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# William James's "Sick-Minded Soul" and the AA Recovery Paradigm: Time for a Reappraisal

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## Abstract

This article focuses on William James's influence on Alcoholics Anonymous (AA), which arose 25 years after his death to dominate alcoholism treatment ever since as a lay organization. With its early leaders admiringly referring to James as AA's "cofounder," AA and the numerous 12-step programs it has spawned have generally enjoyed a favorable reputation among humanistic psychologists. However, the authors regard this reputation as reflexive and largely undeserved, rather than critically generated. For essentially AA's originators selected and promulgated one particular paradigm in James's multiarrayed approach to alcoholism—the "self-surrender of the sick-minded soul"—to the exclusion of all others. In this paradigm, the addicted individual descends into a state of utter despair and then experiences an epiphany leading to self-transformation. However, James never regarded this state—which Maslow later called the "nadir-experience"—as the only means to addiction recovery, but rather advocated a diversity of paths, reflecting the variability of human personality. In celebrating this centennial year James's enduring legacy, it is time for humanistic clinicians to take the lead in moving beyond AA's outmoded, "one-size-fits-all" approach to addiction recovery.

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## Keywords

William James, *Varieties of Religious Experience*, Alcoholics Anonymous, 12-step programs, alcohol recovery, nadir-experience, Abraham Maslow

Over the course of William James's lifetime, he influenced a host of academic disciplines in the United States and abroad. James is regarded as our country's greatest philosopher and founded its psychology field. Because of his interest in the heights of human personality and its untapped potential, James can well be viewed as a grandparent of humanistic psychology. However, James perhaps has been most influential within the United States through his intellectual linkage to Alcoholics Anonymous (AA), founded 25 years after his death in 1910, and more broadly, the entire addiction recovery movement known today as 12-step programs.

Nevertheless, as history shows, the ideas of influential thinkers may be distorted by their admirers or followers to fit their personal ambitions and agendas, psychological needs, or a combination of both facets. Such indeed seems to have been the case with AA and the writings of William James. By focusing on and promulgating James's concept of self-surrender during intense despair—akin to what Abraham Maslow later called the *nadir-experience*—AA developed a “one-size-fits-all” model of addiction recovery that has essentially excluded all other approaches. Such a situation evolved from the nadir-experience of AA's founder Bill Wilson and subsequently became AA's sole paradigm for addiction recovery. Ironically, James never intended his observations about what he called the “sick-minded soul” and self-surrender to be a universal model for alcoholism recovery, but presciently recommended a pluralistic perspective emphasizing the diversity of human temperaments. In this centennial year of James's death in 1910, the time has come to move decisively beyond AA's exclusivist paradigm to broader humanistic approaches.

## William James and Alcohol Dependency

As a psychologist, James is known for his insights on numerous subjects, though alcohol dependency is not typically one of these. Yet he discussed alcoholism (or *dipsomania*, as it was then called in the medical field) frequently in his psychological writings. James's outlook on alcoholism, of course, did not arise in a historical vacuum. Having received his medical degree from Harvard in 1869, he was undoubtedly aware that alcohol dependency had been regarded as a disease for more than half a century.

The medical term *dipsomania* (taken from the Greek meaning “thirst frenzy”) had been introduced by Dr. Wilhelm C. Hufeland of Prussia in 1819 in his preface to *Trunksucht* (Dipsomania), a pioneering study of the phenomenon by C. von Bruhl-Cramer, a German-Russian physician. Two years earlier, the Italian physician Salvatori had been the first to identify “the habit of drinking in an excessive manner of wine and strong drink, and of a special disease the offspring of it” (cited in Ohio State Medical Society, 1873, p. 143).

Nor is it difficult to ascertain the origin of James’s personal interest in alcohol dependency, for several of his closest family members struggled bitterly with this condition. First, there was his erudite father, Henry James Sr. For many decades, biographers of the illustrious James family discussed this matter gingerly, or not at all. Though typically recounting his unsuccessful literary career and erratic personal behavior—particularly shuttling his large family with young children back and forth from one locale to another for years—biographers refrained from connecting such matters to his predilection for alcohol.

