] Downame, "A Treatise of Swearing", p. 25.

[97] ibid., p. 25.

[98] ibid., p. 31.

[99] ibid., pp. 33-34.

[100] ibid., p. 36.

[101] ibid., pp. 37-38.

[102] ibid., p. 42.

[103] ibid. p. 44.

[104] John Downame, "A Dissuasion from the Sin of Drunkenness", in *Four Treatises Tending to Diswade all Christians from Foure no less Hainous then Common Sinnes,* p. 79.

[105] ibid., p. 83.

[106] ibid., p. 81.

[107] ibid., p. 86.

[108] ibid., p. 93.

[109] ibid., p. 93.

[110] ibid., p. 156.

[111] ibid., p. 101.

[112] ibid., p. 112.

[113] ibid., pp. 112-113.

[114] ibid., p. 123.

[115] John Downame, "A Treatise Against Fornication and Adulterie: Wherein is Shewed the Hainousnes of these Sins, the Grievousnes of their Punishments, and the Meanse whereby we may be Preserved from them," in *Foure Treatises...,* p. 30.

[116] ibid., p. 150.

[117] ibid., p. 156.

[118] ibid., p. 159.

[119] ibid., p. 164.

[120] ibid., p. 165.

[121] ibid., p. 193.

[122] ibid., pp. 193-194.

[123] ibid., p. 36.

[124] Richard Garbut, *One Come from the Dead, to Awaken Drunkards and Whoremongers. Being a Sober and severe Testimony against the Sins and the Sinners,* (Printed for Fancis Smith, London, 1675) p. 65.

[125] ibid., p. 67.

[126] ibid., p. 81.

[127] ibid., pp. 106-107.

[128] ibid., p. 104.

[129] ibid., p. 108. We can note that, grammatically, Grace is active: Grace *recovers* the individual; later, the individual was far more likely *to recover* through Grace. The way in which, as we approach modernity man is more likely to function as the subject of a sentence dealing with such matters, could make for a valuable study.

[130] ibid., p. 129.

[131] ibid., p. 70.

[132] Samuel Ward, *Woe to Drunkards: A Sermon,* (A. Mathews, London, 1624), pp. 13-14.

[133] Rorabaugh, *The Alcoholic Republic,* pp. 163-168.

[134] Ward, *Woe to Drunkards,* p. 9.

[135] ibid., p. 43.

[136] Owen Stockton, *A Warning to Drunkards, Delivered in Several Sermons to a Congregation in Colchester upon the Occasion of a Sad Providence toward a Young Man, Dying in the Act of Drunkenness,* (J. R., London, 1682), p. 80.

[137] ibid., p. 13.

[138] ibid., pp. 35-37.

[139] ibid., p. 56. See also: pp. 61, 63-64, 79-80, 117, 160, 166, 180, 187.

[140] ibid., pp. 64-164.

[141] ibid., p. 164.

[142] ibid., p. 166.

[143] Richard Harrison Shryock, *Medicine and Society in America: 1660-1860,* (New York University Press, New York, 1960), pp. 49-53.

[144] Ian Dowbiggin, "Degeneration and Hereditarianism in French Mental Medicine 1840-90: Psychiatric Theory as Ideological Adaptation", in W. F. Bynum et. al., *The Anatomy of Madness: Essays in the History of Psychiatry,* Volume 1: People and Ideas, (Tavistock, London and New York, 1985), p. 212.

[145] M. Vogel and C. Rosenberg, eds. *The Therapeutic Revolution,* (U. of Pennsylvania, Philadelphia, 1979), p. x.

[146] Charles E. Rosenberg, "The Therapeutic Revolution: Medicine, Meaning and Social Change in the Nineteenth Century", in Vogel and Rosenberg (eds.), *The Therapeutic Revolution,* p. 5.

[147] See Lester S. King, *The Medical World of the Eighteenth Century,* (University of Chicago Press, Chicago, 1958), pp. 193-226; In the Eighteenth Century, Thomas Sydenham and Francois Sauvages were two of the main pioneers in the classification of diseases. See: *The Works of Thomas Sydenham, M.D.*, translated by R.G. Latham (2 volumes; London, 1848-50); Julian Martin, "Sauvage's Nosology: medical enlightenment in Montpetillier", in Andrew Cunningham & Roger French eds., *The Medical Enlightenment of the Eighteenth Century,* (Cambridge University Press, New York, 1990), pp. 111-137.

[148] ibid., p. 11; for the importance of geography, and notably ideas about certain diseases as specific to the North American climate, see: *Medicine and Society in America,* pp. 52, 60-61, 134.

[149] ibid., p. 21.

[150] Thomas Trotter, *An Essay, Medical, Philosophical, and Chemical, on Drunkenness,* (New York Times Company, New York, 1981, from the first Philadelphia edition, 1813); Benjamin Rush, *An Inquiry into the Effects of Spirituous Liquors on the Human Body,* (Thomas and Andrews, Boston, 1790).

[151] Porter, "The Drinking Man's Disease", p. 385.

[152] ibid., p. 386.

[153] Levine, "The Discovery of Addiction", p. 153.

[154] This question may involve our understanding of processes in general. For example, evolutionary theory has long posited a gradualist understanding of changes in the make-up of various species. Yet fossil records clearly point to long periods of stability punctuated by brief periods of intense change. Most evolutionary theorists since Darwin have presumed that our records are simply incomplete, or even wrong. This, however, is an assumption based on a particular view of the nature of change, and some in the field have challenged it. See: Stephen J. Gould, *The Panda's Thumb: more reflections on natural history,* (W. W. Norton, New York, 1980), p. 226. My point, quite simply, is that currently in our culture a "common sense" viewpoint would favor gradual change in other fields as well, rather than a seemingly mystical "shift". Our own biases, however, may be irrelevant.

[155] Porter, "The Drinking Man's Disease", p. 386.

[156] ibid., p. 393.

[157] ibid., pp. 393-394.

[158] George Cheyne, *An Essay of Health and Long Life,* (Fourth Edition, George Ewing, Dublin, 1725) pp. v-viii.

[159] ibid., p. vii.

[160] ibid., pp. 23-24.

[161] ibid., p. 25.

[162] Porter, "The Drinking Man's Disease", p. 392; Cheyne, *An Essay of Health and Long Life,* pp. 25-26.

[163] Cheyne, *An Essay of Health and Long Life,* p. 76.

[164] ibid., pp. 77-78.

[165] This issue will be addressed in the following section of this chapter.

[166] Cheyne, *An Essay of Health and Long Life,* p. 76.

[167] ibid., p. 92.

[168] ibid., ibid., p. 83.

[169] ibid., pp. 88-89.

[170] ibid., p. 86.

[171] Porter, "The Drinking Man's Disease", p. 392.

[172] ibid., p. 393.

[173] ibid., p. 393.

[174] Ian Hacking, "The Looping effects of Human Kinds", in D. Sperber, D. Premack and A. J. Premack, eds., Causal Cognition: a multidisciplinary approach, (Oxford, Clarendon, 1994).

[175] Trotter, *An Essay, Medical , Philosophical and Chemical, on Drunkenness,* p. 17.

[176] ibid., pp. 150-151.

[177] ibid., p. 172.

[178] ibid., pp. 178-179.

[179] ibid., p. 174.

[180] ibid., p. 175.

[181] ibid., p. 189.

[182] ibid., p. 186.

[183] The relation between mental illness and addiction will be discussed in the fourth chapter.

[184] Roy Porter, *Mind Forg'd Manacles: A History of Madness in England from the Restoration to the Regency*, (Harvard University Press, Cambridge, Massachusetts, 1987), pp. 20-21.

[185] ibid., pp. 113-116.

[186] ibid., p. 35.

[187] ibid., pp. 196-198.

[188] ibid., p. 201.

[189] ibid., pp. 203-205.

[190] Foucault, *The order of Things*, p. 368.

[191] Perry Miller, *The New England Mind: The Seventeenth Century*, (Beacon Press, Boston, 1939) p. 4.

[192] Though, along with Perry Miller, I treat seventeenth century New England as a relatively homogenous community, the reader should be aware that this interpretation is (like all things) debatable. My own review of the literature has led me to conclude that the debates often hinge upon how narrowly we define "homogenous". In *Puritanism in Seventeenth Century Massachusetts*, (Holt Rinehart and Winston, New York, 1968), David D. Hall ed., Hall argues that conflicts within the community show that this supposed homogeneity was somewhat fictitious (pp. 1-6). In *The Language of Puritan Feeling: an exploration in literature, psychology, and social history*, (Rutgers, New Brunswick, 1980,), David Leverenz criticizes Miller on this issue (p. 162). It might be important to note that, at the beginning of the seventeenth century, many "Puritans" did not even use this word to describe themselves -- see: Kai T. Erikson, *Wayward Puritans: a study in the sociology of deviance*, (John Wiley & Sons, Inc., New York, 1966), pp. 33-64. A balanced account can be found in Francis J. Bremer, *Congregational Communion: Clerical Friendship in the Anglo-American Puritan Community, 1610-1692*, (Northeastern University Press, Boston, 1994). Here the author treats this community as largely united in outlook, yet addresses the differences which eventually led to the split between Congregationalists and Presbyterians.

[193] Miller, *The New England Mind*, pp. 10-21.

[194] For a study of what amounts to a Puritan "hermeneutics of Providence" see Michael P. Winship, *Seers of God: Puritan Providentialism in the Restoration and early Enlightenment*, (John Hopkins University Press, Baltimore, 1996). Despite the immensity of the task, hints as to God's intentions could be surmised through interpretation of omens and other signs. Though beyond us at one level (God's reasons are his own), God's intentions for us may become clear if we search with diligence (see pp.

1-20). For how eventually Enlightenment influence caused many in New England, even Cotton Mather himself, to question their ability at this type of interpretation, see pp. 98-123.

[195] ibid., pp. 10-11, 30.

[196] Thomas Hooker, *Writings in England and Holland, 1626-1633,* (Harvard University Press, Cambridge, 1975), p. 156.

[197] Winship, *Seers of God,* pp. 1, 12-13; Erikson, *Wayward Puritans,* p.191.

[198] Thomas Hooker, *Writings in England and Holland,* p. 158.

[199] Edward Reynolds, *A Treatise on the Passions and Faculties of the Soule of Man (1640),* (Gainesville, Fla. Scholars' Facsimiles & Reprints, 1971), p. a2.

