
A Pragmatic Convergence in the Programs of Psychoanalysis and Alcoholics Anonymous

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I. NEUROSIS AND ADDICTION

Psychoanalysis arose from the need for a nineteenth-century medical approach to neurosis, that baffling state of the self-identified patient whose medical-seeming symptoms revealed no apparent organic cause, often appeared somehow unwittingly self-induced, impressed many observers as less painful than meaningful, and seemed to mean, in particular, something about sex—earning such conditions since ancient times the cognomen “hysteria.”

What has become of neurosis? In our day it has all but vanished from popular as well as professional discourse. Psychic suffering has taken on a new mantle of medical meaning, now more frankly psychological in its presentation but still cloaked in the medical “invalidation” that serves in some measure to protect its sufferers from appearing either to have brought it upon themselves, or to mean anything by it. Instead of neurosis we now have Disorders. In place of hysteria, neurasthenia, and obsessional neurosis we now encounter Depressive Disorder, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder, Attention-Deficit Disorder, etc., all very scientifically categorized to five significant figures and supported by scientific data popularly taken to prove that the sufferer’s brain is doing it all to him—as many Disorders, an alien or merely cynical observer might say, as there are ways to lose the capacity to tolerate one’s passions, to lose or even abdicate agency over them, or to make sense of them, as the now-unfashionable psychoanalytic psychiatry once tried to do. Today, instead of exploring symptoms to find their meaning, we classify them. Instead of explaining them, we try to undo them with drugs. If thine eye offend thee, pluck it out! When we do explain symptoms—and by “we” I mean primarily contemporary psychiatrists and those who share their general perspective on these matters—we follow the

psychoanalyst’s lead by imputing those symptoms to unconscious processes; but we go further than the analysts and locate the processes deep in the dynamic unconscious, beneath the psychological altogether, in the tissue and chemistry of the brain, a giant step further into dualism. “It’s not me, It’s my chemical imbalance,” becomes the erstwhile neurotic’s complaint. And his defense attorney’s. And that of the prosecutor who holds the psychiatrist liable for the murder the patient committed because his drugs were given wrongly. And wins. When we mistake the correlates for the causes of experience and behavior, we place the subject beyond responsibility for his own experiences and deeds, the unwitting plaything of his brain. Character is no longer fate. Anatomy is destiny once again. The now-benighted notion of unconscious motivation reduces, in the conception of modern psychiatry, to a kind of neo-phrenology of cerebral determinism.

Rightly or wrongly, and for good or ill, though, much of the psychological symptomatology that clinicians face in our day has been in this way effectively medicalized. But a good deal has not. We still face innumerable patients who present with chimerical problems involving both their bodies and their minds, with no clear organic cause yet with clearly organic mediation, seemingly self-induced yet, once under way, with pathophysiological lives of their own, and which appear in their own ways meaningful, though the meaning now seems to be more about narcissism than sex—much as Winnicott, Kohut, and others have pointed out in the cases of neurosis that nowadays seek our help. I am speaking of addictions. In many ways, *addictions are the neuroses of our time*. And the metaphor of addiction is not limited, in the popular mind, to troubled relationships with drugs and alcohol. People everywhere now speak of addictions to food, to sex, to work, to love—even to emotions themselves—and for

each one of these addictions a self-help movement analogous to Alcoholics Anonymous has arisen to permit the self-diagnosed to treat themselves and one another (Lambert 60).

Like neuroses, addictions are as multidimensioned as the lives that they affect. Squelching an addict's symptoms will not help. So, for example, psychopharmacology cannot cure them. Separating addicts from their substances of abuse may save their lives, but does not change them or their essential problem. They remain addicts, physically, psychologically, and socially. By medical means alone, they are untreatable. As Freud said of neurotics, in "The Question of Lay Analysis," these are not ordinary patients with ordinary medical problems. Something beyond medical treatment is required to reverse the course of their disease (Freud, "Question" 184). What arose as such a treatment for neurotics was psychoanalysis. What arose for addicts was Alcoholics Anonymous (Anonymous, *passim*). In light of what I have said so far, perhaps it will not surprise you all that these two approaches possess a great deal in common, and that their differences, while few, may warrant commentary.