However, Fisher (2008) has well documented this linkage. He explicitly noted that

Henry . . . had a decades-long history as an alcoholic—a usually unspoken-of feature of his life and his children’s. He had been drinking hard liquor since the age of eight or nine and had been addicted to alcohol since his troubled adolescence. His adult life too had been dominated by his addiction. (p. 13)

At the age of 40, Henry Sr. seems to have cured himself of alcohol dependency, or so he proclaimed publicly in an August 1851 *New York Tribune* newspaper article, through a self-described act of intense will. His son William was 9 years old at the time. Though historians are uncertain whether Henry Sr.’s recovery was truly complete, it is clear that his behavior stabilized considerably beginning in the period corresponding to his claim.

Unfortunately, William’s younger brother Robertson fared much worse. Most biographers trace Robertson’s alcohol dependency to his battlefield participation in the Civil War. Initially, his father tried to help Robertson overcome his addiction—which began to destroy both his marriage and business career. Then, as Henry James Sr. grew more frail as the 1870s progressed, William became the James family’s primary caretaker for Robertson. In 1881, a year before their father died, William brought Robertson from Wisconsin for a stint at McLean Hospital in Cambridge after a nearly

complete mental collapse. This would be only the first of many such psychiatric hospitalizations. As Fisher (2008) recounted,

By 1898, Bob's lifelong alcohol addiction had grown so severe that he checked himself into an establishment called the Dansville Asylum in the Genesee Valley of New York State. There he would spend five years trying to cure himself by drinking "All-Healing Spring Water" and taking "Moliere-Thermo Electric Baths." (p. 535)

As evidenced by William's voluminous correspondence with family members, including Robertson, it is clear that William loved him dearly—and felt terribly pained by his inability to help Robertson overcome his alcohol dependency, which eventually led him to consider suicide. William resolutely steered Robertson from one residential treatment facility to another, but to no avail. The alcohol binges continued. Estranged from his wife and their children for decades, Robertson died alone, in Concord, of a heart attack in July 1910. His body lay undiscovered for 2 days until found by neighbors.

William's third family member to suffer from alcohol dependency he knew only indirectly, by ill reputation: his deceased father-in-law, Daniel Gibbens. Once a promising small-town Massachusetts physician with a Harvard degree, he had shattered his marriage in 1854 because of alcoholism—followed by years of far-off wandering and family absence. Sometimes Dr. Gibbens would send money and optimistic letters of purported self-recovery based on pastoral counseling he had received, but he never moved back to his wife and their two daughters. After relapsing to both alcohol and drug abuse, Dr. Gibbens committed suicide shortly after the end of the Civil War (Gunter, 2009).

Such was the tragic impact of alcohol dependency in William James' family.

How did James actually view alcoholism? In *Principles of Psychology*—on which he labored for a decade until its publication in 1890—James (1890/1981) declared that that "the love of drunkenness is a purely accidental susceptibility of a brain . . . and its causes are to be sought out in a molecular realm, rather than in any possible order of 'outer relations.'" (p. 1226). In this landmark text, James provided numerous anecdotes to demonstrate the strength of the addictive power of liquor for dipsomaniacs, including the horrific account of an institutionalized man who had deliberately chopped off one of his hands to obtain rum to medically bathe his resulting "stump" and thereby snatch some rum to drink. Perhaps thinking of his own brother Robertson, James in *Principles* described the many rationalizations that

dipsomaniacs offered in relapsing, and contended that such rationalizations were merely an evasion about the truth of their condition. James (1890/1981) commented,

That is the conception that will not stay before the poor soul's attention . . . If through thick and thin he holds to it that this is being a drunkard and nothing else, he is not likely to remain one long. The effort by which he succeeds in keeping the right name unwaveringly present to his mind proves to be his saving moral act. (p. 1170)

Several years after *Principles* was published to wide acclaim, James agreed to lecture at the Harvard Total Abstinence League, an anti-alcohol student organization. He was familiar with the group, having addressed it favorably when founded in 1888. Now, in January 1895, James reviewed for his audience the physiology of alcohol consumption and offered several blunt conclusions. Though conceding that he occasionally drank liquor, James (cited in Richardson, 2006) insisted that

to work on alcohol is a most treacherous business, even where it does stimulate, if it does. In most cases, it merely masks the fatigue and makes the matter worse . . . The whole bill against alcohol is its treachery. Its happiness is an illusion and seven other demons return. (p. 345)