[200] ibid., p. a2.

[201] Vernon J. Bourke, ed., *The Essential Augustine,* (Hackett, Indianapolis, 1964), p. 213.

[202] ibid., p. 127.

[203] Thomas Hooker, *Redemption: Three Sermons, (1637-1656),* (Gainesville, Fla. Scholars' Facsimiles & Reprints, 1971), pp. 5-6.

[204] Miller, *The New England Mind,* p. 21; Winship, *Seers of God,* pp. 12-13.

[205] Hooker, *Redemption: Three Sermons,* p. 3.

[206] Augustine (Saint) of Hippo, *The City of God,* (Garden City, Image Books, 1958), p. 254. Of course, Puritans believed that Satan (or possibly his minions) was involved. The point here is purely logical: Satan's evil is rooted in nonbeing; to whatever extent he can act hinges upon his participation in Being, which is good and not evil.

[207] James Hoopes, *Consciousness in New England: From Puritanism and Ideas to Psychoanalysis and Semiotic,* (John Hopkins, Baltimore, 1989), pp. 11-13; Miller, *The New England Mind,* pp. 24-25.

[208] Miller, *The New England Mind,* p. 31; Hoopes, *Consciousness in New England,* p. 20.

[209] For a few comments on how Puritans thought of sin much as we think of an incurable illness (incurable, of course, without divine intervention), see Erikson, *Wayward Puritans*, p. 194. The key word here is "incurable", for the answers and solutions to sin were not in human hands. In *Consciousness in New England,* p. 52, Hoopes explains how one's will had to be separate from one's understanding, otherwise the latter could attain Grace on its own efforts.

[210] Miller, *The New England Mind,* p. 45; See also Erikson, *Wayward Puritans*, pp. 72-73. Representing an oppositional outlook except for a brief period, Puritans had an easier time seeing humanity as not needing such intermediaries in the Old Country than

in New England where the need for government and Church intervention -- even in spiritual matters -- tended over time to undermine this attitude.

[211] Foucault, *The Order of Things.*

[212] Miller, *The New England Mind,* p. 94.

[213] Foucault, *The Order of Things,* p. 89.

[214] See Erikson, *Wayward Puritans,* pp. 188-189. Puritan justice was usually doled out with little sentiment and, above all, little concern for motives. It would be hard to imagine a culture that did more to undermine some of the principles that guide sentencing today: a law was a law, and anything like "criminality" or "delinquency" was between you and your maker. Puritans did, however, accept repentant confessions as reasons to mitigate punishment (pp. 194-195).

[215] Hoopes, *Consciousness in New England,* 33-35. The traditional view of "ideas" is that they are in God's mind before we get them. Philosophers such as Locke, treating ideas as momentary perceptions, turned against this conception -- dear to Puritans -- exemplified by Plato's treatment of ideas as eternal forms. See also: Miller, *The New England Mind,* pp. 178-179.

[216] Hoopes, *Consciousness in New England,* pp. 49-50. Hoopes discusses this point with an eye on modern psychology. He points out (as will I in the third chapter) that by the eighteenth and nineteenth centuries some Puritans had notions about persons having thoughts of which they are unaware. Interestingly, Hoopes claims to have identified some seventeenth century precursors (certainly not precedents) to this later development which, for my purposes, might help to further situate to origins of the alcoholic denial concept.

[217] Miller, *The New England Mind,* p. 242.

[218] ibid., p. 252; Hoopes, *Consciousness in New England,* p. 90. This was, according to Hoopes, one reason Jonathan Edwards attacked the emerging distinction between will and desire.

[219] Miller, *The New England Mind,* pp. 252- 253. Leverenz, *The Language of Puritan Feeling,* pp. 23-40.

[220] Miller, *The New England Mind,* p. 255.

[221] ibid., p. 256. Hoopes, *Consciousness in New England,* pp. 95-96.

[222] Hoopes, *Consciousness in New England,* p. 51. With the Enlightenment, feelings and desires became things to be perceived rather than interpreted in terms of the Divine. Such changes, though subtle, helped set the stage for psychologistic endeavors.

[223] Miller, *The New England Mind,* pp. 269-278. Peter Ramus (1515-1572) achieved fame during the Renaissance for his separation of philosophy from rhetoric.

[224] ibid., p. 400; Erikson discusses the Puritan treatment of criminals: "Little attention was paid to the motives of the offender... the whole process had a flat, mechanical tone because it dealt with the laws of nature rather than with the decisions of men." (*Wayward Puritans,* p. 189).

[225] Miller, *The New England Mind,* p. 436. Consensus on this was, however, tenuous from the start. The Antinomian conflict was an early development involving the questioning of whether those in authority could detect grace in others. See Erikson, *Wayward Puritans,* p. 74; Eventually, Locke's ideas served to undermine a person's ability to detect grace in himself. See: Hoopes, *Consciousness in New England,* p. 64.

[226] Miller, *The New England Mind,* pp. 280-281, 462.

[227] Robert Middlekauff, *The Mathers: Three Generations of Puritan Intellectuals, 1596-1728,* (Oxford, New York, 1971), p264; Miller, *The New England Mind,* pp. 471-487; Winship, *Seer of God,* pp. 31, 135.

[228] Miller, *The New England Mind,* p. 471.

[229] Laura A. Schmidt, *The Puritan Compromise and the Origins of American Temperance,* Paper presented at the Kettil Bruun Meetings, 16th Annual Alcohol Epidemiology Symposium., Budapest, Hungary, June 3-8, 1990. A shorter version of this paper appeared under the title, "A Battle Not Man's but God's: origins of the American temperance crusade in the struggle for religious authority", *Journal of Studies on Alcohol,* 56:110-121. 1995. John Rumbarger criticized Schmidt's findings in a letter to that journal, and in the same issue Schmidt responds to Rumbarger's critique (*JSA,* 57:220-221, 1996).

[230] Jonathan Edwards, "Freedom of the Will", in *Jonathan Edwards, Basic Writings,* (New York American Library, New York, 1966), p. 196.

[231] John Edwin Smith, *Jonathan Edwards: Puritan, preacher, philosopher,* (Notre Dame, Notre Dame U. Press, 1992), pp. 57-79. Hoopes, *Consciousness in New England,* pp. 86-87. Here, Hoopes discusses the need for humiliation prior to redemption, and how Arminianism undermines this.

[232] Perry Miller, *Jonathan Edwards,* (Dell Publishing, New York, 1967), pp. 105-106.

[233] ibid., p. 118.

[234] Hoopes, *Consciousness in New England,* pp. 87-94.

[235] Miller, *Jonathan Edwards,* pp. 110-123; Edwards, in fact, had a holistic conception of "natural" freedom. See: Hoopes, *Consciousness in New England,* p. 89.

[236] Miller, *Jonathan Edwards,* p. 123; Edwards responded to this fragmented perspective with a holism that was arguably idealist. See Hoopes, *Consciousness in New England,* pp. 87-88, 91-93.

[237] Miller, *Jonathan Edwards,* p. 253; Hoopes discusses Puritan anti-psychologism in *Consciousness in New England,* pp. 10-20.

[238] Miller, *Jonathan Edwards,* p. 254.

[239] Ibid., p. 259; Hoopes, Consciousness in New England, p. 88.

[240] Miller, *Jonathan Edwards,* p. 260.

[241] ibid., p. 261.

[242] Peele, *Diseasing of America.* Erich Fromm, *Escape From Freedom,* (Avon Books, New York, 1965).

[243] Edwards, "Freedom of the Will", p. 199.

[244] ibid., p. 201.

[245] ibid., p. 203.

[246] ibid., p. 203.

[247] Officially, at least, our Christian tradition has followed Augustine (and Plato) in dismissing evil as a lack of substance. Certainly "Evil" has always had a face, yet even belief in the existence of Satan need not violate the traditional view. The Enlightenment, perhaps innocently on this point, was opening the door to a type of self-motivation that did indeed undermine traditional hierarchies.

[248] Of course, these same new "identities" often attempt to bypass questions concerning "evil" altogether. For the purpose of understanding Edwards and the transition he was attacking, two points: 1. Edwards would not have approved of the moral neutrality implied by such socio-medical categories; 2. that such secondary identities ultimately try to do away with the "evil" in one's choices is a separate matter, not subject to Edwards's foresight, and still in keeping with the upstaging of the hierarchy Edwards was defending.

[249] Edwards, "Freedom of the Will", pp. 202-206.

[250] ibid., p. 215.

[251] ibid., p. 216.

[252] Here, I am tempted to use the term "diseasing" (coined by Peele, *Diseasing of America*) instead of "medicalization" since the focus is really on the rise of the disease conception regardless of whether doctors were in charge. Still, when determining what

is or is not "medical" it is often debatable whether professional turf is the best criteria. In any case, I find "diseasing" to be an awkward term and prefer to use "medicalization" more loosely than some.

[253] Jelinek, *The Disease Concept of Alcoholism.*

[254] Peele, *Diseasing of America.*

[255] John J. Rumbarger, *Profits, Power and Prohibition: Alcohol Reform and the Industrializing of America,* (State University of New York Press, Albany, 1989).

[256] Schmidt, *The Puritan Compromise...,* p. 2. Schmidt's argument is by no means reductionist as some commentators have suggested. She is not making an "idealist" argument in favor of religious (or other) concepts completely dominating social and political reality, even though (for reasons that might escape a careful reader of her text) she has been accused of this. See John Rumbarger's critique and Schmidt's response, both of which appear in *JSA,* 57:220-221, 1996.

[257] Here is a theme that reappears throughout this thesis. Levine ("The Discovery of Addiction") argues that Temperance had more to do with groups protecting themselves from vice than with their desire to control others. With qualification the position is probably accurate and will be discussed in the third and fourth chapters. The third chapter will treat the sober identity many were creating for themselves. The fourth will deal with that, but in a larger Foucauldian context involving themes such as sexuality and the seeming inadequacy of traditional explanations for sexual repression as grounded in a desire for productive workers: in either case -- with sobriety or sexual repression -- the bourgeoisie applied the new ethic to itself before trying to impose it on workers. The latter would suggest that construction of one's own sense of self had priority over the impulse to remold the world.

