

# THE DISCOVERY OF ADDICTION

## CHANGING CONCEPTIONS OF HABITUAL DRUNKENNESS IN AMERICA

Harry G. Levine

---

### Introduction

*"In the last years of the eighteenth century, European culture outlined a structure that has not yet been unraveled; we are only just beginning to disentangle a few of the threads, which are still so unknown to us that we immediately assume them to be either marvelously new or absolutely archaic, whereas for two hundred years (not less, yet not much more) they have constituted the dark, but firm web of our experience."* –Michel Foucault

THE ESSENTIALS of the modern or post-Prohibition understanding of alcoholism first emerged in American popular and medical thought at the end of the 18th and beginning of the 19th century. Around that time a new paradigm was created (2); or, in Foucault's terms (1), the "gaze" of the observer shifted then to a new configuration – a new gestalt. This new paradigm or model defined addiction as a central problem in drug use and diagnosed it as a disease, or disease-like. The idea that alcoholism is a progressive disease – the chief symptom of which is loss of control over drinking behavior, and whose only remedy is abstinence from all alcoholic beverages – is now about 175 or 200 years old, but no older.

This new paradigm constituted a radical break with traditional ideas about the problems involved in drinking alcohol. During the 17th century, and for most of the 18th, the assumption was that people drank and got drunk because they wanted to, and not because they "had" to. In colonial thought, alcohol did not permanently disable the will; it was not addicting, and habitual drunkenness was not regarded as a disease. With very few exceptions, colonial Americans did not use a vocabulary of compulsion with regard to alcoholic beverages.

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. Laymen and physicians associated with the

newly created temperance organizations developed theories about addiction and brought the experience of it to public attention. Throughout the 19th century, people associated with the temperance movement argued that inebriety, intemperance or habitual drunkenness was a disease, and a natural consequence of the moderate use of alcoholic beverages. Indeed, the idea that drugs are inherently addicting was first systematically worked out for alcohol and then extended to other substances. Long before opium was popularly accepted as addicting, alcohol was so regarded (e.g., 3-7).

Contrary to the prevailing wisdom in the current literature on alcohol (8-10), I am suggesting that post-Prohibition thought (about the progressive character of alcoholism, the experience of the alcoholic, including loss of control over drinking, and the necessity for abstinence) is of a piece with a major strand of 19th-century thought – the ideology of the temperance movement. The most important difference between temperance thought and the "new disease conception" (8) 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. Although that change represents a major development in thought about addiction, the post-Prohibition ideas are still well within the paradigm first established by the temperance movement. Insofar as Alcoholics Anonymous and temperance advocates share the concept of addiction, and recommend abstinence as the only solution for the afflicted individual, their differences remain in-house or intra-paradigmatic.

This article will trace the development of American thought about habitual drunkenness and alcohol addiction. Traditional colonial ideas will be contrasted with the new conceptions which emerged in the 19th century. Finally, there will be a brief discussion of the social and historical context in which the concept of addiction came to be an acceptable and intelligible way to define problems relating to alcohol.

---

### **Traditional Views: The World Without Addiction**

Seventeenth-century and especially 18th-century America was notable for the amount of alcoholic beverages consumed, the universality of their use and the high esteem they were accorded. Liquor was food, medicine and social lubricant, and even such a Puritan divine as Cotton Mather called it the "good creature of God." It flowed freely at weddings, christenings and funerals, at the building of churches, the installation of pews and the ordination of ministers. For example, in 1678 at the funeral of a Boston minister's wife, mourners consumed 51 1/2 gallons of wine (11, p.124); at the ordination of Reverend Edwin Jackson of Woburn, Massachusetts, the guests drank 6 1/2 barrels of cider, along with 25 gallons of wine, 2 gallons of

brandy and 4 gallons of rum (12, p.18). Heavy drinking was also part of special occasions like corn huskings, barn raisings, court and meeting days, and especially militia training days. Workers received a daily allotment of rum, and certain days were set aside for drunken bouts; in some cases, employers paid for the liquor. The tavern was a key institution in every town, the center of social and political life, and all varieties of drink were available. Americans drank wine, beer, cider and distilled spirits, especially rum. They drank at home, at work and while traveling; they drank morning, noon and night. And they got drunk (13-17).

During the colonial period most people were not concerned with drunkenness; it was neither especially troublesome nor stigmatized behavior. Even the young Benjamin Rush (18, p.22), when still urging moderation in 1772, noted how common and acceptable drunkenness was. "Why all this noise about wine and strong drink," he wrote, anticipating his readers' complaints. "Have we not seen hundreds who have made it a constant practice to get drunk almost everyday for thirty or forty years, who, notwithstanding, arrived to a great age, and enjoyed the same good health as those who have followed the strictest rules of temperance?" Rush was willing to grant that there were indeed "some instances of this kind." In his rich and thorough study of early American drinking practices, Rorabaugh (13, Chapter 2 ) concluded that "to most colonial Americans inebriation was of no particular importance. William Byrd, for example, noted with equal indifference intoxication among members of the Governor's Council and his own servants." Rorabaugh found that Byrd's attitude was typical, and that for most Americans in the period "drunkenness was a natural, harmless consequence of drinking" (see also 14-17).

However, from time to time some wealthy and powerful colonials complained about excessive drinking and drunkenness. In 1637 there was concern about "much drunkenness, waste of the good creatures of God, mispense of time, and other disorders, which took place at taverns." In 1673 Increase Mather (19) published his sermon "Wo to Drunkards" deploring the frequency of excessive drinking in the colonies. By 1712 things had gotten even worse, and he reissued his pamphlet. Around the same time, Increase's son, Cotton, worried about drunkenness among members of his congregation (13). By the 1760s John Adams was so concerned about the level of drunkenness that he proposed limiting the number of taverns, and Benjamin Franklin labeled taverns "a Pest to Society" (13) . Despite such complaints, however, and despite regulations on the amount of time one could spend in a tavern, how much one could drink there, and penalties for drunkenness including public whippings and the stocks, Americans continued to drink and get drunk (13, 14).

Colonials sometimes singled out individuals who were periodically or frequently drunk; they called such people drunkards, common drunkards, or habitual drunkards. Occasionally they described drunkards as addicted to drunkenness or intemperance, as in Danforth's (20, p.10) statement that "God sends many sore judgments on a people that addict themselves to

intemperance in Drinking." In the colonial period "addicted" meant habituated, and one was habituated to drunkenness, not to liquor. Almost everyone "habitually" drank moderate amounts of alcoholic beverages; only some people habitually drank them to the point of drunkenness. Towns circulated lists of common drunkards, and landlords who sold liquor to them could be fined or have their licenses revoked (17). Some drunkards were punished severely, others were treated quite kindly, and some did reform.

In general, however, drunkards as a group or class of deviants were not especially problematic for colonial Americans. If they had property, or were able to support themselves, they were treated much like anyone else of their class. And those that could not support themselves were grouped among the dependents in every community. As Rothman (22) has shown, colonials did not make major distinctions among the poor and deviant: The fact of need was the important issue, not why someone happened to be needy. Further, colonials did not expect society to be free from crime, poverty, insanity or drunkenness – from deviance. According to Rothman (22, p. 15) "they did not interpret its presence as symptomatic of a basic flaw in community structure or expect to eliminate it. They would combat the evil, warn, chastise, correct, banish, flog or execute the offender. But they saw no prospect of eliminating deviancy from their midst."

The clergy, especially the educated and scholarly Puritans, did most of the warning and chastising about habitual drunkenness – what they called the "Sin of Drunkenness" and the "Vice of Drunkenness." In the writings of men like Increase (19) and Cotton Mather (23), Thomas Foxcroft (24), Samuel Danforth (20) and Jonathan Edwards (25), we can see the seeds of a modern view of habitual drunkenness, as well as the absolute limits to which colonial and Puritan thought could go on the question. Using the Bible as their text, ministers warned of the eternal suffering awaiting drunkards. Puritans also argued that drunkards tended to commit "all those Sins to which they are either by Nature or Custom inclined" (20, p. 22). Cotton Mather called drunkenness "this engine of the Devil" (23, p. 7). Some ministers noted the difficulty of getting drunkards to give up their habit. "It is a Sin that is rarely truly repented of, and turned from," wrote Increase Mather. "Hence, that expression of adding drunkenness to thrift, is a proverbial speech, denoting one that is obstinate, and resolved in an evil course" (19, p. 23). Finally, Puritans observed that drunkards suffered in this world as well; they frequently became sick or injured, and they tended to ignore their economic, religious and family responsibilities. "Those that follow after Strong Drink, have not the Art of getting or keeping Estates lawfully," Danforth warned in 1710. "They cannot be diligent in their Callings, nor careful to improve all fitting Opportunities of providing for themselves, and for their families" (20, p. 14).