Unquestionably, James's most far-reaching view of alcohol dependency came from his 1901-1902 Edinburgh lecture series on *The Varieties of Religious Experience*. James did not devote any of his 20 lectures specifically to the topic, but presented his view indirectly—particularly in detailing the “conversion” experience of Samuel Hadley. A chronic abuser of alcohol, Hadley was close to 40 years old and homeless in New York City, when one night in 1882 his despair reached suicidal level. Ready to drown himself, Hadley suddenly felt a “great and mighty presence” (cited in James, 1902/1985, p. 166) and instantly vowed never to touch a drop of liquor again. Later in the week, he sought out the Jerry McCauley Mission in the Bowery, and amidst McCauley's fervent group prayer, Hadley affirmed Jesus as his savior. “From that moment until now, I have never wanted another drink of whiskey,” Hadley later wrote, “and I have never seen money enough to make me take one” (p. 167). Within a few weeks, Hadley had completely straightened out his chaotic life, and eventually became the highly respected director of the Bowery Mission that had welcomed him as a forlorn vagrant.

Indeed, the same year that *Varieties* was published, Hadley's memoir was also published, chronicling his 16 years of work in alcoholism recovery. Nearly a decade after Hadley's death in 1906, his career was recapped in an inspirational book aimed at Christian college students entitled *Christian Standards in Life*. In this volume, Murray and Harris (1915) recounted,

The work accomplished by Hadley speaks for his ability. No one can deny him buoyant courage, exceptional common sense, administrative ability, a sense of humor, in its own way an intellectual force of exceptional quality—in short, the qualities of leadership. Before his conversion his was a disorganized life; it lacked standards, direction, motives. In his new life we find all his powers well in hand directed to a single purpose, every vestige of disunion gone. (p. 96)

For James, episodes like Hadley's were living proof that even the most severe cases of alcohol dependency were potentially curable through "conversion"—what today's humanistic psychologists might call self-transformation. In James's influential view, conversion involves the "process, gradual or sudden, by which a self hereto divided and consciously wrong, inferior, and unhappy, becomes unified and consciously right, superior, and happy." (James, 1902/1985, p. 157). In citing the findings of several contemporary researchers, James argued that conversion typically depended on two psychological conditions: (a) an outlook of "brooding, depression, morbid introspection" (p. 164) and (b) a sense of powerlessness that leads to self-surrender.

It is crucial to note that James affirmed that some types of conversion may instead encompass qualities like joyful inspiration, pleasure, and volition, but he stated that these "as a rule [are] less interesting than those of the self-surrender type." (p. 171). More broadly, James viewed conversion as a phenomenon linked most strongly to what he called the "sick" or "morbid-minded" soul—that is, an individual who views the world darkly and filled with the presence of evil. James contrasted this outlook with what he termed the "healthy-minded" perspective, which is essentially optimistic.

It is clear that James sought to be as objective as possible in differentiating "healthy-minded" versus "morbid" sensibilities. Throughout his lecture entitled *The Sick Soul*, he differentiated the "sanguine" and "sunny" perspective from the "depressed and melancholy," suggesting that these emanated from inborn disposition rather than life-experience. For example, he noted that, "[Some] are born close to the pain-threshold, which the slightest irritants fatally send them over [the misery line]." (p. 115)

In the same lecture, James mused whether different “sort[s] of religion” might be necessary for persons with differing dispositions toward life—a startling notion that remains unrealized more than a century later. James returned to this crucial viewpoint in his 20th and final lecture entitled *Conclusions*. Rhetorically raising the question, “Ought it be assumed that the lives of all men should show identical religious elements?” He declared,

I answer “No!” emphatically. And my reason is that I do not see it possible that creatures in such different positions and with such different powers as human individuals are, should have exactly the same functions and the same duties. No two of us have the same identical difficulties, nor should we be expected to work out identical solutions. Each, from his particular angle of observation, takes in a certain sphere of fact and trouble, which each must deal with in a unique manner. One of us must soften himself, another must harden himself; one must yield a point, another must stand firm in order to better defend the position assigned to him . . . Individuals must be allowed to get [to a union with the divine] by the channels which lie most open to their several temperaments. (p. 384)