[258] One might note that Canada, a large part of English speaking North America, is not discussed here even though issues such as Westward expansion apply to it as well. This brief sub-section was written to describe changes in Puritan thought, crucial to the development of Protestant Christianity in North America which in turn plays a role in Temperance (and later even in the formation of AA). For that matter, the Southern American states are also neglected. As mentioned in the text, this is not "history" as such but the history of one concept with a focus on what this scholar considers most essential. I have no doubt, however, that other histories of the same addiction concept could be written. Nonetheless, Canada and the American South are touched upon in this chapter and also in the fifth.

[259] Schmidt, *The Puritan Compromise,* p. 2.

[260] ibid., p. 3.

[261] ibid., p. 7.

[262] Precedents for such egalitarianism, though not for a direct repudiation of Calvinist election, could be found in early New England thinking and are in fact consistent with Calvinist doctrine. As Michael Winship points out: "Theology bore strange fruits in the 1640s. Anabaptists and antinomians... proclaimed that 'poor, plain countrymen' inspired by the Spirit could interpret scripture better than unregenerate doctors, they founded alarmingly democratic congregations..." (*Seers of God*, p. 32)

[263] One might also note shifts in state policy that reflected and also gave impetus to this growing egalitarianism. During the late eighteenth and early nineteenth centuries, states reduced dramatically their support for Protestant churches. Clergy thus became far more dependent on their congregations, which in turn affected the substance of their teaching. See: Ann Douglas, *The Feminization of American Culture.*

[264] Dale S. Kuehne, *Massachusetts Congregationalist Political Thought 1760-1790: the design of heaven,* (University of Missouri Press, Columbia & London, 1996). Kuehne discusses the evolution of Congregationalist political thought with an emphasis on how, if they demonstrated "liberal" leanings, ministers were nonetheless Christians first of all making peace with a new social setting (see pp. 141-151). Kuehne does, however, discuss precedents for democratic politics within Puritan traditions (p. 40) and how the Bible itself was read as permitting many types of government (p. 42).

[265] Schmidt, *The Puritan Compromise,* p. 13. See also: Stephen E. Berk, *Calvinism versus Democracy: Timothy Dwight and the Origins of American Evangelical Orthodoxy,* (Archon Books, Hamden, 1974), pp. 74-90.

[266] This will be discussed in the next chapter. Still, one might argue that an older conception involving greater emphasis on Divine and Satanic determinants was also full of mystery. True enough, but such mysteries were not "inner" in that they did not pertain directly to the human soul: they involved external determinants and hence precluded psychologism.

[267] Schmidt, *The Puritan Compromise,* pp. 15-16.

[268] Joel Bernard, "From Fasting to Abstinence: The Origins of the American Temperance Movement", in Susanna Barrows and Robin Room, eds., *Drinking: Behavior and Belief in Modern History,* (University of California, Berkeley, 1991), pp. 337-353. Bernard argues that the custom of fasting provided a key precedent for the rhetoric used by moral societies. Collective fasting had long been a means to appease God's wrath. More than historical trivia, Bernard seems to have identified an important precedent for human

agency, at least within the North American context: for a long time, Bernard points out, in a God-centered world drink was rarely said to cause accidents or poverty (pp. 344-345). The evolving concept of human agency -- whether for good or ill -- is a crucial aspect of the mass movements of the nineteenth century, notably Temperance.

[269] Schmidt, *The Puritan Compromise,* p. 18.

[270] ibid., pp. 19-20; Hoopes, *Consciousness in New England,* pp. 64-153; Kuehne, *Massachusetts Congregationalist Political Thought, 1760-1790,* pp. 128-151.

[271] ibid., p. 22.

[272] Middlekauf, *The Mathers,* pp. 264-268; Rorabaugh, *The Alcoholic Republic,* pp. 30-31.

[273] C. C. Pearson and J. Edwin Hendricks, *Liquor and Anti Liquor in Virginia: 1619-1919,* (Duke University, Durham, 1967), p. 44. Habitual drunkenness, long too costly for most people, was to a large degree a function of affordability.

[274] Thomas R. Pegram, *Battling Demon Rum: The Struggle for a Dry America, 1800-1933,* (Ivan R. Dee, Chicago, 1998), p. x; Rorabaugh, *The Alcoholic Republic,* p. 35.

[275] Pegram, *Battling the Demon Rum,* pp. 4-5.

[276] Krout, *The Origins of Prohibition,* p. 65.

[277] Rorabaugh, *The Alcoholic Republic,* p. 37. The key issue, as will be discussed in the following chapter, is not that all past conceptions of freedom have been hedonistically libertarian, but that of man's ability to be "his own master". This stringently secular notion of freedom (ironically advocated by people with strong religious convictions) is a modern development.

[278] Krout, *The Origins of Prohibition,* p. 5. By 1810, liquor had become America's third most important industrial product. See: Robert L. Hampel, *Temperance and Prohibition in Massachusetts: 1813-1852,* p. 1.

[279] Rorabaugh, *The Alcoholic Republic,* pp. 63-64.

[280] Krout, *The Origins of Prohibition,* pp. 44-45; Pearson and Hendricks, *Liquor and Anti-liquor in Virginia: 1619-1919,* pp. 113, 150, 164.

[281] ibid., p. 67. Pegram, *Battling Demon Rum,* p.13.

[282] ibid., pp. 79-80. Pegram, *Battling Demon Rum,* pp. 15-16.

[283] ibid., p. 68. Pegram, *Battling Demon Rum,* pp. 12-16.

[284] Rorabaugh, *The Alcoholic Republic,* p. 128.

[285] Pegram, *Battling Demon Rum,* pp. 32-33.

[286] Rorabaugh, *The Alcoholic Republic,* p. 129.

[287] Hampel, *Temperance and Prohibition in Massachusetts,* p. 8.

[288] Rorabaugh, *The Alcoholic Republic,* pp. 131-135.

[289] Hampel, *Temperance and Prohibition in Massachusetts,* pp. 11-24.

[290] Krout, *The Origins of Prohibition,* p. 83.

[291] Pegram, *Battling Demon Rum,* pp. 6, 15.

[292] Pegram, *Battling Demon Rum,* p. 5.

[293] Rorabaugh, *The Alcoholic Republic,* pp. 136-137.

[294] ibid., p. 137. Pegram, *Battling Demon Rum,* pp. 17-19.

[295] Rorabaugh, *The Alcoholic Republic,* pp. 138-139.

[296] Krout, *The Origins of Prohibition,* p. 85.

[297] Berk, *Calvinism versus Democracy,* pp. 187-188.

[298] ibid., pp. 159-160.

[299] Krout, *The Origins of Prohibition,* pp. 85-87; Berk, *Calvinism Versus Democracy, p.189.*

[300] Rorabaugh, *The Alcoholic Republic,* pp. 180-181; Hampel, *Temperance and Prohibition in Massachusetts: 1813-1852,* p. 11.

[301] Pegram, *Battling Demon Rum,* p. 15; Krout, *The Origins of Prohibition,* p. 92.

[302] Rorabaugh, *The Alcoholic Republic,* p. 135.

[303] Hampel, *Temperance and Prohibition in Massachusetts,* p. 8.

[304] Krout, *The Origins of Prohibition,* pp. 92-93.

[305] Pegram, *Battling Demon Rum,* p. 14.

[306] Pearson and Hendricks, *Liquor and Anti-liquor in Virginia, 1619-1919,* pp. 56-58. The authors discuss not only the defensive posture taken by many early temperance groups, but also how the first society in Virginia was formed by men who had lost friends or relatives to drink, and who feared the potential for excess in themselves.

[307] Rorabaugh, *The Alcoholic Republic,* p. 47.

[308] Pegram, *Battling Demon Rum,* pp. 17-19, 26-31.

[309] Berk, *Calvinism Versus Democracy,* pp. 37-40, 149-155.

[310] Rorabaugh, *The Alcoholic Republic,* pp. 205-206.

[311] Schmidt, *The Puritan Compromise*; Rorabaugh, *The Alcoholic Republic,* p, 208.

[312] For a discussion of how the authority of clergy was being undermined in this area, see: Hoopes, *Consciousness in New England,* pp. 55-69. Or, for a thought provoking discussion of Evangelical precedents for what later became the "unconscious" see: pp. 95-102.

[313] Lyman Beecher, *Six Sermons on the Nature, Occasions, Signs, Evils, and Remedy of Intemperance,* (Crocker & Brewster, Boston, 1827). Beecher's thought, well within

Puritan traditions and yet undermining them in other respects, is a key feature of the next chapter.

[314] Rorabaugh, *The Alcoholic Republic,* pp. 208-209; for a discussion of various types of "respectability", and the rising importance of abstinence, see: Hampel, *Temperance and Prohibition in Massachusetts,* pp.7-8, 17-18, 22, 26-28, 109-120.

[315] Berk, *Calvinism versus Democracy,* pp. 194-201.

[316] Krout, *The Origins of Prohibition,* p. 125.

[317] Rorabaugh, *The Alcoholic Republic,* pp. 120-121.

[318] Denise Herd, "The Paradox of Temperance: Blacks and the Alcohol Question in Nineteenth Century America", in Barrows and Room eds., *Behavior and Belief in Modern History.* This article discusses white paranoia, and much more. Whereas Southern whites feared rebellion among drunken blacks, many black leaders saw alcohol as a pacifier which, conversely, subdued political impulses among blacks and other oppressed groups. For the purposes of this study, two important themes appear in Herd's essay: 1. Temperance sentiment was able to attract those who favored the status quo as well as those who opposed it; 2. Instead of a purely "repressive" conception of Temperance (with alcohol vilified as a disinhibitor) Herd discusses a paradox along lines similar to my own conclusions: alcohol could be derided either because it made people aggressive or because it supposedly made them passive (pp. 356-357).

[319] Rorabaugh, *The Alcoholic Republic,* p. 126.

[320] Pearson and Hendricks, *Liquor and Anti-liquor in Virginia: 1619-1919,* pp. 61-64.

[321] Rorabaugh, *The Alcoholic Republic,* p. 201.

[322] Krout, *The Origins of Prohibition,* pp. 98-100; Hampel, *Temperance and Prohibition in Massachusetts,* pp. 1-2.

[323] Krout, *The Origins of Prohibition,* p. 101; Berk, *Calvinism Versus Democracy,* pp. 18-19, 30. Pearson and Hendricks, *Liquor and Anti-liquor in Virginia: 1619-1919,* pp. 46-54.