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 modern reader translates the behavioral description of the habitual drunkard into modern terms – into the

alcoholic. But the understanding we have of the drunkard is not the understanding of the 17th and 18th centuries. 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," "overpowering" 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. In the modern definition of alcoholism, the problem is not that alcoholics love to get drunk, but that they cannot help it – they cannot control themselves. They may actually hate getting drunk, wishing only to drink moderately or "socially." In the traditional view, however, the drunkard's sin was the love of "excess" drink to the point of drunkenness. Thus did Increase Mather distinguish between one who is "merely drunken" and a drunkard: "He that abhors the sin of Drunkenness, yet may be overtaken with it, and so drunken; but that one Act is not enough to denominate him a Drunkard: and he that loveth to drink Wine to Excess, though he should seldom be overcome thereby, is one of those Drunkards" (19, p. 21).

This is one important characteristic of colonial thought which radically separates it from modern ideas: Insofar as the traditional view raised the question of the drunkard's experience or feelings, it described the drunkard as one who loved to drink to excess, who loved to drink and get drunk: "Solomon's description of a Drunkard is, that he is a lover of wine, Prov. 21.17. Such an one is an habitual Drunkard; and he whose practice is according to that inordinate affection, is actually so" ( 19, p. 5). Further, 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.

Perhaps the clearest statement of the traditional position was in Jonathan Edwards's masterpiece, *Freedom of the Will*, first published in 1754. Edwards's piece was one of the latest and most articulate attempts to defend the old world view against the new world's. He started his critique with Locke, whose ideas were, indeed, to be those of the modern world. Edwards began by countering Locke's argument that it is possible to differentiate between "Desire" and "Will." This distinction is important to much modern thought; it is also at the heart of the concept of addiction. In 19th- and 20th-century versions, addiction is seen as a sort of disease of the will, an inability to prevent oneself from drinking. As Keller (26, p. 162) has recently explained, "An alcoholic cannot consistently choose whether he shall drink or not. There comes an occasion when he is powerless, when he cannot help drinking. For that is the essence or nature of drug addiction." For Edwards, however, desire and will must be seen as identical: "A man never, in any instance, wills any thing contrary to his desires, or desires any thing contrary to his Will....

His Will and Desire do not run counter at all: the thing which he wills, the very same he desires" (25, p. 199).

Edwards went on to confront the related philosophical issues of why people make the choices they do, and whether the words "impossible," "irresistible," or "unable" could rightly be used with reference to moral choices. In both of these cases, he used the drunkard to illustrate his points. He concluded that people choose things which "appear good to the mind," by which he meant "appear agreeable, or seem pleasing to the mind."

"Thus, when a drunkard has his liquor before him, and he has to choose whether to drink or no ... If he wills to drink, then drinking is the proper object of the act of his Will; and drinking, on some account or other, now appears most agreeable to him, and suits him best. If he chooses to refrain, then refraining is the immediate object of his Will and is most pleasing to him." (25, p. 203).

The point, of course, is that in choosing to drink or to get drunk, the drunkard chooses his pleasure, his "love." Thus, Edwards rejected the idea that the drunkard can be compelled by appetite or desire to do something against his will.

"It cannot be truly said, according to the ordinary use of language that a malicious man, let him be never so malicious, cannot hold his hand from striking, or that he is not able to show his neighbor kindness; or that a drunkard, let his appetite be never so strong, cannot keep the cup from his mouth. In the strictest propriety of speech, a man has a thing in his power, if he has it in his choice or at his election.... Therefore, in these things, to ascribe a non-performance to the want of power or ability, is not just." (25, pp. 218-219).

That Edwards felt it necessary even to raise the question of volition with regard to the drunkard suggests that, by 1750, some people were beginning to view drunkards as individuals who had completely lost their ability to drink moderately. The concept of addiction did not spring full-grown out of Benjamin Rush's head; rather, it was the result of a long process of development in social thought. Whatever the level of "folk" wisdom on the subject, however, at the time Edwards was writing the idea that someone could become an alcohol addict, in the modern sense of the term, had not yet been fully articulated or developed.

Of all colonials, Puritan ministers were the most troubled by habitual drunkenness, and in some scattered phrases and sentences we find evidence of their trying to stretch beyond the ideas of their days. Increase Mather (19), for example, declared that habitual drunkenness was a kind of madness, and Foxcroft (24, p.8) warned moderate drinkers that they were "in danger of contracting an incurable Habit." But the ministers were not able to synthesize their observations; they were bound by the categories of their theology and psychology. As Miller (29, p. 232) has

pointed out, for Puritans, other than God's will, "there can be no compulsion upon man." The individual was always viewed as having the freedom to choose to sin or not.

There were, in summary, two ways in which colonials viewed habitual drunkenness, and neither view lent itself to a definition of it as a diseased condition beyond the control of the will. For most people frequent drunkenness was not troublesome or sinful behavior. On the other hand, some individuals did see drunkenness as troublesome and sinful, but they did not regard it as therefore problematic. Neither view led colonials to seek elaborate explanations for the drunkard's behavior. Whether seen as sin or blessing, habitual drunkenness was regarded as natural and normal – as a choice made for pleasure.

---

### **The Discovery of Addiction and the Ideology of the Temperance Movement**

During the 18th century there were anticipations of a modern way of seeing the drunkard. In 1774 Quaker reformer Anthony Benezet (30) wrote the first American pamphlet urging total abstinence from distilled spirits. However, the new view of addiction had to be developed by individuals who were free from certain traditional assumptions about human behavior – who tended to see deviance in general, and drunkenness in particular, as problematic and unnatural. The modern conception of addiction was first worked out by physicians, whose orientation led them to look for behavior or symptoms beyond the control of the will, and whose interests lay precisely in the distinction between Desire and Will.

It is in the work of Dr. Benjamin Rush, taken as a whole, that we can find the first clearly developed modern conception of alcohol addiction. While some of his observations had been made by others (especially Benezet ), Rush organized the developing medical and common-sense wisdom into a distinctly new paradigm. According to Rush, drunkards were "addicted" to spirituous liquors; and they became addicted gradually and progressively:

"It belongs to the history of drunkenness to remark, that its paroxysms occur, like the paroxysms of many diseases, at certain periods, and after longer or shorter intervals. They often begin with annual, and gradually increase in their frequency, until they appear in quarterly, monthly, weekly, and quotidian or daily periods." (33, p.192)

The "paroxysms" are bouts of drunkenness characterized by an inability to refrain from drinking. "The use of strong drink is at first the effect of free agency. From habit it takes place from necessity." This condition he designated as a "disease of the will" and he gave a superb example of what, today, is called "inability to refrain" or "loss of control" (26):

"When strongly urged, by one of his friends, to leave off drinking [an habitual drunkard] said, 'Were a keg of rum in one corner of a room, and were a cannon constantly discharging balls between me and it, I could not refrain from passing before that cannon, in order to get at the rum'." (34, p.266)

Finally, having diagnosed the disease, Rush offered the cure:

"My observations authorize me to say, that persons who have been addicted to them, should abstain from them suddenly and entirely. 'Taste not, handle not, touch not' should be inscribed upon every vessel that contains spirits in the house of a man, who wishes to be cured of habits of intemperance." (33, p. 221)

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 behavior – 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.

In the bulk of his writings about alcohol, Rush was not only, or even mainly, concerned with diagnosing the condition of the drunkard or prescribing cures. He wanted to awaken Americans to an entire catalog of pernicious results which followed from the consumption of spirits – particularly disease, poverty, crime, insanity and broken homes. However, the notion that the drunkard was a victim of the widespread and socially approved custom of drinking an addicting substance remained central to Rush's entire case against liquor. He concluded his famous pamphlet, "Inquiry into the Effects of Ardent Spirits Upon the Human Body and Mind," with an appeal to "ministers of the gospel, of every denomination" to aid him in the campaign against spirits in order to "save our fellow men from being destroyed by the great destroyer of their lives and souls" (33, p.211).

