

Published with photographs in: White, W. (2004). Addiction recovery mutual aid groups: An enduring international phenomenon. *Addiction*, 99,532-538. 23.

## **A Photographic Essay**

### **Addiction Recovery Mutual Aid Groups: An Enduring International Phenomenon**

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The fellowship of Alcoholics Anonymous, based on its membership growth, geographical dispersion, longevity, and integration with professional treatment has dominated modern discussion of the role of mutual aid in the resolution of alcohol- and drug-related problems. Such domination has obscured awareness of mutual aid societies that pre-date AA, the growing variations in AA practices around the globe, and the increase in mutual support adjuncts and alternatives to AA. This essay recounts and illustrates the rise of addiction recovery mutual aid societies around the world.

Native American recovery “circles” constitute the earliest abstinence-based mutual aid recovery societies. Between 1737 and 1840, messianic Native leaders (e.g., Papouhnan, Wagomend, Neolin, Tenskwatawa, Handsome Lake, and Kennekuk) (Plate One) achieved sobriety through profound conversion-like experiences. They then launched new religious and cultural revitalization movements that called for personal and cultural redemption and the rejection of alcohol. Some of these movements (Longhouse Religion, Native American Church, Indian Shaker Church) continue to provide a culturally-nuanced medium of alcoholism recovery (White, 1998, 2001a).

By the 1830s, American alcoholics were seeking refuge in a growing network of local temperance societies. As the American temperance movement increased its rescue work with drunkards, the context was set for the rise of mutual aid societies organized by and for “hard cases” (as those with severe alcohol problems described themselves). America witnessed a succession of such groups: the Washingtonian movement of the 1840s (Plate Two), fraternal temperance societies organized explicitly for the mutual reclamation of drunkards, and the Ribbon Reform Clubs of the 1870s (Plates Three and Four). There were local mutual aid societies, from the Dashaways in San Francisco (1859) to the Drunkard’s Club in New York City (1871). There were mutual aid societies created within the growing

network of inebriate homes, inebriate asylums and private addiction cure institutes, the more notable of which included the Ollapod Club (1864), Godwin Association (1872), Keeley Leagues (1891) (Plate Five), and the Brotherhood of St. Luke (1904). Also evident were mutual aid groups focusing on the needs of young inebriates (cadet societies), women (Martha Washington Society, 1842), and those who preferred moderation rather than abstinence (Businessmen’s Moderation Society, 1879) (Cyclopaedia of Temperance, 1891; Cherrington, 1925-1926). Explicitly religious frameworks of mutual support for alcoholism recovery during this period date from Jerry McAuley’s 1872 founding of the Water Street Mission in New York City (Plate Six).

The temperance movement in Europe also contained recovery mutual aid societies. Among the more prominent of these were American-born temperance societies such as the Order of Good Templars founded in 1851, the Blue Cross (Switzerland, 1877), the Kreuzbund (Germany, 1885), Croix d’Or (Gold Cross) (France, 1910). As in America, many of the early temperance societies (e.g., the German Order of Temperance, French Temperance Society, the Irish New Ross Temperance Society in Ireland) were organized around moderation rather than abstinence principles (Cherrington, 1925-1926). Special groups that provided mutual aid for recovering women rose in tandem with gender-specific alcoholism treatment facilities in both American and Europe (Plate Seven).

Many American mutual aid groups collapsed in tandem with the advent of alcohol prohibition and the demise of nineteenth-century treatment institutions. Other than a few local groups such as the Jacoby Club (1910) and the United Order of Ex-Boozers (1914), the opening decades of the twentieth century are noteworthy for their lack of American mutual recovery groups. In Europe during this period, the first alcoholic patient associations, such as Zukunft--the Abstinence

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Union in Austria (1926), were founded (Flemming, 1937; Eisenbach-Stangl, 1996).

The founding of Alcoholics Anonymous (AA) in 1935 brought a framework of recovery (AA's Twelve Steps) and a set of organizational principles (AA's Twelve Traditions) that exerted a profound influence on subsequent recovery mutual aid efforts and on the professional treatment of alcoholism (Plate Eight). The 1940s and 1950s witnessed an explosive growth of AA membership in America, the increased spread of AA outside the U.S. (Barath, 1991), the first adjunct (Calix Society, 1947) and alternative (Alcoholics Victorious, 1948) to AA, and the first adaptations of AA for problems other than alcoholism (e.g., Narcotics Anonymous/NA, 1953; Gamblers Anonymous/GA, 1957) (Plate Nine).

AA's growth outside the United States in the 1940s and 1950s was particularly evident in North and Central America, Australia, Europe, Africa and Asia. AA's reach eventually extended to 2.1 million members who today meet regularly within 100,766 registered groups in 134 countries (Kurtz & White, 2003). NA went through a similar period of international growth during the 1970s and 1980s, eventually expanding to 20,000 registered groups in more than 100 countries (Stone, 1997).