[324] The movement evolved in measured steps. Originally, pledges to abstinence referred only to distilled spirits. The "long pledge", which included wine and beer, did not become popular until the 1830s. See: Hampel, *Temperance and Prohibition in Massachusetts: 1813-1852,* pp. 45-50.

[325] Krout, *The Origins of Prohibition,* pp. 104-105.

[326] Beecher's views on hidden, and even latent, intemperance will be discussed in the next chapter.

[327] As will be seen in the next chapter, Beecher had ominous ideas about the implications of liberty without social control. See Beecher, *Six Sermons,* p. 63; for a concise account of the ideas on moral legislation of Beecher's mentor, Timothy Dwight, see: John R. Fitzmier, *New England's Moral Legislator: Timothy Dwight, 1752-1857,* (Indiana University Press, Bloomington and Indianapolis, 1998), pp. 158-180.

[328] Krout, *The Origins of Prohibition,* pp. 126-141; Hampel, *Temperance and Prohibition in Massachusetts: 1813-1852,* pp. 30-44.

[329] Krout, *The Origins of Prohibition,* pp. 130-131.

[330] Pegram, *Battling Demon Rum,* pp. 24-30; Hampel, *Temperance and Prohibition in Massachusetts: 1813-1852,* pp. 45-57,

[331] Krout, *The Origins of Prohibition,* pp. 169-173; Pegram, *Battling Demon Rum,* pp. 20-21, 31-32; Hampel, *Temperance and Prohibition in Massachusetts: 1813-1852,* pp. 51-52.

[332] Pearson and Hendricks, *Liquor and Anti-liquor in Virginia,* p. 91; Hampel, *Temperance and Prohibition in Massachusetts,* pp. 18-19.

[333] Pearson and Hendricks, *Liquor and Anti-liquor in Virginia,* p. 94.

[334] Hampel, *Temperance and Prohibition in Massachusetts,* p. 117; Pearson and Hendricks, *Liquor and Anti-liquor in Virginia,* p. 92. Hampel mentions that, in the early days of the Temperance movement, many did advocate treating drunkards with kindness but few really practiced it until different attitudes had set in (p. 19).

[335] This will be discussed in the next two chapters with respect to alcohol, and to other drugs in the fifth chapter. Though redemption is not new, the nineteenth century seemed to initiate a large-scale treatment of reformed sinners as truly hapless victims deserving pity, or even as heroes who had to struggle courageously with their demons. Needless to say this is still with us, and has probably become more mainstream over the last twenty years than ever before. To understand the evolution of confession in this context, one must keep in mind that confessing to a disease often requires less self-derision than confessing to a sin.

[336] Krout, *The Origins of Prohibition,* pp. 190-191; See also Hampel, *Temperance and Prohibition in Massachusetts.* Hampel discusses how the Washingtonians in many ways challenged faith in Divine retribution and innate human depravity (p. 118). Also, Hampel points out that even if the movement was short-lived, its legacy -- a more secular approach along with a belief in human agency as sufficient for redemption (at least from drunkenness) -- was to continue (pp. 129-139).

[337] Pegram, *Battling Demon Rum,* pp. 29-30.

[338] Krout, *Origins of Prohibition,* p. 201.

[339] Pegram, *Battling Demon Rum,* p. 27.

[340] Krout, *The Origins of Prohibition,* pp. 204-205.

[341] This had something to do with class composition: Washingtonians were often lower class, and mistrustful of such legislation (which those of their station rarely initiated). Still, though it is important to note that the lower ranks were becoming more active in the Temperance movement, Hampel points out that it is too simplistic to speak of a shift from an elitist to a democratic movement (*Temperance and Prohibition in Massachusetts,* p. 35). With such a large middle class at the helm, firm class lines were never easy to draw.

[342] Arnold Jaffe, *Addiction Reform in the Progressive Age: scientific and social responses to drug dependence in the United States,* (Arno Press, New York, 1981).

[343] Krout, *The Origins of Prohibition,* pp. 232-236.

[344] Hampel, *Temperance and Prohibition in Massachusetts,* pp. 79-94.

[345] Krout, *The Origins of Prohibition,* pp. 263-265.

[346] Hampel, *Temperance and Prohibition in Massachusetts,* pp. 80-81. K. Austin Kerr has also argued that Prohibition was part of a larger trend involving Americans turning to politics to control business behavior. Kerr, *Organized for Prohibition: A New History of the Anti-Saloon League,* (Yale, New Haven and London, 1985), p. 8.

[347] Krout, *The Origins of Prohibition,* pp. 275-276; Pearson and Hendricks, *Liquor and Anti-liquor in Virginia,* pp.178-187.

[348] Krout, *The Origins of Prohibition,* p. 281.

[349] ibid., p. 287. Pearson and Hendricks, *Liquor and Anti-liquor in Virginia,* pp. 187-192.

[350] Robert M. Coates, *The Outlaw Years: The History of the Land Pirates of the Nachez Trace,* (The Macaulay Company, New York,1930), p. 223.

[351] Max Weber, *The Protestant Ethic and the Spirit of Capitalism,* (Scribner, New York, 1958). Though Weber did not write directly on Temperance, he did discuss a certain psycho-social "type" for which an abstinent Temperance advocate would, in many ways, be a perfect fit. Sociologists such as Gusfield have, in my view, emphasized this Weberian insight at the expense of a more comprehensive picture (see: *Symbolic Crusade*). Again, the point is not that the tack is mistaken, but precisely that its validity has caused many twentieth century scholars to perform a reduction that does not withstand empirical scrutiny.

[352] Pierre Bourdieu, *In Other Words: Essays Towards a Reflexive Sociology,* (Stanford University Press, Stanford, 1990). The French anthropologist's ideas about "symbolic capital" could be applied to this development.

[353] Gusfield, *The Symbolic Crusade,* p. 122.

[354] Rorabaugh, *The Alcoholic Republic,* p. 188.

[355] Though Rorabaugh himself often falls into the same conceptual bias, I believe that much of his work serves to dispel it.

[356] Rorabaugh, *The Alcoholic Republic,* p. 189.

[357] ibid., p. 192.

[358] ibid., p. 167.

[359] We should remember that "rebels" are generally dependent upon the culture against which they rebel. Just as any counter-culture presupposes the original culture, so one might argue that the "non-repressed" facets of the temperance movement such as the Washingtonians often had much to rebel against. Rambunctious and mostly working class, they surely enjoyed giving shocks to their prudish counterparts. So, once more, we need not deny the importance of the classic sociological picture of the ascetic Protestant. My purpose is simply to gauge its importance more accurately than has been the norm.

[360] The theme of confession will figure in chapters three, four, and five.

[361] Rorabaugh, *The Alcoholic Republic,* p. 219.

[362] ibid., p. 220; see also: Ann Douglas, *The Feminization of American Culture.*

[363] John Kobler, *Ardent Spirits: the rise and fall of Prohibition,* (Knopf, New York, 1973), pp. 115-116.

[364] ibid., p. 137.

[365] ibid., p. 243.

[366] ibid., pp. 162, 243.

[367] Denise Herd, "The Paradox of Temperance." pp. 356-357.

[368] Gusfield, *The Symbolic Crusade,* pp. 6-7.

[369] ibid., p. 30.

[370] ibid., p. 30.

[371] Benjamin Rush, *Sermons to Gentlemen upon Temperance,* (Kimber & Richardson, Philadelphia, 1774), pp. 5-6.

[372] One might add that unlike medicine, where disease etiologies were still controversial in the eighteenth century, religious discourse had long participated in the natural (or unnatural) progression of sin. It is fair to say that thinkers such as Rush, when

discussing psycho-behavioral diseases, were influenced by new notions of etiology as well as old ideas about sin.

[373] Here the language of contradiction is invoked to help clarify the continuity between my own "Foucauldian" treatment of issues pertaining to the disease concept and other philosophical approaches which could, to some degree, do it justice. A Hegelian, for example, could dismiss my entire preoccupation with the conceptual oscillations of the "modern project" as typical of the dialectical patterns all thought must follow. However, thinkers such as Lukacs and Heidegger have pointed out that, regardless of a measure of tension in all thought through the ages, this becomes very stark -- rigid and seemingly absolute -- in the modern age. There is, in fact, more continuity with the work of such scholars and Foucault's own thoughts than the early Foucault (who wrote *The Order of Things*) would care to admit. The later Foucault, more mature and with the benefit of reflection, knew better.

[374] This approach is of course with us to this day. With alcoholism, and even more so with addictions in general, the willingness to forgive perpetrators has been inconsistent from the start. See: Valverde, *Diseases of the Will*, (pp. 190-205). Valverde talks about how alcoholism has not succeeded in becoming a legal defense for many transgressions (though it still can be a mitigating factor). On the other hand if one moves away from the criminal law courts to, for example, the work place, for some time we have seen increasing vindication for addicts of all stripes. Some commentators have complained that one is often better off if their drug use has been compulsive, because this can render dismissal unlikely (see Peele, *Diseasing of America*). Here one might note that (a half page down) I begin my discussion of normalization with what almost amounts to a dismissal of the juridical state. "Normalization" can take place outside its domain, often with the courts free to participate or not. Such a process, arguably, can be bigger than the law. Valverde, for example, discusses the way "identity" based conceptions of power do not always stand up empirically (p. 68). This is certainly true, and even when such power operates in one sphere we may witness old-fashioned retribution in another. The reader should, therefore, not presume that this process is ever "tidy".

[375] Though each of these four themes is relevant to the main ideas raised in the introduction, the first (normalization versus punishment) is primarily sociological and sets the stage for the next three which deal in turn with: (2) the secular climate in which "addiction" appeared, (3) the form content dichotomy central to notions of latency as well as repression, and (4) the solid deviant identity associated with chronic drunkenness.

[376] Gusfield, *The Symbolic Crusade*; Levine, "The Discovery of Addiction"; Rorabaugh, *The Alcoholic Republic.*

[377] National Temperance Society (NTS), *Temperance Tracts,* (N. T. S., New York, 1881), Tr. 49.

[378] Michel Foucault, *Discipline & Punish: the birth of the prison,* (Vintage, New York, 1979), p. 14.

[379] NTS, *Temperance Tracts*, Tr. 82.

[380] ibid., Tr. 56.

[381] ibid., Tr. 46.

[382] ibid., Tr. 46.

[383] ibid., Tr. 133.