The temperance movement rightly claimed Benjamin Rush as its founder. His writings on the relationship between intemperance and ardent spirits, his descriptions of the individual and social consequences of the use of liquor, as well as his recommendation of total abstinence, formed part of the essential core of temperance ideology throughout the 19th century. As one pro-temperance historian explained in 1891: "Dr. Rush laid out nearly all the fundamental lines of argument along which the present temperance movement is pressed." The movement grew slowly in the early years of the century; there was still considerable resistance, even among elite groups, to the need for abstinence. But by the mid-1830s, over half a million people had pledged themselves not to drink any liquor, and the temperance movement had become firmly committed to the necessity for total abstinence from all alcoholic beverages (14, p.129).

The eventual willingness of large numbers of people to accept the idea that alcohol was an addicting substance may have been influenced by the growing numbers of habitual drunkards who claimed to be unable to control their impulse to drink. The first public announcement that any temperance writers could find (and they looked hard) of someone admitting loss of control was by a James Chalmers of Nassau, New Jersey, who in 1795 made the following sworn and witnessed statement:

"Whereas, the subscriber, through the pernicious habit of drinking, has greatly hurt himself in purse and person, and rendered himself odious to all his acquaintances and finds that there is no possibility of breaking off from the said practice but through the impossibility to find liquor, he therefore begs and prays, that no person will sell him for money, or on trust, any sort of spirituous liquors."

While no colonial drunkards seem to have made such declarations, 19th-century tales of compulsive drinking were commonplace. Especially in the 1840s, when the Washingtonians demonstrated that many drunkards could indeed be cured, the speech by the reformed drunkard, telling of his trials and tribulations and his eventual victory over his appetite for alcohol, became a major organizing technique for the movement (37). In their autobiographies drunkards wrote of their battles with liquor. Popular fiction writers incorporated the drunkard's struggle into their format, and a whole variety of temperance literature devoted to the subject blossomed (38). For example, Walt Whitman's only novel was a first person account of the life of an alcohol addict. In it the main character explains that "None know – none can know, but they who have felt it – the burning, withering thirst for drink, which habit forms in the appetite of the wretched victim of intoxication" (39, p. 148).

By about the mid-1830s, certain assumptions about the inner experience of the drunkard had become central to temperance thought. The desire for alcohol was seen as "overpowering," and frequently labeled a disease. In 1833 Lewis Cass, Andrew Jackson's Secretary of War, discussed the alcohol addict's illness at a large temperance meeting in Washington, D.C.:

"As the habit of intoxication, when once permanently engrafted on the constitution, affects the mind and body, both become equally debilitated.... The pathology of the disease is sufficiently obvious. The difficulty consists in the entire mastery it attains, and in that morbid craving for the habitual excitement, which is said to be one of the most overpowering feelings that human nature is destined to encounter. This feeling is at once relieved by the accustomed stimulant, and when the result is not pleasure merely, but the immediate removal of an incubus, preying and pressing upon the heart and intellect, we cease to wonder, that men yield to the palliative within their reach." (41, p.124)

In 1838, Samuel B. Woodward, the Superintendent of the famed mental asylum at Worcester, Massachusetts, and probably the leading American physician concerned with mental

health at that time, published a series of articles describing alcohol addiction as a "physical disease":

"The appetite is wholly physical, depending on a condition of the stomach and nervous system, which transcends all ordinary motives of abstinence. The suffering is immense, and the desire of immediate relief so entirely uncontrollable, that it is quite questionable whether the moral power of many of its victims is sufficient to withstand its imperative demands." (42, p.2)

Woodward argued that "The grand secret of the cure of intemperance is total abstinence from alcohol in all its forms" (42, p.8). And he claimed it had been learned only relatively recently that abstinence was the cure for intemperance. Similarly, Walter Channing, in an address before the Massachusetts Temperance Society in 1836, observed how little had been known about intemperance when the society had first been founded 24 years earlier:

"The direct connection between moderate drinking, and intemperance, or the extreme liability of the production of the last by the first, --were but vaguely understood,--the giant power of habit, beneath which the strongest will almost surely be made to bow, --and the total inefficacy of partial abstinence, to weaken this power, --the absolute certainty of fatal relapse where the smallest after indulgence is permitted, --upon all this, and much connected with it, the bright light of our day had not yet beamed." (43, p.9)

Many observations made by temperance advocates did not differ significantly from those made by contemporary students of alcoholism and by Alcoholics Anonymous. One temperance writer, for example, described a case of loss of control after one drink:

"All have seen cases of this kind, where a longer or shorter interval of entire abstinence is followed by a paroxysm of deadly indulgence.... In their sober intervals they reason justly, of their own situation and its danger; they know that for them, there can be no temperate drinking: They resolve to abstain altogether, and thus avoid temptation they are too weak to resist. By degrees they grow confident, and secure in their own strength, and ... they taste a little wine. From that moment the nicely adjusted balance of self control is deranged, the demon returns in power, reason is cast out, and the man is destroyed." (44, p.145)

The disease theme was often woven into temperance literature and speeches. In 1829 Nathan Beman (45, pp.6-7) declared that "drunkenness is itself a disease.... When the taste is formed, and the habit established, no man is his own master." John Marsh (46, pp.14-15) raised the rhetorical question "of whether there can be any prudent use of a poison, a single portion of which produces the same disease of which the drunkard dies, and a disease which brings along with it a resistless desire for a repetition of the draught." In 1881, one authority was quoted as

saying that most moderate drinkers eventually experience a diseased "craving for drink" and that "it is the nature of intoxicating liquors to produce the disease" (47, p. 67). Famous temperance lecturer John B. Gough said that he considered "drunkenness a sin, but I consider it also a disease. It is a physical as well as moral evil" (48, p. 443).

The notion that habitual drunkenness was hereditary was also quite common. One speaker told the Young Men's Temperance Society of New Haven that "Drunkenness, itself is a disease, and sometimes a hereditary disease" (49, p. 15). A National Circular sent out in the 1830s made the argument which was repeated throughout the century:

"Unlike the appetite which God gave for water, for bread, and for nourishing food and drinks ... [which] will not increase their demands, this cries continually 'Give, give.' And no man can form it without being in danger himself of dying a drunkard. Not that every man who forms it dies a drunkard. Some may withstand it; but the appetite which a father may withstand, may kill his children, and the children's children, to the third and fourth generation." (50, p. 3)

Nineteenth-century Americans believed in a particular version of the heritability of acquired characteristics. The disease of the parents would be passed on to later generations, but it was thought the traits could be unacquired as well, over several more generations (51). Thus liquor could be viewed as the cause of habitual drunkenness because any individual may have been weakened by his or her ancestors drinking habits. Mother Stewart, one of the early leaders of the Woman's Christian Temperance Union, told in her memoirs of addressing boys and girls during the Woman's Crusade which swept Ohio in 1873:

"Here, as everywhere, the children were greatly excited and interested in the crusade. Ah, many of them knew what it meant to be a drunkard's child. Many had the inherited taint coursing through their veins, and if they did not surrender to the inborn craving they would only escape through a lifelong battle." (52, p.275)

The efforts to develop inebriate asylums were supported by important temperance organizations and leaders. Benjamin Rush (33, 34) had been the first to recommend a "sober house" where drunkards could get special treatment. Samuel Woodward (42) also argued strongly for the idea. In 1865 and again in 1867 the Massachusetts Temperance Alliance (53, 54) issued strong statements of support for the work being done by the Washingtonian home, one of the first functioning inebriate asylums. In 1873 the National Temperance Society, the major umbrella temperance organization, responded to the formation of an association for the promotion of asylums, and the study of inebriety, by writing in its annual report: "The Temperance press has always regarded drunkenness as a sin and a disease – a sin first, then a disease; we rejoice that the Inebriate Association are now substantially on the same platform" (55, p. 26). In addition, the National Temperance Society published several pamphlets arguing

that asylums were needed because of the very nature of the disease of inebriety (56-58). "The inebriate is the victim of a positive disease, induced by the action of an alluring and deceptive physical agent, alcohol," said one writer, and he urged that the law "provide well-appointed asylums, in which the victims of alcoholic disease can be legally placed, until ... the disease and morbid appetite are effectually removed" (58, pp.7-8) .

In *The Disease Concept of Alcoholism* (8, p.6) Jellinek argued that temperance supporters felt "the idea of inebriety as a disease weakened the basis of the temperance ideology." In this paper I am suggesting precisely the opposite. While not every temperance writer called intemperance a disease, many did. And, more important, the core of the disease concept – the idea that habitual drunkards are alcohol addicts, persons who have lost control over their drinking and who must abstain entirely from alcohol – was also, from Rush on, at the heart of temperance ideology during the 19th century.