Published in 1902, James’s *Varieties* was professionally well received and helped launch the psychology of religion as a respectable academic field. But some intellectuals were skeptical about his belief in conversion experiences including Harvard president Charles Eliot, who in a letter to James accused him of naiveté in accepting accounts like Hadley’s too readily, without sufficient corroboration. In forceful reply, James (1902/1985) expressed surprise on Eliot’s “doubt on [Hadley’s] really being a reformed drunkard.” (p. 450)

Having spent decades attempting unsuccessfully to help his brother Robertson end his alcohol dependency, James was certainly aware of how difficult it was to treat the condition effectively. In his final years, he was favorably impressed with a new approach, originating in Boston’s Emmanuel Episcopal Church, and known as the Emmanuel Movement. Founded in 1906 by Rector Elwood Worcester, it combined group therapy, individual counseling, and supportive mentoring, all with a faith-based perspective. James was friendly with Elwood and encouraged his innovative efforts, which included the utilization of recovered alcoholics as lay counselors.

In contrast, Sigmund Freud was antagonistic. After lecturing at nearby Clark University in September 1909, he was asked about the Emmanuel Movement and replied contemptuously. “I can easily understand that this combination of church and psychotherapy appeals to the public,” Freud

(cited in McCarthy, 1984) observed, “for the public has always had a certain weakness for everything that savors of mysteries and the mysterious, and these it probably suspects behind psychotherapy, which in reality has nothing, absolutely nothing mysterious about it” (p. 68).

## James, the Oxford Group, and the Founding of AA

James died less than a year after meeting Freud and Jung at Clark University, but his writings continued to inspire social scientists and scholars. With its affirmation of religious experience as a positive force in human life, his *Varieties* particularly appealed to educated clergy. Among these was Frank Buchman, a Lutheran minister from Pennsylvania who founded in the early 1930s what became popularly known as the Oxford Group. An outgrowth of the First Century Christian Fellowship that Buchman had established on college campuses throughout the United States a decade earlier, the Oxford Group was centered on Buchman’s vigorous proselytizing efforts in Oxford, England and espoused humanity’s redemption through individual moral regeneration. Buchman emphasized “four absolutes” as keys in this process: “absolute honesty, absolute purity, absolute unselfishness, and absolute love.”

Buchman had not aimed the Oxford Group specifically at those struggling with alcohol dependency. Rather, it was his protégé Dr. Samuel Shoemaker—rector of New York City’s Episcopal Calvary Church—who was most directly responsible for refining and sharing the Oxford Group’s message for such persons. The two clergy had first met as Protestant missionaries in China back in 1917.

Shoemaker was a prolific writer, who, from his first book entitled *Realizing Religion*, published in 1921, was enamored with James’s work. Shoemaker repeatedly quoted James, and stated for example, “If you want a comprehensive scientific definition of conversion, William James has given us a good one: The process, gradual or sudden, by which a self, hitherto divided and consciously wrong, inferior and unhappy, becomes unified, consciously right, superior, and happy” (cited in Dick, 1999, p. 159).

Shoemaker was also a far better thinker than Buchman, who while engaged in proselytizing work in Nazi Germany, established friendly ties to Heinrich Himmler and other Nazi Party leaders. On returning to the United States in 1936, Buchman discredited the entire Oxford Group when he announced to the *New York World-Telegram* newspaper, “I thank heaven for a man like Adolf Hitler, who built a front-line defense against the anti-Christ of Communism.” Several weeks later, the eminent Protestant theologian Reinhold Niebuhr who authored the Serenity Prayer later adopted by AA, declared in

*The Christian Century* magazine that Buchman's remarks clearly revealed that, "A Nazi social philosophy has been a covert presumption of the Oxford group enterprise from the very beginning" (Niebuhr, 1936, p. 1315).

Though the Oxford Group would eventually self-destruct because of Buchman's pro-Nazi sentiments, it was initially viewed favorably by many Americans struggling with alcohol during the early- to mid-1930s. Among these were several acquaintances of an unemployed Wall Street stockbroker suffering from chronic and worsening alcohol dependency: William "Bill" Wilson. It would be no exaggeration to say that Wilson, who would quickly emerge as AA's chief founder and promoter, would become James' greatest popularizer and distorter.