[384] Lyman Beecher, *Six Sermons on the Nature, Occasions, Signs, Evils, and Remedy of Intemperance*, p. 10. The inevitability of punishment, as opposed to the intensity, has been the ideal goal since the inception of modern approaches to crime. This theme, and its connection to the inevitability of (if nothing else) "internal" retribution wherever iron-clad deviant identities are involved, will be addressed in the next chapter.

[385] ibid., pp. 57-58.

[386] ibid., p. 48.

[387] ibid., p. 63.

[388] See for example: Robert Lowe Fletcher, *The Great Temperance Controversy,* (J. P. Morton, Louisville, Ky, 1884), p. 48.

[389] Beecher, *Six Sermons...,* pp. 89-92; NTS, *Temperance Tracts*, Tr. 147, Tr. 48; see also: Benjamin Ward Richardson, *Temperance Lesson Handbook: a series of short lessons on alcohol and its action of the body*, (London, National Temperance Publication Depot, 1878).

[390] The Washingtonian movement was discussed in the previous chapter.

[391] Samuel B. Woodward, *Essays on Asylums for Inebriates*, (Worcester, Mass., 1838), p. 16.

[392] Michel Foucault, *The History of Sexuality, Volume 1: An Introduction*, (Vintage, New York, 1978), p. 120.

[393] ibid., pp. 124-125.

[394] Levine, "The Discovery of Addiction", pp. 156-159; the current, Darwinian conception of evolution did not win out until about 1920.

[395] Cotton Mather, *Days of Humiliation, Times of Affliction and Disaster: Nine Sermons,* (Scholars' Facsimiles and Reprints, Gainesville, Fla., 1970), p. 192.

[396] ibid., p. 198.

[397] ibid., p. 200.

[398] John B. Boles, *Masters & Slaves in the House of the Lord: race relations in the American South, 1740/1870,* (U. of Kentucky, Lexington, 1980), pp. 3-5.

[399] ibid., p. 173.

[400] NTS, *Temperance Tracts,* Tr. 60.

[401] ibid., Tr. 60.

[402] ibid., Tr. 60.

[403] ibid., Tr. 99.

[404] ibid., Tr. 107.

[405] ibid., Tr. 135.

[406] There is no denying the religious convictions of many who participated in this secular approach to transgression, and the point here is strictly about conceptualization. Benjamin Rush was a religious man, and yet had few qualms about invoking the language of contradiction. Also, the difficulties associated with "pure reason" (which is to say human reflection attempting to support itself solely through its own workings) were first codified systematically by Immanuel Kant, an advocate of this endeavor and also a firm believer in God. See: Immanuel Kant, *Immanuel Kant's Critique of Pure Reason,* translated by Norman Kemp Smith, (Macmillan, London, 1929).

[407] Beecher, *Six Sermons...,* p. 9.

[408] ibid., pp. 5-7. This tension, between something perfectly transparent and yet so well hidden that learned (or at least experienced) scrutiny is required, is exemplary of a quandary that haunts addiction treatment in our own time: at even the most rudimentary twelve step level, those involved are aware that few things are more obvious -- and more elusive --than denial.

[409] ibid., pp. 11-12.

[410] If the reader wishes to judge the validity of my "Foucauldian" discussions of the conceptual polarizations, it is important that observations of this type be taken very seriously: signs (empirical data) have validity *only* insofar as they pertain to what is hidden from the eye. One should not expect Beecher, or any thinker, to do justice to this attitude at every turn. The point is simply that he participates in it. In fact, the argument I make in the introduction is precisely that one cannot live up to such requirements and for this reason must "jump" from theoretical to the empirical models, rarely satisfied with the results (hence the need to keep jumping).

[411] Beecher, *Six Sermons,* pp. 26-27.

[412] ibid., p. 32.

[413] Cotton Mather, *Days of Humiliation*, p. 192.

[414] For my purposes, it does not matter whether one considers abstinence the only proper solution to alcoholism. If it is, then we must still deal with the fact that only a few centuries ago did we finally possess a mindset able to incorporate this fact. Whether one views the prescription for abstinence as truth or prejudice, the fact remains that the prescription -- as a commonly accepted standard -- is relatively new.

[415] Harry Gene Levine, *Colonial American and Nineteenth Century Ideas about Alcohol as a Cause of Crime and Accidents*, p. 11.

[416] ibid., p. 13.

[417] ibid., p. 26.

[418] ibid., p. 31.

[419] Woodward, *Essays...*, p. 31.

[420] ibid., p. 4.

[421] ibid., p. 4.

[422] ibid., p. 18.

[423] ibid., p. 18.

[424] NTS, *Temperance Tracts*, Tr. 89.

[425] ibid., Tr. 129.

[426] ibid., Tr. 126.

[427] ibid., Tr. 19.

[428] ibid., Tr. 57, Tr. 143.

[429] As a researcher in the field, I find it strange that so many commentators search for the medical origins of "diseases" which, in fact, had been sins for thousands of years. Rush and Trotter may have put some pieces together -- and they each deserve credit for true innovation -- but there is a strong bias in favor of institutional sanction which leads to neglect of organic culture, and its subsequent effect on "science". We should not be surprised if, some time in the future, a doctor gets the credit for "discovering" co-dependency or at least some of its facets. Temperance, however, included what was arguably the largest movement of "co-dependents" in history: women, and men, who had suffered because of the substance abuse of their loved ones.

[430] NTS, *Temperance Tracts*, Tr. 39.

[431] ibid., Tr. 89.

[432] ibid., Tr. 89.

[433] ibid., Tr. 56.

[434] Levine, *Colonial American and Nineteenth Century Ideas about Alcohol as a Cause of Crime and Accidents,* p. 35.

[435] Levine, "The Discovery of Addiction".

[436] Room, *The Cultural Framing of Addiction.*

[437] This dilemma represents Foucault's archaeological insight, as expounded in *The Order of Things.* In many ways, it can be far simpler than it seems.

[438] Rorabaugh, *The Alcoholic Republic,* p. 151.

[439] AA says that "alcohol is no respecter of persons". Critics such as Peele, for example (*Diseasing of America*), have been critical of disease conceptions for their blurring of social and economic disparity. In short, if drug addiction is an "equal opportunity disease", how is one to account for the obviously high number of crack and heroin addicts among the less privileged segments of society? Here, "egalitarianism" can be just as oppressive as any elitist approach to the question.

[440] This egalitarianism, of course, has survived within the disease paradigms of fellowships such as Alcoholics Anonymous and Narcotics Anonymous. As will be discussed in the fourth chapter, when approaching power practices associated with these disease concepts, it is often crucial to relinquish one's tendency to view power in the conventional sense as necessarily hierarchical. Themes such as discipline, confession and the construction of inner identities can apply to even the most democratic settings. Large groups, after all, are potentially just as powerful as elite individuals or committees. Notably (and above all for those keen to take a Foucauldian tack) the history of such practices have, according to Foucault and other commentators, involved a leveling that renders power anonymous and the actual dispensers of power expendable (since they operate in a structure that permits easy replacement of authority figures). The (now famous) Panopticon, for example, was set up in such a way that the observer and the observed could easily trade places. Totalitarian regimes have also had this quality: ideally everyone would be snitching on everyone else. In the latter case, hierarchies were of course important. The point, however, is that there can be more to social control, discipline and even oppression than simply "elitism".

[441] Rorabaugh, *The Alcoholic Republic,* p. 169.

[442] ibid., p. 172.

[443] Foucault, *The History of Sexuality,* p. 154; Emily Apter and William Pietz, *Fetishism as Cultural Discourse,* (Cornell University Press, Ithaca, 1993).

[444] ibid., p. 163.

[445] NTS, *Temperance Tracts,* Tr. 89.

[446] Beecher, *Six Sermons,* p. 39.

[447] ibid., pp. 41-42.

[448] Levine, *Colonial American and Nineteenth Century Ideas about Alcohol as a cause of Crime and Accidents,* p. 38.

[449] Originally considered a disease of the nerves, "neurosis" had a forerunner in the notion of "neurasthenic disorder".

[450] NTS, *Temperance Tracts,* Tr. 126.

[451] ibid., Tr. 126.

[452] ibid., Tr. 105.

[453] ibid., Tr. 105.

[454] ibid., Tr. 105.

[455] It is important here to avoid mystification. As mentioned in the introduction, Europeans have always understood that seeds were destined to become flowers -- hence some grasp of internal laws. The Puritans discussed in the second chapter, in fact, make a good model for this study precisely because they rejected Aristotle's notion of "potentiality", an "inner" determinant that did indeed operate in the West well before our time. Nor would it be correct to accuse Plato or Newton of being blind to many internal determinants.

[456] The first chapter discusses the controversial status of disease etiology in the eighteenth century. Here, a disease would run it's own predetermined course. For centuries this notion -- despite the existence of ailments with obvious long-term repercussions -- was considered quackery.

[457] Foucault, *The Order of Things,* pp. 242-251.

[458] ibid., p. 209.

[459] Let us be clear on one point: I do not wish to deny that, in most cases (possibly a vast majority), alcoholics and drug addicts are best off abstaining for life. Accepting this fact, we are still left with the need to explain another: why, for many centuries, did priests and doctors tell drunkards to moderate rather than abstain? The "Foucauldian" argument involves a new form of conceptualization which enabled individuals to perceive behaviors in a different light. At another level, the argument need not be based on Foucault: alcoholism today has an etiology involving the inability to drink moderately after a certain point; before the eighteenth century, few diseases had etiologies; before the eighteenth century, diseases were understood more in terms of a host of environmental determinants -- external determinants -- and sins were also perceived this way. The role of externals -- whether God or geography -- has been curtailed over

the last two centuries in favor of diseases (or hybrid sin-diseases) with an *internal* power that, in the past, had been largely unrecognized.

[460] The most popular rendition of this principle today is that alcoholics can "recover" but never be cured. The disease is in this sense an absolute -- a pure limit.

[461] NTS, *Temperance Tracts,* Tr. 1.

[462] ibid., Tr. 8.

[463] ibid., Tr. 19.

[464] David Rogers, *Shot and Shell: for the temperance conflict,* (Griggs, Toronto, 1884), p. 126.