Jellinek cited an 1882 pamphlet by a Reverend John E. Todd as evidence of an anti-disease view of inebriety. What Jellinek failed to mention was that Todd was not a temperance supporter. Indeed, Todd's position was one temperance reformers had been fighting since the beginning of the century. The 17th- and 18th century view had not died out; rather, the belief that habitual drunkards simply loved to drink and get drunk, and that they could stop at any time, continued to exist alongside the addiction – that is, the temperance – model. Echoing Jonathan Edwards, Todd wrote:

"I consider it certain that the great multitude of drunkards could stop drinking today and for ever, if they would; but they don't want to.... I observe then there is no apparent difference between drunkenness in its first and drunkenness in its last stages. In both cases there is an appetite, and a will to gratify it. The man drinks simply because he likes to drink, or likes to be drunk." (59, pp.7-9)

Todd's pamphlet was reviewed and critiqued a year later by an anonymous Connecticut minister (60). "The whole question pivots, thus," wrote the pastor, "on the power or powerlessness of the will in the confirmed drunkard to resist his propensity to drink" (p. 3). Defending the temperance position, the minister argued that drunkards are unable to control their drinking. He cited the testimony of eminent physicians and temperance supporters, and he also referred to the experience of drunkards as evidence: "Many of these declare that they wish to refrain from liquor, that they choose to, and that they try to, that they put all the strength of their wills into the endeavor to, but that their craving for liquor is stronger than their wills, and overpowers them" (60, p. 15). Finally, like many other temperance supporters, the pastor believed that the drunkard's condition should be called a disease. He observed that "the essence of disease is involuntariness" and suggested that inebriety was therefore a disease because drunkards are "physically helpless to refrain from drink" (p.22).

Because the source of addiction was thought to reside in alcohol, and because liquor was a readily available and still somewhat socially acceptable substance, the possibilities of someone yielding to the temptation to drink, and becoming addicted, seemed quite real. Thus, in temperance speeches and literature the habitual drunkard was routinely viewed as a victim, and until the end of the 19th century the temperance movement held an essentially sympathetic view of the drunkard's plight. Indeed, it is probably fair to say that as a group temperance advocates were the Americans most openly and actively sympathetic to and supportive of habitual drunkards.

Moderate drinkers, not drunkards, came in for the most scorn in temperance literature. "And if there be any difference in the degrees of guilt between moderate drinkers and drunkards," asserted a Good Templar tract (61), "the moderate drinker is worse than the drunkard." Antitemperance writers of the time also complained of the movement's sympathetic attitude. As Dr. Howard Crosby, one of the most famous of such writers, explained in 1881: "You will find the principal shafts of the total-abstinence literature are directed not at the drunkard, but at the moderate drinker. The drunkard is pitied and coddled, while the moderate drinker is scourged" (62, p.17).

This sympathetic attitude, of course, carried over into temperance activities. Contrary to much writing on the temperance movement (e.g., 63-65), I want to suggest that, in the 19th century, temperance was not only an attempt by one class or status group to change the behavior of another. It was also quite self-interested activity. Because they regarded liquor as such a powerful and destructive substance, temperance supporters believed it could, and often did, destroy the lives of even the finest citizens. Members of temperance organizations were deeply concerned with the pernicious effects of alcohol on their own group – primarily the Protestant middle class; they worried about themselves, their relatives, friends and neighbors. Thus support work for habitual drunkards comprised an important part of temperance activity, not only during the Washingtonian period of the 1840s, but for the rest of the century as well.

From the end of the Civil War to the turn of the century, the majority of people in temperance organizations belonged to fraternal groups – highly organized secret societies requiring total abstinence, and aimed primarily at helping members stay sober, improving their character and helping other drunkards reform. As the Most Worthy Scribe of the Sons of Temperance explained, the Sons "sprang from the lap of the Washingtonians," and were dedicated to carrying on the reformation work by providing greater organizational structure and support. It was concerned with helping "reformed inebriates"; its first purpose was "to shield its members from the evils of intemperance" (66, pp.491-492).

Similarly, the Independent Order of Good Templars, the largest temperance membership organization in American history, was so involved in reform work that it worried about being branded solely as an association of ex-drunkards (67). While lifelong abstainers were important

to the organization, a central focus of the Good Templars was helping inebriates to become and stay abstinent. Good Templars were urged to "run and speak to that young man who is contracting vicious habits – gain his consent that you shall propose his name for membership in the lodge" (68, p.8). In the initiation ritual of the Good Templars, those members "free from the undying curse of appetite" were encouraged to "fully sympathize with the confirmed inebriate" (69, p.57). Those being initiated into the Charity Order were urged to "study well the nature of this appetite"; they were told that reformed individuals sometimes relapsed, and reminded that their task was to go to "thy reclaimed brother" in his "awful hour." And they took pride in pointing out "the many official positions now filled by worthy men who have been reclaimed and reformed, given back to their families and community ... by the labors of the Good Templars" (68, p.6).

In the latter half of the 19th century the Sons of Temperance, the Good Templars, and a host of smaller fraternal groups, functioned in much the same manner that A.A. does today. They provided addicts who joined their organizations with encouragement, friendship and a social life free from alcohol. They went to inebriates in times of need, and in some cases offered financial support as well.

---

### **Changes in the Paradigm**

In the last decade or so of the 19th century, temperance ideology began to shift away from its broad reformist orientation, toward a single-minded concern with Prohibition. The older organizations, especially the fraternal ones, declined markedly. The leaders who had guided the movement since the end of the Civil War died, and were replaced by a new generation which prided itself on its practical and scientific attitudes. In the early 20th century, under the leadership of the Anti-Saloon League, all activities became secondary to the drive for Prohibition (64, 71, 72). As Gusfield (63) has rightly pointed out, the temperance movement shifted from "assimilative reform" to coercion.

One aspect of this transformation was that addiction came to occupy a less central role in the ideology of the movement. Thus the Prohibition campaign of the early 20th century focused on other evil effects of alcohol: Liquor's role in industrial and train accidents; its effects on business and worker efficiency; its cost to workers and their families; the power and wealth of the "liquor trust"; and especially the role of the saloon as a breeding place for crime, immorality, labor unrest and corrupt politics. In a sense, the "demon rum" became less the enemy than the "liquor trust" and the saloon (64, 71, 72). One aspect of the shift away from a focus on the addicting qualities of alcohol was the weakening, and in many cases the loss, of the movement's longstanding sympathetic attitude toward the habitual drunkard. The drunkard came to be viewed less and less as a victim, and more and more as simply a pest and menace.

Of course, the concept of addiction did not disappear from American life. Increasingly during the 19th century, opium came to be regarded as inherently addicting. After the Harrison Act of 1914, federal drug agencies emphasized the addicting qualities of opium and its derivatives, and later of marihuana (4, 6). However, by the early 20th century the original moral entrepreneurs of alcohol addiction, the temperance movement, had lost much of their interest in forwarding the idea. In Gusfield's terms (73) no one "owned" the addiction model of alcoholism. While there seemed to be a general acceptance at that time within psychiatric and social work circles for a disease conception of alcoholism, the details and specifics of it were not clearly worked out (31). Further, in order for a disease conception to be acceptable to masses of people in the 20th century, the idea that alcohol was an inherently addicting substance had to be abandoned. There was, therefore, a vacuum which remained unfilled until the creation of A.A.

The "rediscovery" of alcoholism as an addiction and a disease in the 1930s and 1940s, by Alcoholics Anonymous 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. For the first time, the source of addiction lay in the individual body, and not in the drug per se. The result has been a somewhat "purer" medical model – that is, there is less of a tendency to view addiction as self-inflicted disease.

This "new disease conception" (8) of alcoholism was both novel, and yet based on a 150-year-old common-sense understanding of habitual drunkenness. As I have suggested, the post-Prohibition view has more in common with 19th-century temperance thought than with either pre-temperance or anti-temperance formulations (e.g., Jonathan Edwards and Reverend Todd). Besides the belief in the necessity of abstinence, the essential commonality between A.A. and temperance lies in the importance attributed to, as well as 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 (8) term, loss of control. From such a definition of the problem – as behavior beyond the control of the will – stems the tendency to view habitual drunkenness as disease, and the potential for a sympathetic attitude toward the alcoholic.