Born in an 1895 Vermont quarry town, Wilson was abandoned by both his parents following their divorce when he was 10 years old. His hard-drinking father headed north for Canada and his mother moved to Boston, leaving the sickly child to live with his maternal grandparents. After serving as a U.S. soldier during World War I, Wilson married Lois Burnham in 1918, and became a successful Wall Street stockbroker. Traveling around the United States, he evaluated companies for potential investors. Wilson lost all his money in the stock market crash of 1929, but continued for several years to earn a modest income by trading stocks. However, heavy drinking took a severe toll, and by 1933, Wilson was unemployed and living with Lois in her parents' Brooklyn home. He spent most of his days drinking gin while his wife worked at a local department store.

Wilson's alcohol dependency increased in severity, and he was hospitalized four times for alcohol-related conditions during 1933 and 1934. In November 1934, Wilson had visits from several acquaintances active with the Oxford Group and who encouraged him to follow its strategy for recovery. Wilson was intrigued, but continued to imbibe, and then in early December 1934, he went on an alcoholic binge that lasted for several days.

Fearful of undergoing delirium tremens without medical supervision, Wilson admitted himself on December 11 to Manhattan's Charles B. Towns Hospital for Drug and Alcohol Addictions. Founded on Central Park West in 1901 by broker businessman Charles Towns, it had long boasted a prestigious clientele and gained much success during the Roaring Twenties with the country's economic boom and concomitant rise in alcohol consumption. Under Dr. William Silkworth, the Towns detoxification regimen included morphine, other psychoactive drugs, and belladonna—a substance that in large dosage can be hallucinogenic. After one of Wilson's friends visited and again urged him to adopt the Oxford Group's program for recovery, he was left alone in his hospital room. Wilson fell into a state of utter despair, and

then found himself pleading to God for help. In Wilson's memoir published some 20 years later and famous among AA members, he vividly recalled,

All at once I found myself crying out, "If there is a God, let Him show Himself! I am ready to do anything, anything!" Suddenly the room lit up with a great white light. I was caught up into an ecstasy which there are no words to describe. It seemed to me, in the mind's eye, that I was on a mountain and that a wind not of air but of spirit was blowing. And then it burst upon me that I was a free man. Slowly the ecstasy subsided. I lay on the bed, but now for a time I was in a new world, a new world of consciousness. All about me and through me there was a wonderful feeling of Presence and I thought to myself, "So this is the God of the preachers!" A great peace stole over me and I thought, "No matter how wrong things seem to be, they are still all right. Things are all right with God and His world." (Wilson, 1957, p. 63)

In Maslovian terms, Wilson undeniably had a nadir-experience, and not surprisingly, he became frightened by it and reasoned that he had been hallucinating. He immediately recounted his experience to Dr. Silkworth, who, after a clinical interview, assured Wilson that he was not "going crazy" but instead affirmed that "there has been some basic psychological or spiritual event here. I've read about these things in the books. Sometimes spiritual experiences do release people from alcoholism" (Wilson, 1957, p. 63).

The next day, Wilson was presented with a copy of James's *Varieties of Religious Experience* and "devoured [it] from cover to cover." Wilson never learned who had brought it to his hospital room, but adduced it was one of his Oxford Group friends—a sensible deduction as *Varieties* was on its recommended reading list. It is not difficult to guess what excited Wilson about *Varieties*, which described spiritual experiences and their transformative power. Wilson also read how spiritual experiences could come in many forms, ranging from sudden and profound epiphanies—as he had seemingly just experienced—to more gradual changes over time.

However, what affected Wilson most intensely was James's observation that "conversions" often come to people in dire circumstances, such as during external catastrophe or severe anguish. Though Wilson never said so explicitly, it seems likely that he found James's case study of Samuel Hadley especially inspiring, because it spoke so clearly to his own situation and offered so much hope. Wilson (1957) would later remark,

Spiritual experiences, James thought, could have objective reality; almost like gifts from the blue, they could transform people. Some

were sudden brilliant illuminations; others came on very gradually. Some flowed out of religious channels; others did not. But nearly all had the great common denominators of pain, suffering, calamity. Complete hopelessness and deflation at depth were almost required to make the recipient ready. The significance of all this burst upon me. *Deflation at depth*—yes, that was *it*. Exactly that had happened to me. (p. 64)