[465] The often impersonal nature of authority and its relevance to addictions and to marginalization in general will be addressed in the next chapter. It is important to understand that -- at least in principle -- hierarchies are unnecessary wherever ideas themselves are key. The addiction concept will of course lend itself to hierarchical applications but, at times, the concept itself seems strong enough to operate democratically. Twelve Step fellowships, for example, are often among the most democratic institutions in existence today. Arguably benign for this reason, they still function to exercise power over their members. I should stress that "power" need not be taken as a pejorative, and that hence to identify its operations is not in itself an ideological assault. It is, however, important to understand power as potentially democratic and anonymous -- especially when it is wielded by an idea (here the addiction concept) to which no individual or group can claim ownership.

[466] J. A. Krout, *The Origins of Prohibition,* (Knopf, New York, 1925), p. 113.

[467] Rorabaugh, *The Alcoholic Republic,* p. 216.

[468] World Service Office, Inc., *Narcotics Anonymous,* (Van Nuys, CA, 1988), p. 9.

[469] David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic,* (Little, Brown and Company, London, 1990); Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900,* (Yale, New Haven & London, 1993).

[470] Any criminologist could of course list examples where delinquency has not been the primary target. The transition from act-based to identity-based social control has not been absolute. A shift in this direction, however, has been undeniable. The reader might also note that I refer to "inquiries" into the nature of criminal activity, not to solutions. When the police or the courts decide to get tough, they are not inquiring.

[471] Foucault, *The History of Sexuality: Volume 1: an introduction.*

[472] An awareness of the likelihood of relapse among certain sinners is certainly not specific to our time. Christian authorities had long been aware of habitual sinners, those who would go to confession not only to disclose past transgressions but also to admit the probability of repetition. "Benedict XIV argues that the confession is valid if the penitent believes that he will promptly repeat the same sins, and some moralists assert that sufficing detestation of sin is compatible with the admitted certainty of relapse. As a sort of compromise a custom arose of prescribing in advance a penance to be performed whenever the sin should be repeated..." Charles Henry Lea, *A History of Auricular Confessions and Indulgences in the Latin Church, Volume II*, (Greenwood Press, New York, 1968, first published in 1896), p. 34. One difference between past and present conceptions is that the "detestation" of sin was haunted by ambiguity. In a world where drunkards were said to love their liquor, this should not be surprising. Later, as Levine pointed out, the addiction concept rendered the notion of doing things that one may detest far less problematic.

[473] To say that these approaches have been prominent is not to claim that they have consistently dominated. Other approaches can compete with, and at times supplant, the ones under consideration. Often, other approaches work in combination with them. With respect to a hard, deterministic addiction model, the fact remains that it is often derided as unsatisfactory by workers and researchers who, nonetheless, seem unable to completely do without it. The Kantian thing-in-itself, conceptually related to what we could call addiction-in-itself, has a similar quality: philosophers criticize it incessantly, yet are hard pressed to put it aside.

[474] Foucault, *The History of Sexuality,* p. 6.

[475] Foucault, *Discipline & Punish,* pp. 139-140.

[476] ibid., p. 191.

[477] ibid., pp. 246-247.

[478] As mentioned already, examples abound where this is not the case. Alcoholism, for example, cannot serve to excuse drunken driving. However, addiction can in many spheres function to circumvent (or at least mitigate) punishment. Insanity, however, is still an excellent defense. Further, whenever alcoholic behavior is rendered criminal today, counter-arguments pertaining to the disease condition must be taken into account and then refuted. If nothing else, the potential for mitigation refuses to disappear. In the previous chapter I discussed the status of addiction as a nebulous condition, often falling between the cracks which separate deviancy from normalcy. As things stand right now, our society seems uncomfortable either way: when addiction serves as an excuse for

misbehavior, or when addicts are "condemned" for behavior resulting from their condition. Inconsistencies, in both social and legal spheres, should not be surprising.

[479] Foucault, *Discipline & Punish,* p. 275.

[480] ibid., pp. 296-297.

[481] ibid., p. 297.

[482] In order to avoid mystifying this change in perception, we might recall that, in the past, similar mysteries were not perceived as "internal" the way they are today. An appeal, for example, to the hidden influence of Satan or Demons (which an affected subject might also "deny") certainly presents interesting parallels but is in many ways different from the focus of the deeper dimensions of the self. I have identified this as a secular project, and in the last chapter discussed it under the heading, *Finding Self versus Finding God.* Whether good or evil, positive or negative, things that had been purely transcendental (external to man) have in many ways been rendered internal.

[483] Foucault, *The History of Sexuality,* p. 10.

[484] ibid., p. 10.

[485] Foucault, *Discipline & Punish,* p. 16.

[486] ibid., p. 17.

[487] ibid., p. 100.

[488] ibid., p. 187.

[489] Rothman, *The Discovery of the Asylum,* p. 133.

[490] R. M. Murray & T. H. Turner eds., *Lectures on the History of Psychiatry: The Squibb Series,* (Alden Press, London, 1990), p. 66.

[491] Scull, *The Most Solitary of Afflictions,* p. 106.

[492] ibid., p. 108.

[493] ibid., pp. 153-154.

[494] Benjamin Rush, *Medical Inquiries and Observations upon the Diseases of the Mind,* (Kimber & Richardson, Philadelphia, 1812), pp. 315-316.

[495] ibid., p. 17.

[496] Rothman, *The Discovery of the Asylum,* p. 66.

[497] ibid., p. 70.

[498] ibid., p. 118.

[499] Scull, *The Most Solitary of Afflictions,* pp. 99-100.

[500] ibid., pp. 187-188.

[501] W. F. Bynum, Roy Porter, Michael Sheperd eds., *The Anatomy of Madness: Essays in the History of Psychiatry, Volume III: The Asylum and Psychiatry,* (Routledge, London and New York, 1988) pp. 71-72.

[502] Again, one can see how Peele's term, "diseasing" *(Diseasing of America)*, might be more accurate than "medicalization" since these developments were rarely (if ever) the sole property of medicine. Still, doctors were involved, and as mentioned already I have chosen to deal with a broader conception of "medical".

[503] Foucault, *The History of Sexuality,* p. 19.

[504] Rorabaugh, *The Alcoholic Republic,* p. 9.

[505] Foucault, *Discipline & Punish,* p. 211.

[506] Rothman, *The Discovery of the Asylum,* p. 65.

[507] ibid., pp. 217-218.

[508] Porter, *Mind Forg'd Manacles,* p. 14.

[509] Scull, *The Most Solitary of Afflictions,* p. 383.

[510] Apter & Pietz, *Fetishism as Cultural Discourse,* p. 14.

[511] Scull, *The Most Solitary of Afflictions,* p. 14.

[512] ibid., pp. 26-29.

[513] ibid., pp. 26-35.

[514] ibid., pp. 104-105.

[515] W. F. Bynum, Roy Porter, Michael Shepherd eds., *The Anatomy of Madness: Essays in the History of Psychiatry, Volume I: People and Ideas,* pp. 104-105 & 218-219.

[516] Foucault, *The History of Sexuality,* pp. 27-28.

[517] According to Rothman: "To understand why men became so passionate about internal questions of design is to begin to comprehend the origins and popularity of institutionalization in this era. Under the Auburn scheme, prisoners were to sleep alone in a cell at night and labour together in a workshop during the day... They were forbidden to converse with fellow inmates or even exchange glances while on the job, at meals, or in their cells. The Pennsylvania system, on the other hand, isolated each prisoner for the entire period of confinement. According to its blueprint, convicts were to eat, work and sleep in individual cells..." David Rothman, *The Discovery of the Asylum,* p. 82. Rothman also discusses how Thomas Kirkbride, who headed the Pennsylvania Hospital for the Insane from 1840 to 1883, published a highly influential textbook on insanity which dealt mainly with "the location of ducts and pipes in asylums, and to accounts of daily routines. He first discussed to proper size and location for the buildings, the right

materials for constructing walls and making plaster, the best width for rooms and heights for ceilings..." (p. 134.)

[518] Foucault, *Discipline & Punish*, pp. 176-177.

[519] When Narcotics Anonymous first took shape in the 1950s, it was in many American states illegal for addicts to congregate. Now, of course, judges often direct the condemned to NA meetings (which can also be found in jail). However, I am not suggesting that proponents of the disease concept are necessarily prone to actively flouting the law. The point is that, where the disease concept is concerned accepted authorities - professional and legal - are often marginal or even irrelevant.

[520] Foucault, *The History of Sexuality*, p. 29.

[521] Contemporary popular notions of the "inner child", despite obvious differences from the seriously professional discourse under consideration right here, are consistent with this development not only because of a chronological retreat to one's childhood but also because the need to "find oneself" has been evident ever since the call to "find God" began to waver some two hundred years ago (see Chapter 3, "Finding Self versus Finding God").

[522] Foucault, *Discipline & Punish*, p. 193. More recent trends in psychiatry, notably with a focus on the prescription of medications, seem to indicate a move away from such conceptions. However, given the inconsistencies in the evolution of therapeutic practices over the last two centuries, it would be unwise to conclude that this issue is on the verge of being settled. The next chapter will address much of the backsliding that has marked professional approaches to the addiction concept since its inception. In its essential elements, the concept refuses to go away. In any case, Foucault's statement certainly pertains to the history of modern deviancy.

[523] ibid., p. 180.

[524] Rothman, *The Discovery of the Asylum*, pp. 220-236.

[525] ibid., p. 76.

[526] Foucault, *The History of Sexuality*, p. 30.

[527] Foucault, *Discipline & Punish*, pp. 238-239.

[528] Rothman, *The Discovery of the Asylum*, pp. 68-69.

[529] Hepworth & Turner, *Confession*, p. 85.

[530] ibid., p. 98.

[531] Michel Foucault, *Madness and Civilization: A History of Madness in the Age of Reason*, (Vintage, New York, 1973), p. 247.

[532] ibid., pp. 276-278.

[533] Scull, *The Most Solitary of Afflictions*, pp. 92-98; Fetishism -- notably sexual fetishism -- provides a good example of this as it is an affliction that leaves intact other faculties such as intellect. Further, like an addiction, the essence of fetishism as a psychological issue was its compulsiveness. See: Emily Apter & William Pietz, *Fetishism as Cultural Discourse*, p. 20.

[534] Bynum et al., *The Anatomy of Madness... Vol. I*, pp. 167-172.

[535] Foucault, *Discipline & Punish*, p. 19.

[536] ibid., pp. 102-103.

[537] ibid., pp. 202-203.

[538] Hepworth & Turner, *Confession*, pp. 53, 97.

[539] Scull, *The Most Solitary of Afflictions*, pp. 336-340.

[540] ibid., pp. 349-353.