---

## **The Social Context of Addiction**

A thorough discussion of why the concept of addiction emerged as and when it did is bound to be somewhat speculative, and is not possible here. However, I want to suggest the outlines of a sociology of knowledge approach. In the last 200 years definitions of habitual drunkenness have been shaped by developments in thought about deviance in general, and about

mental illness in particular. Benjamin Rush, for example, is best known today for his work on mental illness – for his reconstruction of madness as disease. Recently a number of writers, notably Foucault (74) and Rothman (22), have suggested that the medical model of madness, first established at the end of the 18th and beginning of the 19th centuries in Europe and the United States, was in fact a medical model of deviance in general, and part of the new worldview of the middle class. French physician Philippe Pinel, British merchant William Tuke, as well as Dr. Benjamin Rush, are usually credited with the simultaneous and mostly independent discovery that within the asylum the mad could be freed from their chains and taught to constrain themselves. The therapy was called "moral treatment" and it replaced the traditional mechanisms of social control, chains, with fear and guilt. The mad were now expected to control themselves (22, 74, 75).

Foucault (74) argues that the establishment of the new view of madness was made possible by the achievement of economic and political power by the bourgeoisie. Grounded in the optimistic *Weltanschauung* of the Enlightenment, the middle class assumed that evil need not exist – social problems were solvable or curable. However, the conditions of a "free society," meaning individual freedom to pursue one's own interests, required shifting social control to the individual level. Social order depended upon self-control. "The madman as a human being originally endowed with reason, is no longer guilty of being mad," Foucault has written, "but the madman, as madman, and in the interior of the disease of which he is no longer guilty, must feel morally responsible for everything within him that may disrupt morality and society" (74, pp.245-246). Madness had become a curable disease, the chief symptom of which was loss of self-control. The asylum was constructed as a place to restore the power of self-discipline to those who had somehow lost it.

In America the importance attributed to individual responsibility has usually been identified with the Protestant and Puritan heritage. However, by the beginning of the 19th century the value of inner discipline had become increasingly divorced from its religious scaffolding. In the colonial period it was thought even among Puritans that social control had to be maintained by a complex and hierarchical web of community relations (22, 76). In the 19th century, however, the ideological and structural features of life shifted the locus of social control to the individual. Max Weber (77) cited Benjamin Franklin as the archetypal example of the capitalist spirit – the disciplined and rational pursuit of money. Weber (77, p. 72) argued that the conditions of life in capitalist society required that individuals methodically regulate their activities in order to survive and succeed. The conditions and experiences of daily life meant that everyone in the middle class had to try to become like Franklin.

Because the United States was an especially or uniquely middle-class nation (78, 79, 80), 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 (81) has observed that "when the Jeffersonian came upon the concept of evil in theology or moral philosophy, he naturalized it into another bodily disease; a disease indeed of the moral sense, but essentially no different from others" (p. 137).

In the Jacksonian era, the 1830s, Americans troubled by the disorder they perceived in their society built almshouses, penitentiaries, orphan asylums and reformatories to administer "moral treatment" to the dependent and deviant. The idea, in all cases, was to build up the dormant or decayed powers of self-control through discipline, routine and hard work (22). The asylum managers explained that their purpose was to provide inmates with a "healthy moral constitution capable of resisting the assaults of temptations," and to "aid them in forming virtuous habits, that they may finally go forth clothed as in invincible armor." 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 behavior 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. And it was an eminently mainstream middle-class affair. The temperance movement appealed to so many people, in part, because it had become a "fact of life" that one could lose control of one's behavior. Even the use of the word "temperance" for a total abstinence movement is understandable when we realize that the chief concern of temperance advocates, and of the middle class in general, was self-restraint. Liquor was evil, a demon, because its short- and long-run effect was to prevent drinkers from living moderate, restrained, temperate lives. In A.A.'s terms, it made their lives "unmanageable."

In the 19th century, the concept of addiction was interpreted by people in light of their struggles with their own desires. 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." Given the structural requirements of daily life for self-reliant, self-making entrepreneurs and their families, and the assumptions of the individualistic middle-class worldview, it seemed a completely reasonable idea that liquor, a substance believed to weaken inhibitions when consumed (intoxication), could also deprive people of the ability to control their behavior over the long run (addiction).

Riesman et al. (80) have characterized the property-owning middle class as "inner directed," by which they meant both the particular way in which conformity was assured, and a concern with the integrity and inner experiences of the individual. Thus the distinctively middle-class literary form, the novel, made its domain the exploration of the nuances of daily life and

inner experiences (82). The novel, therefore, became one important place where the inner struggle of the drunkard was portrayed (38, 40). The rise of middle-class society was the precondition for a literature based on everyday life and experience, and also a precondition for the new way of seeing the drunkard.

The invention of the concept of addiction, or the discovery of the phenomenon of addiction, at the end of the 18th and beginning of the 19th century, can be best understood not as an independent medical or scientific discovery, but as part of a transformation in social thought grounded in fundamental changes in social life – in the structure of society. For those interested in criticizing and transcending the addiction model of drug use, it is important to understand that the medical model has much deeper roots than has previously been thought. A.A., and Jellinek's and Keller's formulations are only the most recent articulations of much older ideas. Further, the structural and ideological conditions which made addiction a "reasonable" way to interpret behavior in the 19th century have not disappeared in the 20th: Many people still face the problem of controlling their own "compulsive" behavior. The proliferation of "Anonymous" groups, based on the A.A. format, is testimony to the continued effectiveness of such organizational methods of helping people control themselves. In all cases, the focus is on the interaction between the individual and the deviant activity (drinking, eating, smoking, gambling) and with helping the individual to stop being deviant.

On the other hand, there is the beginning of what I would call a "postaddiction" model of drug and alcohol problems emerging – based in part on developing critiques of the medical model of deviance in general. A new formulation of drug and alcohol problems does not look primarily at the interaction between individual and drug, but at the relationship between individual and social environment. Deviance, therefore, is not simply defined as an issue of individual control and responsibility, but can be seen as a social and structural process. Indeed, exactly who or what is deviant can now be problematic. In part, the rise of a new popular and scientific "gaze" is rooted, as the old one was, in changes in the organization of daily life. The different conditions facing people in the 20th century, in particular the obviousness of giant organizations and of the degree of human interdependence, begin to make it possible to see the "social" nature of what had formerly been viewed as "individual" problems.

Take, for example, the issue of drunken drivers. An individualist perspective looks at those who have lost their ability to "manage" in the world because of drink; an alternative view focuses, instead, on the interaction between social life and transportation. If drinking is "normal" activity, then perhaps the phenomenon of drunken drivers is not a drinking problem, but a transportation problem. Indeed, if one thinks about it, we live with a bizarre system of transportation: In order to get from one place to another people are required, at all hours of the day and night, to execute high-speed maneuvers, through a maze of obstacles, with a ton of machinery. There would, of course, be serious opposition to a redefinition of the problem of

drunken drivers as a transportation problem – from automobile companies, for example. As was true at the beginning of the 19th century, developing a new model of alcohol problems would necessarily be part of a reformulation of social problems in general. Thus even if a new paradigm or model does emerge, it will have to compete and coexist with the addiction perspective for a long time – just as, for the last 200 years, the addiction model has had to compete and coexist with the pre-addiction view.

---

## REFERENCES & APPENDIX

---

### *Appendix: A Note on Contemporary Definitions of Addiction*

There is no single agreed-upon definition of drug addiction or of alcoholism in current scientific or medical literature, just as there was none in the 19th century. The World Health Organization's 1957 Expert Committee on Addiction-Producing Drugs (104) offered the following definition:

Drug addiction is a state of periodic or chronic intoxication produced by repeated consumption of a drug (natural or synthetic). Its characteristics include: (1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a tendency to increase the dose; (3) a psychic ( psychological ) and generally a physical dependence on the effects of the drug; (4) detrimental effect on the individual and society.

This definition allows for both psychological and physiological addiction, and thus makes compulsion to take the drug, and the tendency to increase dosage, the central characteristics.