During the mid-twentieth century, mutual aid alternatives to AA also increased in Europe and Asia. Among the most significant of these were the Swedish Links (1945), the Danish Links, Vie Libre (Free Life Movement, 1953), the Polish Abstainers Club (1960), the Danshukai movement (All Nippon Abstinence Association, 1963; Danshu-Tomo-no-Kai; Zenkoku Danshu Renmei) in Japan, and the Pui Hong Self-Help Association (1967) in China (Kurube, 1992; Mäkelä, 1996; Dwiatkiewicz, 1992; Room, 1998; Humphreys, 2004; Cheung and Ch'ien, 2003). Earlier groups, such as the Good Templars, continued to serve a recovery mutual aid function in many European countries.

There were several significant mutual aid trends in the closing decades of the twentieth century. First, there were a growing list of adaptations of AA's Twelve Steps for people with drug problems other than alcohol: Potsmokers Anonymous (1968), Pills Anonymous (1975), Cocaine Anonymous (1982), Nicotine Anonymous (1985), and Prescription Anonymous (1998), as well as special support structures for persons involved in medication-supported recovery (Methadone Anonymous, 1991) and those experiencing co-occurring disorders (Dual Recovery Anonymous, 1989; Double Trouble in Recovery, 1993). Second, there were a growing number of secular (Women for Sobriety, 1975; Secular Organization for Sobriety, 1986; Rational

Recovery, 1986; SMART Recovery, 1994; and LifeRing Secular Recovery, 1999) (Plates Ten and Eleven), religious (Liontamers Anonymous, 1980; One Addict-One Church, 1994), and cultural (Free N' One, 1987; the Native American Wellbriety movement) alternatives to AA. The late twentieth century also witnessed new adjuncts to AA (Jewish Alcoholics, Chemically Dependent People and Significant Others, 1979) and the first modern moderation-based mutual aid societies: Drinkwatchers (1970s), Methods of Moderation and Abstinence (1980s) and Moderation Management (1993) (Plate Twelve).

In Europe and Asia, AA and NA groups have continued to grow as have such alternatives as the Alcoholic Treatment Clubs (e.g., Italy, 1979). There is also a European trend toward the political organization of addicts as in the Junkie Bund (Germany, Junkie Union, 1970s) (Appel, 1996). In the United States, there has been a significant growth in grassroots recovery advocacy organizations (White, 2001b). These new organizations constitute a bridge from mutual aid into the arena of social policy advocacy (Plate Twelve). There are also trends toward the globalization of recovery mutual aid via the Internet, and the professionalization of the mutual aid movements via the rise of self-help clearinghouses and "consumer-run" service agencies (Oka & Borkman, 2000).

Particularly striking in this chronology are the long history, geographical range, and the growing varieties of addiction recovery mutual aid societies. The groups noted here differ markedly in their germinating conditions, missions (from a singular focus on mutual aid to broader political, cultural or religious agendas), core ideas, mechanisms of change, rituals of contact (from formal meetings to social clubs), gender representation, degree of family involvement, financing; level of inclusion/exclusion of professionals, degree of political advocacy, and responses to relapsed members. In spite of such diversity, there are universal themes within these groups, such as the dangers of mission diversion and professionalization, regardless of the cultural contexts in which they arise. As research increases on the role of mutual aid groups in long-term addiction recovery, so will interest in the history, practices and future of recovery mutual aid societies.

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the Illinois Addiction Studies Archives; LifeRing, Inc., McKenney-Hall Portrait Gallery of American Indians, Moderation Management, Narcotics Anonymous World Services, Inc.; Women for Sobriety, Inc.; and the private collections of Mr. James Oughton, Jr. and Dr. Harald Klingemann. Klaus Mäkelä and Keith Humphreys provided helpful suggestions on an early draft of the article.

**Acknowledgment:** The following institutions and individuals provided permission to reprint photographs:



## Photo Plates

Plate One: Tenskwatawa, The Shawnee Prophet (Courtesy McKenney-Hall Portrait Gallery of American Indians)

Plate Two: Founders, Washingtonian Temperance Society (Courtesy Illinois Addiction Studies Archive)

Plate Three: Dr. Henry Reynolds, Founder, Royal Ribbon Reform Club (Courtesy Illinois Addiction Studies Archive)

Plate Four: Francis Murphy, Founder, Blue Ribbon Reform Club (Courtesy Illinois Addiction Studies Archive)

Plate Five: Keeley League members petitioning Pennsylvania legislature to provide funds for treatment of indigents (Courtesy James Oughton, Jr.)

Plate Six: Jerry McAuley, Founder, Water Street Mission (Courtesy Illinois Addiction Studies Archive)

Plate Seven: Patients of the first Swiss alcoholism program for women, founded 1892 (Courtesy Dr. Harald Klingemann)

Plate Eight: Early AA Members practicing anonymity at the level of press (Courtesy Illinois Addiction Studies Archive)

Plate Nine: Earliest Narcotics Anonymous literature (Courtesy NA World Services, Inc.)

Plate Ten: Dr. Jean Kirkpatrick, Founder, Women for Sobriety (Courtesy of WFS)

Plate Eleven: Marty Nicholas speaks on recovery without higher powers at the 2002 LifeRing Secular Recovery Conference (Courtesy of LifeRing, Inc., Photographer, William Carpenter)

Plate Twelve: Moderation Management Booth at 2002 American Psychological Association Conference (Courtesy of MM)