[541] Bynum et al., *The Anatomy of Madness, Vol. I*, p. 198.

[542] Porter, *Mind-Forg'd Manacles*, pp. 202-203.

[543] Foucault, *The History of Sexuality*, pp. 37-38.

[544] Foucault, *Discipline & Punish*, p. 198.

[545] ibid., p. 210.

[546] Rothman, *The Discovery of the Asylum*, pp. 4-9.

[547] ibid., p. 112.

[548] Scull, *The Most Solitary of Afflictions*, pp. 156-157.

[549] ibid., pp. 179-180.

[550] The relation between science and religion was, of course, tenuous. For a discussion of how, in the twentieth century, AA managed to forge a more workable combination of disease ideology and older notions of sin, see: Paul Antze, "Symbolic Action in Alcoholics Anonymous", in Mary Douglas ed., *Constructive Drinking: Perspectives on Drink From Anthropology*, (Cambridge University Press, Cambridge, 1987), pp. 172-176.

[551] Scull, *The Most Solitary of Afflictions*, pp. 263-270.

[552] ibid., pp. 325-326.

[553] Barham, *Schizophrenia and Human Value*, p. 23.

[554] ibid., p. 35.

[555] ibid., pp. 36-38.

[556] ibid., pp. 47-52.

[557] Foucault, *The History of Sexuality*, p. 38.

[558] Murray & Turner, *Lectures on the History of Psychiatry*, pp. 69-70.

[559] Bynum et al., *The Anatomy of Madness, Vol. I*, p. 93.

[560] Warner, "Before There was Alcoholism".

[561] Foucault, *The History of Sexuality*, p. 39.

[562] This of course does not mean that everyone stopped looking for God, but that even such spiritual journeys had by then been "tainted" by inner journeys that once would have been considered heretical.

[563] Foucault, *Madness and Civilization*, p. 220.

[564] Foucault, *Discipline & Punish*, p. 69.

[565] Scull, *The Most Solitary of Affliction*, p. 57.

[566] Porter, *Mind-Forg'd Manacles*, pp. 35-38.

[567] ibid., 222.

[568] Foucault, *Discipline & Punish*, p. 23.

[569] Foucault, *The History of Sexuality*, p. 42.

[570] Foucault, *Discipline & Punish*, pp. 57, 95-96.

[571] ibid., p. 241.

[572] Porter, *Mind-Forg'd Manacles*, pp. 84-89.

[573] Foucault, *The History of Sexuality*, p. 43.

[574] Foucault, *Discipline & Punish*, p. 112.

[575] ibid., p. 218.

[576] Rothman, *The Discovery of the Asylum*, p. 67.

[577] ibid., p. 70.

[578] ibid., pp. 84-85.

[579] ibid., pp. 128, 252.

[580] ibid., pp. 137, 187.

[581] Foucault, *Madness and Civilization*, p. 256.

[582] ibid., p. 251.

[583] ibid., pp. 257, 272.

[584] Foucault, *Discipline & Punish*, pp. 150, 162, 209-210.

[585] Rothman, *The Discovery of the Asylum*, pp. 156, 162.

[586] ibid., pp. 163-169.

[587] Foucault, *Madness and Civilization*, p. 210.

[588] ibid., p. 264.

[589] ibid., p. 246.

[590] The first step an AA member must take involves the confession of a disease: "We admitted that we were powerless over alcohol..." Other twelve step fellowships begin in similar ways, whether the target is gambling or sex. One Twelve Step publication states:

"Upon our entrance into AA, we soon made a public confession of our alcoholism and, to our surprise, we lost some of the sense of stigma... Our sense of guilt was lessened..." T. W. R., *The Eye Opener,* [Hazelden, Center City, undated], p. "July 31".

[591] Foucault, *The History of Sexuality,* p. 54.

[592] Scull, *The Most Solitary of Afflictions,* p. 182.

[593] ibid., pp. 188-194.

[594] ibid., p. 223-224.

[595] ibid., pp. 236-237.

[596] ibid., pp. 239-260.

[597] Porter, *Mind-Forg'd Manacles,* pp. 55-56.

[598] Henry Charles Lea, *A History of Auricular Confession and Indulgences in the Latin Church, Volume 1: Confession and Absolution,* (Greenwood Press, New York, 1968), first published in 1896; Leonard Geddes and Herbert Thurston, *The Catholic Church and Confession,* (Macmillan, New York, 1928).

[599] Scull, *The Most Solitary of Afflictions,* p. 177.

[600] Hepworth & Turner, *Confession,* p. 136.

[601] W. F. Bynum, Roy Porter, Michael Shepherd, eds., *The Anatomy of Madness: Essays in the History of Psychiatry, Volume II: Institutions and Society,* (Tavistock, London and New York, 1985), p. 81.

[602] Porter, *Mind-Forg'd Manacles,* pp. 202-203.

[603] Foucault, *The History of Sexuality,* p. 59.

[604] Paul Antze, "Symbolic Action in Alcoholics Anonymous", pp. 149-181 (esp. pp. 152-154).

[605] Foucault, *The History of Sexuality,* p. 60.

[606] ibid., p. 61.

[607] ibid., p. 62.

[608] Confession has had a long history of anonymity with, for example, confessor and confesant often being unaware of the other's identity. In these settings, however, there was a solid authority figure. George Maloney points out that the distinction in status between private and public confession was at first nebulous, and that a system of strictly private confession was developed in the Celtic Churches at around the sixth century. See:*Your Sins are Forgiven You: Recovering the Sacrament of Reconciliation,* (Alba House, New York, 1994) pp. 51-64. In twelve-step recovery even this format is sabotaged. Though the fifth step -- where one discloses one's "wrongs" -- seems an approximation of old-fashioned confessional authority, there is a difference: here the

confessants are to disclose their misdeeds to "God, to ourselves, and to another human being". The other human being, however, need not be one's sponsor or even a member of the fellowship. Arguably, AA has taken one aspect of confession to greater extremes than ever before: since one chooses the person to whom one confesses, and since this person has no power to absolve or even to declare that one is ready for reentry to a community, we are dealing with an experience of pure confession. Confession has become an end in itself.

[609] Foucault, *The History of Sexuality,* p. 65.

[610] Scull, *The Most Solitary of Afflictions,* p. 325.

[611] Bynum et al., *The Anatomy of Madness, Vol. I,* p. 215

[612] Foucault, *The History of Sexuality,* pp. 195-196.

[613] Foucault, *Discipline & Punish,* p. 24.

[614] Scull, *The Most Solitary of Afflictions,* p. 326.

[615] Rothman, *The Discovery of the Asylum,* pp. 126-131.

[616] Bynum et al., *The Anatomy of Madness,* Vol. I, p. 197.

[617] ibid., P. 209.

[618] ibid., p. 212.

[619] Porter, *Mind-Forg'd Manacles,* p. 179.

[620] ibid., p. 185.

[621] ibid., pp. 195-196.

[622] Bynum et al., *The Anatomy of Madness, Vol. III,* p. 316.

[623] Porter, *Mind-Forg'd Manacles,* pp. 43, 192.

[624] Foucault, *Madness and Civilization,* pp. 157-158.

[625] ibid., p. 197.

[626] Apter & Pietz, *Fetishism as Cultural Discourse,* p. 22.

[627] Foucault, *The History of Sexuality,* p. 71.

[628] Foucault, *Discipline & Punish,* p. 91.

[629] Hepworth & Turner, *Confession,* p. 84.

[630] Foucault, *The History of Sexuality,* p. 77.

[631] ibid., p. 78.

[632] World Service, *Narcotics Anonymous,* p. 13.

[633] Foucault, *Madness and Civilization,* pp. 83-84.

[634] ibid., pp. 94-95. The second chapter, with its discussion of Augustinian and Puritan theology, addresses the traditional conception of all evil as merely deficiency.

[635] ibid., p. 97.

[636] ibid., pp. 107-115.

[637] ibid., p. 210.

[638] ibid., p. 220.

[639] Murray & Turner, *Lectures on the History of Psychiatry,* p. 67.

[640] Porter, *Mind-Forg'd Manacles,* p. 41.

[641] John Locke, *An essay Concerning Human Understanding,* (Churchill, London, 1700).

[642] Porter, *Mind-Forg'd Manacles,* p. 112.

[643] ibid., p. 175.

[644] ibid., pp. 208-209.

[645] Foucault, *The History of Sexuality,* p. 85.

[646] ibid., p. 86.

[647] Needless to say, abstinence on its own would not construct anyone's identity. Abstinence is, however, a participant in a larger (lifelong) process which must involve breaking down the walls of denial, coming to grips with one's disease, and consistently rewriting one's own past with an eye on the importance of the disease in areas where it had not been considered significant.

[648] Rothman, *The Discovery of the Asylum,* p. 14.

[649] Foucault, *Madness and Civilization,* pp. 176-177.

[650] ibid., pp. 181-182,

[651] ibid., p. 251.

[652] ibid., pp. 256-274.

[653] Scull, *The Most Solitary of Afflictions,* p. 68.

[654] Rush, *Medical Inquiries and Observations upon the Diseases of the Mind,* p. 174.

[655] ibid., p. 175.

[656] ibid., p. 175.

[657] ibid., pp. 176-177.

[658] ibid., pp. 180-181.

[659] ibid., p. 263.

[660] ibid., pp. 264-266.

[661] ibid., p. 356.

[662] ibid., p. 360.

[663] ibid., pp. 360-370.

[664] William Ll. Parry-Jones, *The Trade in Lunacy: a study of private madhouses in England in the eighteenth and nineteenth centuries,* (University of Toronto Press, Toronto, 1972), p. 173.

[665] Porter, *Mind-Forg'd Manacles,* pp. 208-209.

[666] ibid., p. 222.

[667] Foucault, *The History of Sexuality,* p. 95.

[668] Gusfield, *Symbolic Crusade.*

[669] Foucault, *The History of Sexuality,* p. 98.

[670] Peele, *Diseasing of America.*

[671] Parry-Jones, *The Trade in Lunacy,* p. 174.

[672] Foucault, *The History of Sexuality,* p. 99.

[673] Foucault, *Discipline & Punish,* pp. 176-177.

[674] Porter, *Mind-Forg'd Manacles,* pp. 222-223.

[675] Foucault, *Discipline & Punish,* p. 207.

[676] ibid., p. 234.

[677] ibid., p. 232.