Wilson (1957) continued,

My thoughts began to race as I envisioned a chain reaction among alcoholics, one carrying this message and these principles to the next. More than I could ever want anything else, I now knew I wanted to work with other alcoholics. (p. 64)

Such was the beginning of Alcoholics Anonymous, originating in Wilson's nadir-experience at Towns Hospital. In June 1935, the organization was officially founded in Akron, Ohio, with a second base of operations launched in New York City. In 1937, its third operational base was founded in Cleveland, Ohio, which became especially strong. By 1939, AA had severed its ties with the Oxford Group—a wise decision in views of the increasing unpopularity of its pro-Nazi leader Frank Buchman. During that same year, AA published *Alcoholics Anonymous*, which became known as the Big Book—describing alcoholism as a lifetime disease and presenting the 12 steps to sobriety based on the self-surrender paradigm.

In early 1941, a favorable article in the widely read *Saturday Evening Post* quickly catapulted national membership from 2,000 to 8,000 and helped launch chapters in a host of major cities including Chicago, Detroit, Philadelphia, Baltimore, Houston, Los Angeles, and San Francisco. The first prison group was started at San Quentin in 1942, and 2 years later, the *A.A. Grapevine*, the organization's first newsletter was published. Initially intended to communicate with U.S. Armed Forces members, the New York City-spawned newsletter soon went national, linking AA members and groups across the country.

By the early 1950s, AA had attracted more than 90,000 members and had received awards from professional organizations such as the American Public Health Association. Mass media attention through positive portrayals in *Reader's Digest*, *Time Magazine*, and Hollywood films like *Days of Wine and Roses* and *Come Back Little Sheba* elevated AA to unparalleled dominance in popular understanding of alcohol recovery. Reflecting professional confidence in AA during that era, judges throughout the United States increasingly mandated legal offenders to AA and related 12-step programs—all rooted in James's seemingly solitary paradigm of addiction recovery.

For in launching AA in the mid-1930s, Wilson had clearly misinterpreted James's viewpoint in *Varieties* by asserting that self-surrender during intense despair is the *sole* model for alcoholism recovery. It is hardly surprising that Wilson, who had undergone a nadir-experience similar to Hadley's as detailed by James would seize upon this model and vigorously promulgate it to help countless others embroiled in the pain of alcohol addiction. Nevertheless, Wilson was significantly distorting James's pluralistic perspective on the nature of self-transformation.

As Walle (1992) observed, Wilson and AA's cofounders were highly selective in interpreting and popularizing James. Not only did they ignore his recognition of conversion derived from joy and inspiration but they also disregarded his vivid description in *Varieties* of alcohol usage as emanating from the universal human need for life-affirmation and expanded consciousness. In his lectures on mysticism, James had argued,

The sway of alcohol over mankind is unquestionably due to its power to stimulate the mystical faculties of human nature, usually crushed to earth by the cold facts and dry criticisms of the sober hour. Sobriety diminishes, discriminates and says no; drunkenness expands, unites, and says yes. It is in fact the greater exciter of the Yes function in man. It brings its votary from the chill periphery of things to the radiant core. It makes him for the moment one with truth. Not through mere perversity do men run after it . . . The drunken consciousness is one bit of the mystical consciousness, and out total opinion of it must find its place in our opinion of that larger whole. (p. 694)

In linking alcohol consumption to the search for the "radiant core" of human existence, James might well have been referring to his own alcohol-dependent father, who ardently pursued mystical philosophy and religion for decades. Of course, James was not advocating alcohol usage as a way to cosmic consciousness, and in the same lecture, he described alcoholism as "a degrading poisoning" (p. 693). Yet by completely ignoring James's view that alcohol consumption comes from the legitimate need to experience self-transcendence, AA's founders were essentially demeaning and diminishing the individual with alcohol dependency in a way far from James's own outlook. That is, they were removing an important—if not crucial—wellspring of emotional health in James's psychological system, and thereby accentuating the qualities of pathology and powerlessness in the personality of those with alcohol dependency. Indeed, this stance has been central to AA since its inception.