2. PSYCHOANALYSIS AND ALCOHOLICS ANONYMOUS

Given the concerns of this periodical, most who read this essay will be relatively familiar with psychoanalysis, while statistically speaking only five or ten percent will have much direct acquaintance with AA. I hope that those readers more familiar with AA will forgive me for showing the program in such a stripped-down, simplistic form; but in its, so-to-speak, intellectual underwear, it will be easier to distinguish from whatever particularly clothed images some may carry concerning it, and will prove easier, I think, to compare feature-by-feature to the equally denuded psychoanalysis with which I shall be comparing it. Both programs, I have seen, appear in every manner of disguise.

I have already mentioned that both AA and psychoanalysis came into being in response to forms of human suffering that appear, paradoxically, both self-induced and beyond the subject's personal control, both willed and caused, and that disrupt the physical, emotional, and spiritual well-being of their patients, and leave them both painful and pained, obnoxious

and miserable (Mann, "Pain" 545). It might be news to some readers, as it was to me when I first began to study the program, that Alcoholics Anonymous proffers a most psychoanalytic-like theory of the origins of this suffering. While acknowledging that full-blown addiction possesses all the vicious-cycle characteristics of organic disease, AA literature states clearly and forcefully that the cycle begins with drug use that is "but a symptom." Like the Freudian symptom, addictive behaviors, along with the habits of thought and emotion that support them, according to AA are really attempts to solve conflicts between "instincts in collision," "instincts for sex, security, and society," much as Harry Stack Sullivan would say, using methods that in fact prevent the harmonious resolution of these countercurrent demands. These "routinely futile solutions," as Sullivan called them, traditional analysis, of course, terms "mechanisms of defense." AA refers to these as "character defects, representing instincts gone astray, [which] have been the primary cause of [the alcoholic's] drinking and his failure at life" (Anonymous, *Twelve* 50). The instincts, the conflicts among them, and the defective means of dealing with them, AA says, all may flourish outside of consciousness, just as they do in the psychoanalytic model of neurosis. AA's view is interpersonalist, as well, in that his defects leave the addict not only sick in his own skin, "childish, sensitive and grandiose," as Bill W., the anonymous author of AA's two basic texts, described it (Anonymous, *Twelve* 123), but also trapped in an interpersonal world of caricatured relationships, alternately slavish and domineering, with little in between. "The primary fact that we fail to recognize," Bill W. comments, "is our total inability to form a true partnership with another human being" (*Twelve* 53). Is there outside of Kohut a truer sketch of narcissism?

The hallmark of neurosis is stereotyped suffering, classically referred to as the repetition compulsion. The subject engages again and again in behavior that never ceases to bring about the same, dysphoric result. This, we know, threw such a wrench into Freud's economic theory that even with the inclusion of a death instinct he never felt he had explained it satisfactorily (Freud, *Beyond*; Mann, *Simple*). The hallmark of addiction is exactly the same: repetitive use of a substance despite inevitably adverse consequences. Around AA one hears

“crazy” defined as “doing the same thing over and over again, expecting a different result.” The addiction is like an agent of the Id in possession of some part of himself over which the addict has lost control. Where ego has slipped, there Id springs forth. The aim of AA, like the aim of psychoanalysis, is to liberate the ego from this alien-feeling part of himself, but how this liberation is to occur differs in the metaphors of the two disciplines. Psychoanalysis suggest that the ego is to reclaim lost ground, as in “the draining of the Zuider Zee,” Freud said (Freud, *New* 80; Mann, “Ownership” 211ff.). AA’s image is less like ocean and more like quicksand: we are submerged *because* we are fighting, and the only way to free ourselves is to surrender. This is the project of AA’s first three steps. The addict is invited to admit that in himself he is powerless over addiction and that his life has become unmanageable as a result. He is invited to believe (if only because he can see it and hear it in the stories of those around him) that some power greater than himself might be able to restore him to sanity, and he is encouraged to make a decision to turn his life and will over to that power, *however he understands it*. This last is an important clause, because it serves to emphasize that Alcoholics Anonymous is not a religious sect, as many unfamiliar with it suspect it may be. AA does not promote any particular god or gods, and eschews affiliation with any organized religion. The concept of a higher power that AA employs is entirely a pragmatic one, based on the impracticality of an individual’s reliance upon himself alone against the rigors of the world, and the eminent practicality of depending upon a group instead. “First of all, we had to quit playing God,” says the Big Book of AA (Kurtz, *Not God* 62). Many AA members have no religious conception at all of a higher power, nor do they feel the need for one. With the street-corner pragmatism that characterizes AA’s legendary slogans, many refer to “GOD” as an acronym—for “Group Of Drunks,” for example, or “Good, Orderly Direction.” The AA texts and many sponsors in the program suggest that beginners take the AA program itself, or their particular group, as their higher power. “After all, as a group, we stayed sober when you could not,” they are told. The group is the holding environment for the patient entering treatment. It contains and comforts the newcomer when he cannot yet do so for himself. It ac-