Although Keller and McCormick (105, p.7) suggest that this definition "was not generally accepted," it does seem, in fact, to be a fairly widespread formulation. As Chafetz and Demone (106) summarize Isbell's position, it is almost identical to the W.H.O. statement:

Isbell has probably devoted more effort toward studying addictive process than any other individual in the United States. He considers addiction as an overpowering desire, need, or compulsion to continue taking a drug, a willingness to obtain it by any means, a tendency to increased dosage, and a psychological and occasionally physical dependence on the drug. (p.38)

In alcohol literature, especially in the work of Jellinek and Keller, the most stress is placed on the compulsion to drink as the characteristic of alcoholism:

ALCOHOL ADDICTION = a form of dependence on alcohol characterized by an overwhelming need to drink intoxicating amounts of alcoholic beverages, which the addict will obtain by any means. It is marked by the drive to obtain the gratification of alcohol intoxication or to escape mental or physical distress, and by loss of control over drinking. (105, p.5)

"Loss of control" is a key phrase in this definition of alcoholism, and Keller has tried to be clear about what he means:

Therefore one can say that the essential loss of control is that an alcoholic cannot consistently choose whether he shall drink or not. There comes an occasion when he is powerless, when he cannot help drinking. For that is the essence or nature of a drug addiction. (26, p.162)

Being addicted, they will helplessly drink enough to satisfy the addictive demand when a critical cue or signal impinges on them. That's what it means that they have lost control over drinking. (26, p.16)

The significance of loss of control is that it denotes helpless dependence or addiction, the essence of the disease" (108, p.128)

Loss of control is the essential mark of alcoholism. (26, p.154)

The question of whether alcoholism should be reserved only for genuine cases of physiological dependence, or whether it should include psychological addiction, has always been a source of disagreement. In 1960, Jellinek (8) listed 33 formulations, including the American Medical Association's, which allow for psychological addiction, and 22 which imply a pharmacological process. In recent years the tendency in all drugs appears to be a shift away from the focus on a physiological basis for addiction. Room (109, p.5) reports that the 30th International Conference on Alcoholism and Drug Dependence, Amsterdam, "marked the abandonment of a physiological dependence as the assumed fundamental 'seat' of drug problems."

Another controversial issue is the use of the word "craving." Dr. William Silkworth (110), the patron saint of A.A., used it to describe the experience of his patients: "These men were not drinking to escape; they were drinking to overcome a craving beyond their mental control" (p. xxvii), he wrote. "[Alcoholics] cannot start drinking without developing the phenomena of craving" (p.xxviii). Others, notably Jellinek (8), rejected, or at least questioned, the use of "craving" because of its vagueness. It can be used to refer to withdrawal symptoms, to a desire for alcohol, or to a desire for intoxication which a number of drugs might provide.

Finally, there is the question of what addiction does to the personality of the addict. Some, like Lindesmith (111) and Duster (6), argue that opiate addiction, at least, has little or no effect on the personality. Others, like Wexberg (9), suggest that addiction of any variety brings about a total transformation of the personality and a destruction of the individual's moral system. Wexberg, who criticizes the temperance movement for being moralistic and condemnatory, is worth quoting at length on the consequences of addiction:

It is my opinion that this process, described under the heading of the malignant habit of addiction, deserves to be classified as a disease in the first place. It is, of course, not specific for alcohol addiction because the same description applies, with some variations, to addictions of other kinds, such as to morphine, cocaine, heroin, and so forth. It also applies largely to sexual pathology, starting with the smallscale 'addiction' of the adolescent masturbator, through various forms of oversexedness (nymphomania, satyriasis), to major perversions, such as sadomasochism. What they have in common

with addiction proper is exactly their 'malignancy': the more and more compulsive character of the 'irresistible urge,' and especially the 'metastatic' invasion of the total personality and deterioration of its value system. A sadist, for example, is not a normal person who happens to obtain sexual satisfaction in this peculiar manner, but he is a sadist 'as a whole,' with every single area of his life subservient to his powerful urge, with no moral system to check it, no other interests to replace it. (9, p.221)

It should be clear that medical and moral definitions of addiction are not mutually exclusive. And as Wexberg's quote indicates, the 19th century by no means had a monopoly on moralistic views of addiction.

---

## References

1. FOUCAULT, M. *The Birth Of The Clinic; An Archaeology Of Medical Perception*. New York; Vintage; 1975.
2. KUHN, T. S. *The Structure Of Scientific Revolutions*. 2d ed. Chicago; University of Chicago Press; 1970.
3. HAYTER, A. *Opium And The Romantic Imagination*. Berkeley; University of California Press; 1970.
4. MUSTO, D. F. *The American Disease; Origins Of Narcotic Control*. New Haven; Yale University Press; 1973.
5. COLEMAN, J.W. The myth of addiction. *J. Drug Issues*, Tallahassee 6: 135-141, 1976.
6. DUSTER, T. *The Legislation Of Morality; Laws, Drugs, And Moral Judgment*. New York; Free Press; 1970.
7. HESS, A.G. Deviance theory and the history of opiates. *Int. J. Addict.* 6: 585-598, 1971.
8. JELLINEK, E.M. *The Disease Concept Of Alcoholism*. Highland Park, NJ; Hillhouse; 1960.
9. WEXBERG, L. E. Alcoholism as a sickness. *Quart. J. Stud. Alc.* 12: 217-230, 1951.
10. SIEGLER, M., OSMOND, H. and NEWELL, S. Models of alcoholism. *Quart. J. Stud. Alc.* 29: 571-579, 1968.
11. DORCHESTER, D. D. *The Liquor Problem In All Ages*. New York; Phillips & Hunt, 1888.
12. KOHLER, J. *Ardent Spirits; The Rise And Fall Of Prohibition*. New York; Putnam's; 1973.
13. RORABAUGH, W. J. *The Alcoholic Republic, America, 1790-1840*. Ph.D. dissertation, University of California, Berkeley, 1976.
14. KROUT, J. A. *The Origins Of Prohibition*. New York; Knopf; 1925.
15. DULLES, F. R. *America Learns To Play; A History Of Popular Recreation, 1607-1940*. New York; Appleton; 1940.
16. FIELD, E. *The Colonial Tavern*. Providence, RI; Preston & Rounds; 1897.
17. EARLE, A. M. *Stage Coach And Tavern Days*. New York; Dover; 1969. [Orig. 1900.]

18. RUSH, B. Sermons to gentlemen upon temperance. Philadelphia; 1772.
19. MATHER, I. Wo to drunkards. Cambridge, MA; 1673. [2d ed., 1712.]
20. DANFORTH, S. The woful effects of drunkenness; a sermon preached at Bristol, October 10, 1709. Boston; 1710.
21. LENDER, M. Drunkenness as an offense in early New England; a study of "Puritan" attitudes. *Quart. J. Stud. Alc.* 34: 353-366, 1973.
22. ROTHMAN, D. J. *The Discovery Of The Asylum: Social Order And Disorder In The New Republic*. Boston; Little, Brown; 1971.
23. MATHER, C. Sober considerations on a growing flood of iniquity. Boston; 1708.
24. FOXCROFT, T. A serious address to those who unnecessarily frequent the tavern. Boston; 1726.
25. EDWARDS, J. *Freedom of The Will*. In: EDWARDS, J. *Basic writings*. New York; New American Library; 1966.
26. KELLER, M. On the loss-of-control phenomenon in alcoholism. *Brit. J. Addict.* 67: 153-166, 1972.
27. RAMSEY, P. Editor's introduction. In: EDWARDS, J. *Freedom Of The Will*. New Haven; Yale University Press; 1957.
28. MILLER, P. *Jonathan Edwards*. Westport, CT; Greenwood; 1973. [Orig. 1949.]
29. MILLER, P. *The New England Mind; The Seventeenth Century*. Boston; Beacon Press; 1961.
30. BENEZET, A. The mighty destroyer displayed. Philadelphia; 1774.
31. WILKERSON, A. E. *A History Of The Concept Of Alcoholism As A Disease*. D.S.W. dissertation, University of Pennsylvania; 1966.
32. CASSEDY, J. H. An early American hangover; the medical profession and intemperance, 1780-1860. *Bull. Hist. Med.* 50: 405-413, 1976.
33. RUSH, B. An inquiry into the effects of ardent spirits.... [8th edition, 1814.] Pp. 185-221. In: HENDERSON, Y. A. *A New Deal In Liquor; A Plea For Dilution*. New York; Doubleday; 1934.
34. RUSH, B. Medical inquiries and observations upon the diseases of the mind. New York; Hafner; 1810.