## The Unitary Disease Model of Alcoholism: Rise and Fall

During the post–World War II era, the unitary disease model of alcoholism gained dominance in both its conceptualization and treatment. Jellinek (1952, 1960) and his colleagues were among the leaders who promulgated this approach, which seemed to buttress AA’s approach as medically and scientifically sound. The dominant view came to be that alcoholism was a disease that is “progressive, transmitted through heredity, and characterized by loss of control over consumption once drinking begins” (Gregoire, 1995, p. 342), following the publication of Jellinek’s *The Disease Concept of Alcoholism*. The book “became the canonical scientific text for the classical disease concept” (Fingarette, 1988, p. 20) of alcohol dependency to which later authors began to refer.

With scientific support for the disease model of alcoholism as a unitary condition, the AA program was expanded in the 1960s and 1970s to address a variety of individual problems ranging from narcotics addiction and gambling to overeating and sexual addiction. Collectively, these organizations became known as “12-step programs,” a reference to the 12 steps to sobriety advanced by AA. There was virtually no empirical data to support their efficacy, but that did not seem to matter to enthusiastic advocates.

By the mid-1980s, however, a more nuanced approach to alcohol dependency decisively began to emerge. As Bandura (1997) aptly summarized this trend:

The ruling conception of alcoholism as a unitary disease eventually came under heavy fire from theorists who adopted a biopsychosocial interaction model. In this view, alcohol abuse is not a monolithic condition with an inevitable progression requiring a single remedy for all alcohol abusers. Rather, alcoholism is a multi-determined behavior pattern that varies across individuals in severity, patterns of causal influences, and amenability to personal control . . . Research conducted within the interactional framework is producing major advances in the understanding and treatment of alcoholism. (p. 357)

## Self-Surrender, Nadirs, and Peaks

During the mid-1940s and early 1950s, James’s interest in exceptional mental states directly influenced Abraham Maslow. As well known to humanistic psychologists, he originally uncovered what he termed the *peak-experience*—encompassing moments of intense happiness and meaning—while studying

the motivations of high-achieving men and women—initially his own mentors and extended family members—and later, in more systematically asking college students and colleagues to recount “the most wonderful experience” of their lives. Recent studies (Hoffman & Muramoto, 2007; Hoffman & Ortiz, 2009; Hoffman, Iverson, & Ortiz, in press), have confirmed the cross-cultural resonance and clinical significance of youthful peaks.

Maslow also recognized the reality of the nadir-experience, which he associated with feelings of what he called “desolation” and “despair.” In this regard, Maslow argued—certainly in agreement with James—that major personality growth can be spurred by emotional pain and despondency. Yet in striking contrast to Maslow’s extensive and enthusiastic discussions of peak-experiences, not once did he produce an article geared specifically to nadir-experiences or even provide a meaningful sampling of representative accounts. His most detailed allusion to nadir or desolation experiences (Maslow used the terms interchangeably) came in a one-sentence list of examples in his article “Notes on Being Psychology” (Maslow, 1962), in which he specified “psychotic regression, confrontation with death, destruction of defenses, illusions or value-systems, tragedy and tragic experiences, failures, confrontation with human predicament or existential dilemma” (p. 67).

Moreover, in Maslow’s (1970) extensive analysis in *Religions, Values, and Peak-Experiences* of transcendent experience, he explicitly linked peaks—but not nadir moments—to tremendous therapeutic breakthroughs, noting that

A single glimpse of heaven is enough to confirm its existence even if it is never experienced again. It is my strong suspicion that even one such experience might be able to prevent suicide, for instance, and perhaps many varieties of slow self-destruction, for example, alcoholism, drug-addiction, addiction to violence, etc. (p. 75)

Thus, in sharp contrast to James’ view that the morbid soul’s descent into self-surrender offered a broad model for self-transformation, Maslow saw peak-experiences as far more important—even in the case of addictive disorders.

In our view, Maslow devoted minimal attention to nadir-experiences precisely because he regarded these as possessing only secondary importance for a system of personality and psychotherapy based on concepts of human growth, creativity, autonomy, and potential. Also precisely for this reason, we would suggest, Maslow as a prolific thinker had virtually nothing praiseworthy to say about AA as a psychological force, except to list it once—together with several other organizations and interventions—that addressed the human need for belongingness (Maslow, 1968, p. 203). In contrast, he

lauded alternative models to addiction treatment that emerged in the 1960s, notably Synanon and Daytop Village.