cepts the projections of parental power and comfort of which the patient has not yet found possession within himself. It embodies the lore of the discipline. The group—that is to say, and the higher power that it represents—takes the place in AA that the psychoanalyst holds in our own field.

The group is the analyst in the program of AA, and the first three steps of the program correspond to the establishment of the generally idealizing, positive transference that, as Freud long ago pointed out, sets the foundation of a therapeutic alliance in analytic work. Patient and analyst meet frequently—daily at first, then several times per week for as long as required. A few successful members may cease regular attendance at meetings for stretches of time, but no one ever “graduates” from the program, for the simple reason that no one ever ceases to need what they learn to practice in the halls of AA, any more than the successfully analyzed among us cease to think analytically about ourselves and our relationships. Both AA and psychoanalysis give us more than just information: they present us with a whole new way to live. And while much of what we learn in analysis or in AA we carry with grace and profit into our daily affairs (this is, essentially, the proposition embodied in the twelfth step of AA), yet the practice of open and rigorous honesty in everyday society would be as damning in most situations as would free association or unfettered confessions of our sexual and aggressive transferences toward friends, colleagues, and passers-by. Here the sober addict has an advantage over the successful analysand: there are meetings every day in every corner of the world where he is warmly welcome to attend and speak his mind. The idea of some analogous institution in psychoanalytic circles is all but unthinkable, if only because of the professionalization of our discipline. Here AA’s Eighth Tradition of remaining “forever non-professional” assures its healthy growth and maintenance despite its own policies of anonymity and non-promotion.

The addict is not expected to pay for treatment in AA. Again, the elementary structure is that of the group, each remaining, according to the Seventh Tradition, “self-supporting through its own contributions.” Members donate money—usually no more than a dollar per meeting in this part of the world, enough for

the rent and light refreshments—if they are able and willing, but no one is pressured to do so. Each member's essential contribution is his willingness to share his "experience, strength and hope" toward the group's common purpose, which is, always and only, "to stay sober and help other alcoholics to achieve sobriety."

"Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principals before personalities." This Twelfth Tradition of AA embodies for its program much of what psychoanalysis also attempts through respect for the confidentiality of patients' identities and stories, and in some ways through the practice of abstinence within the psychoanalytic encounter. As the analyst ideally supports the patient's growth but does not exploit the patient for his own aims, so the program of AA, through "attraction, not promotion," does not recruit but supports those who seek in it a means to realize themselves more fully as human beings.

There is an air of brimstone about the neurotic's daily life. Dramatic cycles of anxiety, guilt, shame, and resentment dog his waking consciousness. A life of Job, a monotonous stream of painful and frustrating situations seem his only fare. "If it wasn't for bad luck," as the old song says, he "wouldn't have no luck at all—he feels as if he were "Born Under a Bad Sign." But this fate, Freud tells us, following Heraclitus two millennia before him, is actually the product of the neurotic's own character in action. Character is fate for man. The enemy is Us. And in this truth the neurotic does not differ from the ordinary mortal, but only in the intense, relentless, and at times caricatured degree of his suffering. It is not a matter of quality, but of quantity, Freud says repeatedly: "neurotics break down at the same difficulties that are successfully overcome by normal people" (Freud, *Autobiographical* 56). The situation with alcoholics is only slightly more complicated. Alcoholics have a disease, an organic condition that leaves them susceptible to physical and psychological dependency upon alcohol—and often other substances, as well. But beyond this, character is fate for alcoholics just as it is for neurotics. They have no choice whether to have this susceptibility to addiction, *but they have choice over what to do about it*. "Powerless does not mean irresponsible," an AA member remarked to me. "I did not cause my disease, but I am