35. ASBURY, H. *The Great Illusion; An Informal History Of Prohibition*. Garden City, NY; Doubleday; 1950.
36. CHERRINGTON, E. H. *The Evolution Of Prohibition In The U.S.A.* Westerville, OH; American Issue Press; 1920.
37. MAXWELL, M. A. The Washingtonian movement. *Quart. J. Stud. Alc.* 11: 410-451, 1950.
38. BROWN, H. R. *The Sentimental Novel In America; 1789-1860*. New York; Pageant; 1959.
39. WHITMAN, W. *Franklin Evans Or The Inebriate*. New York; Random House; 1929. [Orig. 1842.]
40. McCORMICK, M. First representations of the gamma alcoholic in the English novel. *Quart. J. Stud. Alc.* 30: 957-980, 1969.
41. CASS, L. Secretary Cass's speech. *Amer. Quart. Temp. Mag.* 2: 121-125, 1833.
42. WOODWARD, S. B. *Essays on asylums for inebriates*. Worcester; 1838.
43. CHANNING, W. Annual address delivered before the Massachusetts Temperance Society. In: *Annual Report Of The Society*. Boston; 1836.
44. Review of Dr. Scott's address. *Amer. Quart. Temp. Mag.* 2: 144-147, 1833.
45. BEMAN, N. S. *Beman on intemperance*. New York; 1829.
46. MARSH, J. Putnam and the wolf, or, the monster destroyed. In: *Select Temperance Tracts*. New York; American Tract Society; [c. 1859].
47. FOSTER, J. E. A reply to Dr. Crosby's "calm view of temperance." In: *Moderation Vs. Total Abstinence*. New York; National Temperance Society; 1881.
48. GOUGH, J. B. *Sunlight And Shadow*. Hartford; Worthington; 1881.
49. STONE, J. S. An address delivered before the Young Men's Temperance Society of New Haven, Connecticut, in Trinity Church. New Haven; 1830.
50. National circular. In: *The Temperance Volume*. New York; American Tract Society; [c. 1835].
51. ROSENBERG, C. E. Science and American social thought. Pp. 135-162. In: Van TASSEL, D. and HALL, M. G. *Science And Society In The United States*. Homewood, IL; Dorsey; 1966.
52. STEWART, E. D. *Memories Of The Crusade*. Columbus, OH; Hubbard; 1888.

53. MASSACHUSETTS TEMPERANCE ALLIANCE. *Fourteenth Annual Report*. Boston; 1865.
54. MASSACHUSETTS TEMPERANCE ALLIANCE. *Sixteenth Annual Report*. Boston; 1867.
55. NATIONAL TEMPERANCE SOCIETY AND PUBLICATION HOUSE. *Eighth Annual Report*. New York, 1873.
56. The curability of drunkenness. ( National Temperance Society Pamphlet No. 82.) New York; [c. 1875].
57. Hereditary intemperance. (National Temperance Society Pamphlet No. 60.) New York; [c. 1875].
58. DAVIS, N. S. The nature of inebriation and the means of cure. ( National Temperance Society Pamphlet No. 56.) New York; [c. 1875].
59. TODD, J. E. Drunkenness a vice, not a disease; a paper by Rev. John E. Todd. Hartford; Case, Lockwood & Brainard; 1882.
60. A CONNECTICUT PASTOR, pseud. Drunkenness a curse, not a blessing; a review of a paper by Rev. John E. Todd on "Drunkenness a vice, not a disease." Hartford, Case, Lockwood & Brainard; 1883.
61. INDEPENDENT ORDER OF GOOD TEMPLARS. It is a great sin to drink moderately of alcoholic beverages. (Good Templar Tract No 9.) [N.d.]
62. CROSBY, H. Moderation vs. total abstinence or Dr. Crosby and his reviewers. New York; National Temperance Society; 1881.
63. GUSFIELD, J. *Symbolic Crusade; Status Politics And The American Temperance Movement*. Urbana; University of Illinois Press; 1966.
64. SINCLAIR, A. *Era Of Excess; A Social History Of The Prohibition Movement*. New York, Harper, 1964.
65. FURNAS, J. C. *The Life And Times Of The Late Demon Rum*. New York; Capricorn; 1965.
66. NATIONAL TEMPERANCE SOCIETY. *One Hundred Years Of Temperance; A Memorial Volume Of The Centennial Temperance Conference* held in Philadelphia, Pennsylvania, September, 1885. New York; 1886.
67. TURNBULL, W. W. *The Good Templars; A History Of The Rise And Progress Of The Independent Order Of Good Templars*. International Supreme Lodge; 1901.

68. INDEPENDENT ORDER OF GOOD TEMPLARS. Good Templar Tract No. 3. Upper Alton, IL; [c. 1860].
69. INDEPENDENT ORDER OF GOOD TEMPLARS. The degree book of the Independent Order of Good Templars. Detroit; 1867.
70. SIBLEY, F. J. Templar at work; what Good Templary is, what it does and how to do it. 2d ed. Mauston, WI; 1888.
71. ODECARD, P. H. *Pressure Politics; The Story Of The Anti-Saloon League*. New York; Columbia University Press; 1928.
72. TIMBERLAKE, J. *Prohibition And The Progressive Movement; 1900-1920*. New York; Atheneum; 1970.
73. GUSFIELD, J. Categories of ownership and responsibility in social issues; alcohol abuse and automobile use. *J. Drug Issues*, Tallahassee 5: 285-303, 1975.
74. FOUCAULT, M. *Madness And Civilization; A History Of Insanity In The Age Of Reason*. New York; Vintage; 1975.
75. DAIN, N. *Concepts Of Insanity In The United States; 1789-1865*. New Brunswick, NJ; Rutgers University Press; 1964.
76. MILLER, P. *Errand Into The Wilderness*. Cambridge, MA; Belknap; 1956.
77. WEBER, M. *The Protestant Ethic And The Spirit Of Capitalism*. New York; Scribner's; 1958.
78. MILLS, C. W. *White Collar; The American Middle Classes*. New York; Oxford University Press; 1951.
79. HARTZ, L. *The Liberal Tradition In America*. New York; Harcourt, Brace & World; 1955.
80. RIESMAN, D., DENNY, R. and GLAZER, N. *The Lonely Crowd; A Study Of The Changing American Character*. New Haven; Yale University Press; 1950.
81. BOORSTIN, D. J. *The Lost World Of Thomas Jefferson*. Boston; Beacon; 1948.
82. WATT, I. *The Rise Of The Novel*. Berkeley; University of California Press; 1957.
83. COFFEY, T. G. Beer Street: Gin Lane; some views of 18th-century drinking. *Quart. J. Stud. Alc.* 27: 669-692, 1966.

84. JELLINEK, E. M. An early medical view of alcohol addiction and its treatment; Dr. Trotter's "Essay, medical, philosophical and chemical, on drunkenness." *Quart. J. Stud. Alc.* 2: 584-591, 1941.
85. HARRISON, B. *Drink And The Victorians; The Temperance Question In England, 1815-1872.* Pittsburgh; University of Pittsburgh Press; 1971.
86. CHERRINGTON, E. H., JOHNSON, W. E. and STODDARD, C. F. *Standard Encyclopedia Of The Alcohol Problem.* 6 vols. Westerville, OH; American Issue.
87. BYNUM, W. F. Chronic alcoholism in the first half of the 19th century. *Bull. Hist. Med.* 42: 160-185, 1968.
88. ROOM, R. Assumptions and implications of disease concepts of alcoholism. *Int. Congr. Alcm. & Drug Depend.*, Abst. 29th, p. 44, 1970.
89. ROOM, R. Drinking and disease; comment on "The alcoholologist's addiction." *Quart. J. Stud. Alc.* 33: 1049-1059, 1972.
90. ROOM, R. Notes on alcohol policies in the light of general population studies; *Drinking & Drug Pract. Surveyor*, Berkeley, Calif., No. 6, pp. 10-12, 15, 1972.
91. ROIZEN; R. Dogpounds, deviance and drugs. *Drinking & Drug Pract. Surveyor*, Berkeley, Calif., No. 7, pp. 21-25, 1973.
92. BRUUN, K. Finland; the non-medical approach. *Int. Congr. Alcm. Drug Depend.*, Proc. 29th, pp. 545-555, 1971.
93. YOUNG, J. The absolutist monolith. In: *The Drugtakers.* London; Paladin; 1971.
94. GUSFIELD, J. R. The literary rhetoric of science; comedy and pathos in drinking driver research. *Amer. Sociol. Rev.* 4: 16-34, 1976.
95. GUSFIELD, J. R. The prevention of drinking problems. In: FILSTEAD, W. J., ROSSI, J. J. and KELLER, M. *Alcohol And Alcohol Problems; New Thinking And New Directions.* Cambridge, MA; Ballinger; 1976.
96. CAHALAN, D. *Problem Drinkers.* San Francisco; Jossey-Bass; 1970.
97. MACANDREW, C. and EDGERTON, R. B. *Drunken Comportment; A Social Explanation.* Chicago; Aldine; 1969. 9
8. SZASZ, T. Alcoholism; a socio-ethical perspective. *Washburn Law J.*, Topeka. 6: 258-268, 1967.
99. SZASZ, T. *Ceremonial Chemistry.* Garden City, NY; Anchor Press; 1974.