[678] Rothman, *The Discovery of the Asylum,* p. 255.

[679] Scull, *The Most Solitary of Afflictions,* p. 303.

[680] Foucault, *The History of Sexuality,* p. 116.

[681] ibid., p. 119.

[682] ibid., pp. 100-101.

[683] ibid., p. 123.

[684] ibid., p. 126.

[685] Porter, "The Drinking Man's Disease", pp. 393-394.

[686] It should not be surprising that such ailments, well publicized even on television, are quickly understood by person's with little education. However, the speed with which, for example, the language of codependency was incorporated even by many crack and heroin addicts in the 1980s was phenomenal.

[687] Some may find this "abbreviated" version of a complex dilemma problematic. Rather than repeat arguments already made, I will simply point out that this confusion over how to separate diseases from their symptoms does not haunt afflictions such as the measles. Yet such dilemmas invariably impinge upon sciences that attempt to make sense of the soul.

[688] Foucault, *The History of Sexuality,* pp. 153-154.

[689] ibid., p. 154.

[690] Apter & Pietz,, *Fetishism as Cultural Discourse,* pp. 13-36.

[691] ibid., pp. 54-56.

[692] Ibid., pp. 19-20.

[693] William Pietz, "The Problem of the Fetish, IIIa: Bosman's Guinea and the Enlightenment Theory of Fetishism", *Rez* 16, (Autumn, 1988).

[694] Foucault, *Madness and Civilization,* p. 210.

[695] Scull, *The Most Solitary of Afflictions,* p. 105.

[696] David T. Courtwright, *Dark Paradise: Opiate Addiction in America before 1940,* (Cambridge, 1982).

[697] Peele, for example, has argued this position. See: Peele, *Diseasing of America.*

[698] Regarding the alleged priority of opiate addiction, this entire chapter will be putting different addictions into their respective historical contexts. One point, however, should serve right here, mainly due to its astonishing transparency. The term "addiction" has a strange history, and has often been used to convey criminality. For example, Howard Wayne Morgan's account of the history of illegal drug use states that opium smoking was "the first form of addiction to attain wide public notoriety." (Howard Wayne Morgan, *Yesterday's Addicts: American society and drug abuse: 1865-1920,* (Norman, U. of Oklahoma, 1974), p. 5.) Said to begin in the 1870's, this notoriety was nonetheless embellished by comparison to "inebriety", the disease as opposed to the sin of drunkenness. The same text provides illustrations of this (p. 94). Though inebriety was later to include the abuse of other substances, it first was aimed at drunkenness. Morgan is therefore (obviously) aware of the historical antecedents, yet distinguishes between addiction (to illegal drugs) and alcoholism. This is why opiate addiction is referred to as the first *addiction* to gain notoriety. A nonspecialized reader could easily take this comment at face value. Many otherwise baffling misinterpretations of the history of addictions can be explained by reference to such semantic confusion.

[699] The drug use patterns of heroin using Vietnam Veterans after their return to the U.S. created far more surprise than should have been warranted. Studies on the topic led to the "discovery" that heroin addiction need not be an absolute, and that a strong change in context might alleviate (or completely prevent) withdrawal symptoms, or perhaps even turn an addict into a casual user. See: for example L.N. Robins, J. E. Helzer & D. H. Davis, "Narcotic Use in Southeast Asia and Afterward", *Archives of General Psychiatry,* (1975, 32: pp. 955-961). The study conducted by Robins et. al. is excellent. I do not mean to deride their work, but to point out that such developments could only be controversial when an overly simplistic addiction concept is prevalent. To show that addiction -- physical or other -- is not an absolute is not the same as proving it to be illusory.

[700] Sami Hamarneh, "Pharmacy in Medieval Islam and the History of Drug Addiction", *Medical History* 16: 226-37, (1972), p. 231.

[701] Brian Inglis, *Forbidden Game,* (Hodder and Stoughton, London, 1975), p. 40.

[702] Morgan, *Yesterday's Addicts;* Arnold Jaffe, *Addiction Reform in the Progressive Age: scientific and social responses to drug dependence in the United States,* (New York, Arno Press, 1981); D. F. Musto, *The American Disease: origins of narcotic control,* (Yale, New Haven, 1973).

[703] Musto, *The American Disease,* pp. 1-2.

[704] Courtwright, *Dark Paradise,* p. 55.

[705] Morgan, *Yesterday's Addicts,* p. 7.

[706] Norman Howard-Jones, "A Critical Study of the Origins and Early Development of Hypodermic Medication", *Journal of the History of Medicine,* (Spring, 1947), p. 232.

[707] ibid., p. 232.

[708] Musto, *The American Disease,* p. 4.

[709] ibid., pp. 5-6.

[710] ibid., pp. 6-7.

[711] ibid., p. 6; Howard Wayne Morgan, *Drugs in America: A Social History, 1800-1980,* (Syracuse, Syracuse U. Press, 1981).

[712] Morgan, *Drugs in America,* pp. 34-35.

[713] Courtwright, *Dark Paradise,* p. 49.

[714] ibid., pp. 2-3.

[715] ibid., p. 3.

[716] ibid., p. 3-4.

[717] ibid., pp. 38-42, 113.

[718] ibid., p. 126.

[719] Morgan, *Drugs in America,* pp. 37-38.

[720] Musto, *The American Disease,* p. 10.

[721] Jeffrey Clayton Foster, "The Rocky Road to a 'Drug-Free Tennessee': A History of the Early Regulation of Cocaine and Opiates, 1897-1913", *Journal of Social History,* (Spring, 1996, vol. 29).

[722] ibid., pp. 548-555.

[723] ibid., pp. 554-555.

[724] ibid., p 555.

[725] ibid., pp. 555-556.

[726] ibid., p. 557.

[727] ibid., p. 558.

[728] ibid., p. 559.

[729] Musto, *The American Disease,* p.26.

[730] ibid., pp. 30-31.

[731] ibid., pp. 31-51.

[732] Canadian nationalists might note that in both Canada and the U.S., West coast Chinese laborers, involved with railroads, represented a key factor in the development of opiate legislation. Eventually, however, other Western nations followed America's lead as well.

[733] Courtwright, *Dark Paradise,* pp. 3-4.

[734] Musto, *The American Disease,* p. 65.

[735] Courtwright, *Dark Paradise,* pp. 47-49.

[736] ibid., p. 113.

[737] ibid., pp. 132-133.

[738] ibid., p. 57.

[739] Clifford Albutt, "On the Abuse of Hypodermic Injections of Morphia", *Practitioner* 3: 327 (1870), from: Musto, *The American Disease,* p. 74.

[740] ibid., p. 75.

[741] Edward Levenstein, *Morbid Craving for Morphia,* (Arno Press, New York, 1981).

[742] ibid., p. 4.

[743] ibid., p. 4.

[744] ibid., pp. 5-8.

[745] ibid., pp. 50-54.

[746] ibid., pp. 77-78.

[747] ibid., p. 8.

[748] ibid., p. 9.

[749] ibid., p. 110.

[750] ibid., p. 111.

[751] Musto, *The American Disease,* p. 78.

[752] Morgan, *Yesterday's Addicts,* p. 111.

[753] ibid., p. 112.

[754] ibid., p. 113.

[755] ibid., pp. 113-114.

[756] ibid., p. 114.

[757] ibid., p. 115.

[758] ibid., pp. 125-126.

[759] ibid., p. 126.

[760] ibid., p. 128.

[761] ibid., p. 135.

[762] ibid., p. 187.

[763] Levenstein, *Morbid Craving for Morphia,* p. 114.

[764] Musto, *The American Disease,* p. 83.

[765] AMA Narcotic Committee, "Report of the Committee on the Narcotic Drug Situation in the United States", *JAMA* 74, (1920),p. 1328.

[766] ibid., p. 1328.

[767] ibid., p. 1324.

[768] Room, *The Cultural Framing of Addiction.* This issue is discussed in the introduction to this study.

[769] Morgan, *Drugs in America,* p. 67.

[770] ibid., pp. 84-85.

[771] Norman Kerr, *Inebriety or Narcomania,* (Arno Press, New York, 1981), p. 384.

[772] Courtwright, *Dark Paradise,* p. 127.

[773] ibid., p. 127.

[774] ibid., p. 127.

[775] ibid., p. 127-128.

[776] ibid., pp. 128-129.

[777] ibid., pp. 132-133.

[778] ibid., p. 133.

[779] Musto, *The American Disease,* p. 83.

[780] Dolores Peters, "British Medical Response to Opiate Addiction in the Nineteenth Century", *Journal of the History of Medicine,* (October, 1981, vol. 9), p. 455.

[781] ibid., p. 456.

[782] ibid., p. 460.

[783] ibid., p. 462.

[784] ibid., p. 464.

[785] ibid., pp. 468-476.

[786] ibid., p. 473.

[787] ibid., p. 476.

[788] ibid., p. 477.

[789] ibid., p. 478. Norman Kerr, *Inebriety; its etiology, pathology, treatment and jurisprudence,* 2nd ed., (London, 1889); Francis Anstie, *Stimulants and Narcotics, their*

mutual relations: with special researches on the action of alcohol, aether, and chloroform on the vital organism, (Philadelphia, 1865).

[790] ibid., pp. 479-480.

[791] ibid., p. 485.

[792] Musto, *The American Disease,* p. 101.

[793] ibid., p. 105.

[794] Morgan, *Drugs in America,* pp. 51-53.

[795] Musto, *The American Disease,* pp. 116-117.

[796] Morgan, *Drugs in America,* p. 81.

[797] Musto, *The American Disease,* pp. 132-133.

[798] ibid., pp. 132-133.

[799] ibid., pp. 137-138.

[800] ibid., p. 140.

[801] ibid., p. 146.

[802] ibid., p. 147.

[803] Courtwright, *Dark Paradise,* pp. 50-52.

[804] Musto, *The American Disease,* p. 241.

[805] Room, *The Cultural Framing of Addiction,* p. 6.

[806] Paul A. Garris, Michaux Kilpatrick, Melissa Bunin, Darren Michael, Q. David Walker & Mark Wightman, "Dissociation of Dopamine Release in the Nucleus Accumbens from Intracranial Self-stimulation", *Nature,* (March 4, 1999), p. 69.

[807] Stephen Straus, "Autopsy experiment leads to finding 'new' facial muscle", *The Globe & Mail,* Feb. 13, 1996, p. A8.