responsible for my recovery," another said. There may be persons with alcoholism who do not drink—what non-neurotic person would? It is, after all, only a means to assured suffering. In this sense, identifiable alcoholics are simply neurotics with an organic disease that can serve their neurotic tendencies, just as neurotic diabetics or epileptics can contrive unconsciously to progress and even die of their organic ailments. Psychoanalytic therapy aims, said Freud, "to reduce neurotic suffering to ordinary human suffering." In Alcoholics Anonymous it is similarly said that "pain is mandatory; suffering is optional." The business of AA's twelve steps, like that of psychoanalytic therapy, is to help the sufferer to access this choice.

The first step of AA, famously, is the only one that even mentions alcohol. All the rest concern "changing the person who drank," who otherwise, in time and under stress enough, could only return to his drinking ways. The addict who has interrupted his abuse thus occupies the same psychological ground as the neurotic, ready to cry truce with his symptoms. The first step of AA is also the only step, it is said, that anyone ever accomplishes with perfection—and that, according to program lore, on a daily basis only. Given the high frequency of relapse and remission in the course of many addicts' lives, not even this step is perfectible for all. One is promised but a day of sobriety, provided one practices the steps of AA. On this point the psychoanalytic procedure is somewhat more abstemious than that of AA. It has never been my practice, nor that of my analysts before me, to promise anything like psychological sobriety, not even a day at a time free of neurotic angst. But relative relief is frequently in sight, implicitly, for those who follow the psychoanalytic procedure as prescribed. To turn their life and their will over to this procedure may be more than any of us explicitly ask of our patients (whether or not any of them would agree to those terms), but some such surrender is necessary for the neurotic as well as for the alcoholic to relax their characterologic rigidity enough for them to change.

The six middle steps of AA correspond to the daily conduct of psychoanalytic work. Frequent, regular meetings are convened. Stories and reflections, one's own and those of others in one's group, are entertained in an atmosphere of uncensuring respect. The AA

member is asked “to identify, not compare,” so as to promote acceptance of himself, as well as of others, just as the analysand’s straying thoughts, however incestuous, violent, or bizarre, likewise meet with equanimity in the analyst whose humble attitude says, with Freud’s forerunner Pinel, “nothing human is alien to me.”

The fourth step of AA outlines the inner job of the analysand, I think, as well as that of the alcoholic seeking recovery from his errant ways. It asks us to make “a searching and fearless moral inventory of ourselves,” emphasizing the role of “extremes in instinctive drives” towards sex, security, and social success. It counsels the subject not to defend his actions or the feelings behind them, but only to acknowledge them. What role did *I* play in that miserable script? Through this process, as in psychoanalysis, the addict eventually must confront the primacy of emotion, and of his inadequate habits of managing emotion, in the recurrent shocks that he has engineered for himself. Anxiety, the master emotion of psychoanalytic theory, is matched in AA by “self-centered fear,” the terror that one will lose something dear, or fail to gain something dearly sought. What fear is to the future, in the AA way of thought, resentment is to the past. Both emotions are magnified and prolonged for the addict through the defects in his character—as with the analogously defective defenses of the neurotic. Through the process of self-examination, and attendant confrontations with himself and others in group meetings, the addict gradually acquaints himself with these errors of his emotional ways, and acquires, as does the analysand, new affective competencies through new patterns of emotional engagement, first with his analyst/group and increasingly with the world at large. In his fifth step the alcoholic systematically reports these findings to “God, himself and another human being,” much as the neurotic in a more desultory fashion discovers them for himself through free-association and interpretive work with his analyst. What the neurotic expresses implicitly by progressive analysis and payment of fees, the addict is prompted to make explicit with the taking of step six: a thorough readiness and willingness to change. With step seven he symbolically enacts through prayer, with respect to his character defects, what he has done in the first three steps respecting alcohol, asking his higher power to relieve him of dependency upon them.