100. MACANDREW, C. On the notion that certain persons who are given to frequent drunkenness suffer from a disease called alcoholism. Pp. 483-501. In: PLOG, S. C. and EDGERTON, R. *Changing Perspectives In Mental Illness*. New York; Holt, Rinehart & Winston; 1969.
101. FINGARETTE, H. R. The perils of Powell; in search of a factual foundation for the "disease concept of alcoholism." *Harv. Law Rev.* 83: 793-812, 1970.
102. CLARIC, W. B. Conceptions of alcoholism; consequences for research. *Addict. Dis.*, Flushing, NY 1: 395-430, 1975.
103. CHRISTIE, N. and BRUUN, K. Alcohol problems; the conceptual framework. *Int. Congr. Alc. Alcsm.*, Proc. 28th, 1968, Vol. a, pp. 65-73, 1969.
104. WORLD HEALTH ORGANIZATION, EXPERT COMMITTEE ON ADDICTION-PRODUCING DRUGS. (WHO Tech. Rep. Ser., No. 116.) Geneva; 1957.
105. KELLER, M. and MCCORMICK, M. *A Dictionary Of Words About Alcohol*. New Brunswick, NJ; Rutgers Center of Alcohol Studies; 1968.
106. CHAFETZ, M. and DEMONE, H. *Alcoholism And Society*. New York; Oxford University Press; 1962.
107. ISBELL, H. and WHITE, M. W. Clinical characteristics of addictions. *Amer. J. Med.* 14: 558-565, 1953.
108. KELLER, M. Definition of alcoholism. *Quart. J. Stud. Alc.* 21: 125--134, 1960.
109. ROOM, R. The Amsterdam Congress. *Drinking & Drug Pract. Surveyor*, Berkeley, Calif., No. 7, pp. 1, 6, 1973.
110. SILKWORTH, W. D. The doctors opinion. Pp. xxiii-xxx. In: *Alcoholics Anonymous; The Story Of How Many Thousands Of Men And Women Have Recovered From Alcoholism*. 2d rev. ed. New York; Alcoholics Anonymous; 1955.
111. LINDESMITH, A. R. *Addiction And Opiates*. Chicago; Aldire; 1968.

An earlier version of this paper was presented at the annual meeting of the Society for the Study of Social Problems, August 1976, New York City. The research for this paper was supported in part by a fellowship under a training grant (AA-00031) from the National Institute on Alcohol Abuse and Alcoholism.

---

## Endnotes

-- The Foucault quote is from *The Birth of the Clinic* ( 1, p. 199).

-- In this paper I use as equivalents the terms drunkard, habitual drunkard, intemperate, inebriate, and alcoholic, to describe people who regularly or periodically got drunk. All those terms have been commonly used in America. Drunkard and habitual drunkard were common in the 17th, 18th and 19th century, and habitual drunkard is still sometimes used today. Inebriate appears to have come into usage in the early 19th century. Alcoholic was coined in the mid-19th century but did not come into regular usage until the 20th century. The phrase, alcohol addict, was not ordinarily used by temperance sources. I use it to make my meaning clear. For a discussion of the various ways Puritans responded to habitual drunkards see Lender (21).

-- Jonathan Edwards was of course a determinist, but determinism as he defined it was not inconsistent with liberty with regard to moral choices. For a discussion of Edwards's argument see Ramsey's (27) introduction to *Freedom of the Will*. For a more general discussion see Miller's biography of Edwards (28).

-- The role of doctors in the development of Temperance thought was so important that Wilkerson (31) called the early period "the physicians' temperance movement." Following Rush's lead were some of the most eminent physicians in the United States, including Thomas Sewall of Washington, DC, Ruben Mussey of Dartmouth College, Walter Channing of Boston, Daniel Drake of Ohio, and Samuel Woodward of the Worcester asylum. By 1830 the Philadelphia College of Physicians and Surgeons had introduced a course on the pathology of intemperance ( 14, p. 140). Also see Cassedy (32) for discussion of the role of the medical profession in the Temperance movement. Quoted by Asbury (35, p. 27).

-- Over the course of the 19th century this process worked the other way as well. That is, people came to identify themselves as alcohol addicts, as drunkards who had lost the ability to control their drinking, because of the ideological and organizational efforts of the Temperance movement, just as today alcoholics regularly learn in A.A. groups that they are individuals who cannot drink moderately. Quoted in Cherrington (36, p.56).

-- I do not mean to imply that some new style of drinking emerged which had not existed before and which was then labeled addiction. Colonial society could show as great a variety of styles of habitual drunkenness as the 19th century. Further, some alcoholism experts have read descriptions of drunkards as far back as ancient Greece and concluded that the drinking patterns they identify with alcoholism existed then. What was new in the 19th century was the legitimacy of a particular way of interpreting the experience and behavior of drunkards. In colonial society there may have been isolated individuals who felt "overwhelmed" by their desires for drink, but there was no socially legitimate vocabulary for organizing the experience and for talking about it; it remained an inchoate and extremely private experience. In the 19th century the drunkard's experience was so familiar it became stereotyped. McCormick (40) has noted that in the 18th-century English novel drunkenness was treated casually and comically. Only in 19th-century

fiction does the modern alcohol addict appear. For example, a woman in Mrs. Caskell's *Mary Barton* of 1848 reports, "I could not lead a virtuous life if I would.... I must drink... Oh! You don't know the awful nights I have had in prison for want of it" (pp.975-976 ).

-- Beyond such statements of support, however, temperance organizations did relatively little to develop inebriate asylums and they did not make asylums a major part of their programs. Some temperance people did oppose asylums because of their cost and because of questions about their effectiveness. Like many middleclass Americans in the 19th century, temperance supporters believed strongly in the power of voluntary associations and self-help societies. Thus local temperance groups, especially the fraternal organizations, made reform work an important part of their community activities.

-- For much of the period the Good Templars claimed a membership in the United States of around 300,000 ( 67 ). There is almost nothing written about the Good Templars in 20th-century accounts of the Temperance movement. This enormous oversight eliminates any discussion about a major strand of grassroots temperance organization and activity. Further, the lack of understanding of the self-help activities of the Good Templars and other fraternal groups obscures the real continuities between the Temperance and alcoholism movements. For example, like A.A., Good Templars believed that in order to ensure his own sobriety the reformed inebriate "must go to work to save others. To help himself he must help others. To grow stronger himself, he must give strength to others" (68, p.59). A.A. is not only similar in form and purpose to self-help temperance groups, it is of a historical piece with them. For a discussion of the Good Templars' approach to reform work see Sibley (70, ch. XIV).

-- I am not claiming that an addiction model is invariably couched in disease language or that it always is coupled with a sympathetic attitude toward the addict. I am suggesting that the first modern addiction conception (Rush) employed disease language, that many temperance people used disease language, and that in general temperance supporters were sympathetic to the drunkard's plight. Quoted by Rothman (22, p. 212).

-- I have restricted my discussion of the development of the idea of addiction to the United States. It should be noted, however, that much of the process described here applies to Europe as well. That is, there was no popular or medical concept of addiction before the 19th century. Eighteenth-century England, for example, had a "gin epidemic" and the level of public drunkenness among the poor prompted efforts to cut consumption (83). Yet England developed no addiction model of habitual drunkenness and no Temperance movement until the 19th century. Thomas Trotter is probably the best known and most important of the early European physicians who forwarded an addiction model of drunkenness (31, 84). The Temperance movement developed first and most completely in the United States, but its arguments, literature and organizational forms were picked up by Europeans, especially the British and Scandinavians (85, 86). On medical definitions of alcoholism in the 19th-century Europe see Bynum (87). Several critiques of the addiction model and suggestions for alternative approaches have been made recently (5, 88-103). See also, Roizen, R. *Drinking and drinking problems; some notes on the ascription of problems to drinking*. Presented at the 21st International Institute on the Prevention and Treatment of Alcoholism, Helsinki, Finland, June 1975. Isbell and White (107). For discussion of this see Jellinek (8), Clark (102), Chafetz and Demone (106, pp.47-50).

---

*Harry G. Levine is a professor of sociology at Queens College, City University of New York.*