True enough, it could be argued that Maslow, as the son of Russian-Jewish immigrants fleeing Czarist persecution and sharply sensitive to anti-Semitism throughout his life—was put off more by AA's quasi-Christian language than by its actual substance, but we would insist instead that it was AA's emphasis on self-surrender and individual powerlessness that kept Maslow at a distance from this popular organization.

## **AA in Historical and Cultural Perspective: A Final Note**

To place AA's perspective on alcohol dependency within its historical and cultural context is useful for a final perspective. First, it seems no historical accident that AA—with its core message of individual powerlessness—arose and spread during the Great Depression, when millions of beleaguered Americans felt impotent before larger economic forces. Indeed, had AA's originator Bill Wilson not been unemployed for several years by 1935, it is unlikely that his longtime predilection for alcohol would have reached proportions requiring multiple hospitalizations. And almost certainly, if Wilson had continued to thrive as a financially successful Wall Street stockbroker, he would not have been motivated to create a movement devoted to alcoholism recovery. Thus AA would never have come into existence at all. In a sense, just as the enduring optimism of humanistic psychology can be traced to the *zeitgeist* of America's post—World War II era (ending the Depression and defeating the Axis powers), so too does AA's enduring emphasis on personal powerlessness seem uniquely rooted in Depression-era sentiment.

Second, it seems no coincidence that William James's writings on self-transformation, the Oxford Group that subsequently arose and promulgated his book *Varieties*, and AA's founder Bill Wilson all came out of White Anglo-Saxon Protestant culture. Despite James's genuine belief in ecumenicism, in *Varieties* he identified liberal Protestantism as the pinnacle of human religious achievement and insight. Surely, practicing Catholics would have directly referred to Jesus Christ—and not a vague "Higher Power" as the ultimate source of salvation—and observant Jews and Muslims would have identified rigorous adherence to the Torah and Koran respectively as the way for their co-religionists to overcome addiction. As a thought-experiment, it strains credulity to imagine AA—with its unique blend of individual focus coupled with disdain for social rank and title ("Hi, I'm Fred and I'm an alcoholic")—as emerging from China or Japan, India or Pakistan, Germany, Italy, or Russia, Argentina or Brazil—even England or Canada—or from any

country except the United States with its historical downplay of formality and hierarchies. Indeed, the latest statistics offered by AA (Alcoholics Anonymous World Services, 2005) indicate that its membership is 89.1% White—a percentage that has not budged significantly since the organization's inception. Of course, this fact is hardly surprising, as its core values remain the same as in Bill Wilson's 1935 America—and have never resonated well with persons from non-White Anglo-Saxon Protestant backgrounds. As the United States becomes increasingly diverse culturally, this issue is reason enough for humanistic psychologists actively to seek alternatives to AA and its 12-step offshoots.

It is beyond the scope of this article to present alternatives to the AA approach to alcoholism recovery. But for us, a more comprehensive—and hence more accurate—understanding of James's own outlook provides a worthy starting point. For if, as Walle (1992) suggested, AA is successful only for those with "sick-minded" temperaments who undergo nadir-experiences, then other interventions are needed for the "healthy-minded"—namely, those encompassing empowerment, creativity, and autonomy rather than self-surrender. For such persons, the foundation for self-transformation would not be moments of desolation, but as Maslow emphasized toward the end of his life: peak-experiences, that is, moments of joy and meaning enabling individuals struggling with addiction to see a light at the end of their phenomenological tunnel. In this regard, an association aimed at the healthy-minded soul would build upon and strengthen epiphanies of beauty, awe, wholeness, tenderness, and compassion. Precisely in this context, Hoffman (2009) provided specific recommendations for incorporating retrospective peak-experiences into addiction treatment; likewise, Cosden, Panteleakos, Gutierrez, Barazani, and Gotthiel (2004) presented a strength-based approach for aiding adolescent drug abusers.

Undoubtedly, James today would be pleased to see how his 1901-1902 Edinburgh lectures inspired the formation of AA—which altruistically arose to help those like his father and brother Robertson long suffering from alcohol dependency. But it also seems reasonable to conclude that the author of *A Pluralistic Universe* would have endorsed a far broader approach than AA's emphasis on the "sick-soul's" self-surrender as the *only* effective path for recovery. For more than 75 years, this model has dominated both AA and its numerous 12-step program offshoots. As we honor James's life and legacy in this centennial year, the time has come to move decisively beyond it.

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