Do neurotics not yield effectively to such a yearning toward their analyst? Is this not the very longing that Freud ascribed to a protective paternal transference at the basis of all religious desire, in *The Future of an Illusion*, *Civilization and its Discontents*, and *Moses and Monotheism*?

Human beings can *exist* in isolation—even for decades in the solitary hell of addiction—but they are fully *alive* only in relationships with one another. Addictions replace relationships, substituting a static dependence upon inanimate substances for the dynamic interdependence of social life. The program of AA heeds this fact by repeating, in steps eight and nine, the procedures described thus far, this time in the interpersonal domain. As do neurotics working through transference, alcoholics work these steps to review and revise the troubled relationships that have stereotyped their lives. As with the neurotic, fixated at an earlier stage of development. AA teaches that the addict’s patterns of relating—relating with others, as well as relating inside with his own feeling states—cease to mature when he picks up his substance. When he puts it down, therefore, he must start again where he left off in developing relational and emotional competency. This cannot happen thoroughly, much less sequentially, so that the addict never perfectly completes these middle steps of AA. Instead, he learns by practicing them a set of attitudes and tools for living. Through *practicing* these, as one *practices* psychoanalysis, the addict, like the neurotic, can gradually abandon what Freud called his “splendid isolation” for the relatively modest role of what AA calls “a friend among friends and worker among workers,” or as some in AA say, “just another Bozo on the bus.”

3. IMPLICATIONS

AA’s last three steps correspond to termination in analysis. That is to say, they insure that the process *does not end*, but becomes a permanent and vital feature of the patient’s way of life. Through the process of building relationships, basing them on principles of honesty, respect, trust, and hopefulness, and carrying these new attitudes and methods into the conduct of their everyday lives, both the addict and the analysand gradually find their narcissistic preoccupation yielding to a broader range of more broadly human concerns. In the

clearer language of AA's promises, "We will lose interest in selfish things and gain interest in our fellows." More trust permits more humility; more self-possession, more ability to belong to the group and to the world at large. Trust permits the *spiritual* attitude, an openness to the idea that reality transcends experience, that "there are more things in heaven and earth than your philosophy has dreamed of," the intimation of beyondness that religions have traditionally located above the stars and beneath the earth. Trust, I believe, is at the core of what AA calls a spiritual awakening. If you have only yourself to trust, you know no higher power than your own passions. You must yield to their command. Your own terror, lust, rage and pain, envy, sloth, self-pity and greed must rule you. Without a higher power, in other words, civilization is impossible. For Freud the higher power was the rational ego. For AA it is the group.

Addiction has a great deal to do with transitionality. The substance of abuse becomes a transitional object, and one's relationship to it a transitional relationship. The state of intoxication is a state of transition, between the monad and the dyad. There is no meaningful sign of any third object. The substance of abuse may *symbolize* a third object ("Wine is my wife," one alcoholic told me), but in fact renders the possibility of triadic relatedness even more remote. The relationship, in other words, is itself a symptom of narcissistic fixation. In the AA group, as in the psychoanalytic encounter, the addict finds himself "alone together" in the presence of others with whom to work through his problematic relations. "I thought a relationship was when two people get together and believe the same lie," I heard an addict say, indicating that she had spent the last eight years rebuilding her ideas about love. What is working through transference but finding the simpler truth behind the unsatisfying lie? "The science of self-deception," Freud once called psychoanalysis.

"Instincts in collision," said Bill W; "Instincts and their vicissitudes," said Freud. Instincts and the feelings that urge us on their behalf, feelings and our ineptitudes with them, lead the addict and the neurotic down the blind alleys of their ways. In addiction, no feeling so predominates as shame (Mann, "Victims" 123ff.). Shame isolates and demands relief, when the

only natural relief is to be found in the comfort of others. The central method of psychoanalysis, free-association itself is intrinsically an antidote to shame, because shame along with Freud's bugaboo guilt, is the chief motivator of repression. Like the castle of Beauty's Beast, the addict's life becomes a lonely empire of shame. To surrender to the higher power, to the group, to trust in the analytic relationship, is to embark on a path towards acceptance of oneself, and through oneself, of others.

We cannot force a patient through analysis, nor force an addict to get sober. "How many analysts does it take to cure a neurotic?" the old joke asks. "Only one," the answer goes, "but the neurotic has to want to get well." AA's third tradition reads, "The only requirement for AA membership is a desire to stop drinking." Given this desire in common, though, AA and psychoanalysis do proceed along quite different paths. The free-associative method was a gift to the already inhibited, guilt-laden neurotic. Like more character-disordered analysands, who must work to remember and put into words, rather than repeat, "the memory trace," alcoholics and addicts seem to need more discipline, not less. The program of AA repeatedly emphasizes action over reflection. "Understanding is the key to right attitudes," notes the precis of step twelve, but "right action is the key to good living." This difference in emphasis arguably points to a difference in philosophical background, as well—Freud coming from the rationalistic Wundt school of psychology, in the light of which ideas could be conceived as concrete, true first causes; AA coming quite self-consciously from a perspective of Jamesian pragmatism, in which an idea, in a sense, is only so real as it is useful. Like the James-Lange theory of emotion (Lange and James), which notes that an adequate expression of feeling not only follows an emotion, but can actually induce it in the subject, AA promotes the imitation of desirable behavior. "Fake it till you make it," members say. "Do what the winners do." "Bring the body and the soul will follow." "I like getting paid," a recovering addict told me, "but I have to do the work first." The procedure calls to mind, at times, a Kleinian tableau: like a forced march from a paranoid-schizoid position to a depressive one, from the perfectionistic, grandiose, and omnipotent stance of early dependency, through shame

and guilt, toward humility, responsibility, and belonging to the human race.

The psychoanalytic promotion of symbolization over action may also represent an artifact of Freud's dual role for psychoanalysis: simultaneously science and therapy, a means of philosophical investigation and a means for analysts to make a living. The implications of this dual role are vast, and go far beyond the concerns of this essay. (The widespread tendency in Western thought, for example, to mistake explanation for excuse, whether on a personal, legal, or international scale, often borrows from psychoanalysis for its rationales.) Institutes, university faculties, ideological wars, and whole libraries of literature, learned and obscure, have grown up around psychoanalysis, despite the fact that its ultimate subject matter is essentially metaphysical. Alcoholism and addiction, according to a recent news release from the National Institutes of Mental Health, constitute by far the greatest threat to public health in the Western World. AA is the only approach that routinely has a chance to influence the course of these afflictions. Yet its program, lore, and history are fully described in two small texts. It is unrepresented among the professions with their trappings of schools, regulation, and intellectual debate. It is universally distributed, free of charge to its participants, and spontaneously growing through the attraction of its efficacy. Like psychoanalysis, properly worked, a truly radical procedure.

Alcoholics Anonymous came into being with two alcoholics talking truthfully to each other. Psychoanalysis came into being with two neurotics—Freud and Fliess—doing the same (Freud, *Origins, passim*). The results on a larger scale, as I have shown, differ markedly; but their aims and procedures are very much the same. We may speak of the maturation of defenses or of the removal of character defects, of affect competency or of the Serenity Prayer, of twelfth-step work or of the transformation of narcissism through “making the world a more suitable place for such a highly-esteemed individual to reside,” as Freud suggested. In either way, it seems to me, we are getting at much the same essential business: the cultivation of inner freedom and outer responsibility despite the irrationality of the worlds around us and within.

When the dying Dr. Bob, cofounder of AA, spoke

for the last time at a meeting of his group, he warned of the need to preserve “the simplicity of our program. Let's not louse it up with Freudian complexes, and things that are interesting to the scientific mind, but have very little to do with our actual AA work. Our Twelve Steps, when simmered down to the last, resolve themselves into the words, ‘love’ and ‘service.’ We understand what love is and we understand what service is. So let's bear those two things in mind “ (Dr. Bob 338). I wonder, but I do not know, whether Dr. Bob was aware that Dr. Freud also once fielded the question, “What is psychoanalysis for?” with essentially the same response: “love and work.” Here's to success for us all in both.¹

NOTE

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