

May 2013

Margaret "Marty" Mann's Public Health Message: Transforming Drunkards into Deserving Patients, 1904-1980

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MARGARET “MARTY” MANN’S PUBLIC HEALTH MESSAGE:
TRANSFORMING DRUNKARDS INTO DESERVING PATIENTS, 1904-1980

by

Claudia L. Roska

A Dissertation Submitted in
Partial Fulfillment of the
Requirements of the Degree of

Doctor of Philosophy
in Urban Studies

at

The University of Wisconsin-Milwaukee

May 2013

ABSTRACT
MARGARET “MARTY” MANN’S PUBLIC HEALTH MESSAGE: TRANSFORMING
DRUNKARDS INTO DESERVING PATIENTS, 1904-1980

by

Claudia L. Roska

The University of Wisconsin-Milwaukee, 2013
Under the supervision of Professor Amanda Seligman, Ph. D.

This study is a biographical history of Margaret “Marty” Mann a unique historical figure who transformed the discussion in America about alcohol in a way that changed public perceptions of people who drank to excess. Mann did not direct the science that established alcoholism as disease, she constructed alcoholism as a democratic disease that could affect anyone, and normalized the alcoholic patient as a person deserving of care. Mann’s work contributed to passage of national legislation creating the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the largest funder of alcohol research in the world, enacting her goal to increase knowledge and understanding of alcoholism and remove barriers to treatment for all afflicted. Mann’s groundbreaking contribution is a product of her life and her experience that brought attention to women with alcoholism and established sex and gender as important variables in alcohol research.

To Amanda Seligman whose teaching challenged me to look at history as a new way of understanding the present rather than as a collection of information about the past, a challenge that changed the way I look at everything. You have my sincere appreciation for your patience, direction, and encouragement.

To Margo Anderson, Joe Austin, Joseph Rodriguez, and Cary Costello who guided my struggles with questions that encouraged further investigation and helped frame future study.

I also thank and acknowledge the assistance of Jessica Nastal in editing, the assistance of librarians at the Brown University Hay Library, and the attention of many colleagues who encouraged me.

To my family and especially my parents who were with me when I began this dissertation, and although both are now departed, are still in my heart and in every step I take.

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Chapter One Introduction

Margaret Mann is a unique historical figure whom we must understand, for she transformed the discussion in America about alcohol in a way that changed public perceptions of people who drank to excess. While Mann did not direct the science that established alcoholism as disease, she constructed alcoholism as a democratic disease that could affect anyone, not only inebriate men on skid row or women fallen from grace. An unrivaled advocate and modern health reformer, Mann achieved national prominence promoting her public health message on alcoholism by employing an approach that made it possible for alcoholic women to seek treatment on equal grounds with alcoholic men. Mann's groundbreaking contribution is a product of her life and her experience as the first women with alcoholism to find lasting recovery in Alcoholics Anonymous.¹ Understanding her history, situated within the history of alcohol use in America, is essential to understanding Mann's unique contribution. She transformed American's view of alcoholism and the alcoholic, emphasizing that all those afflicted with the disease are equally deserving of care. Mann's work contributed to passage of national legislation creating the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the largest funder of alcohol research in the world,² enacting her goal to increase knowledge and understanding of alcoholism and remove barriers to treatment for all afflicted.³

¹ Sally Brown and David R. Brown, *A Biography of Mrs. Marty Mann: The First Lady of Alcoholics Anonymous* (Center City, MN: Hazelden Information & Educational Services, 2001).

² National Institute on Alcohol Abuse and Alcoholism, <http://www.niaaa.nih.gov/about-niaaa> visited on 2/11/2013. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is one of the 27 institutes and centers that comprise the National Institutes of Health (NIH).

³ Marty Mann, *Marty Mann's New Primer on Alcoholism: How People Drink, How to Recognize Alcoholics, and What to do About Them* (New York, NY: Holt, Rinehart and Winston, 1958); National

In 1944, to implement a plan of action designed to raise awareness of alcoholism and remove barriers to recovery, Mann founded the National Committee for Education on Alcoholism (NCEA), later named the National Council on Alcoholism (NCA), where she worked until her death in 1980.⁴ In her work with the NCA, Mann traveled extensively to inform the public about alcoholism and to encourage the development of a nationwide network of community-based affiliates that provided a bridge to newly developing medical treatment for many suffering from the disease. The NCA provided an intermediary for Mann to spread her public health message in local affiliates across the nation, a message that changed centuries-old perceptions of people with alcoholism and reframed the alcoholic as a sick person worth helping.⁵ Furthermore, Mann's successful recovery from alcoholism transformed perceptions of alcoholic women and initiated interest in research employing sex and gender as important variables, a body of research that improved treatment outcomes for men and women alike.⁶

Mann's recovery did not come easily, and in many ways divided her life between the "personal" and the "professional" who always needed to protect the newly formed public image of the woman in recovery. Few people knew of her private life, especially the fact that she was a lesbian and shared her life with Priscilla Peck almost from the time

Committee on Alcoholism Education, 1947, Brown University Library, Special Collections Department, Manuscript Division, Collection Number A2002-42, NCADD – Mann, Box 6 (hereafter cited as NCADD, 6).

⁴ Sally Brown and David R. Brown, *A Biography of Mrs. Marty Mann: The First Lady of Alcoholics Anonymous* (Center City, MN: Hazelden Information & Educational Services, 2001), 318.

⁵ Marty Mann, *New Primer on Alcoholism*, 18.

⁶ Shelly F. Greenfield, "Women and Alcohol Use Disorders," *Harvard Review of Psychiatry* 10 (2002): 76–85.

they met in 1943 until Mann's death in 1980.⁷ Moreover, Mann briefly returned to alcoholic drinking sometime in the late 1950s. Although such relapses are a condition symptomatic of the disease, her return to alcohol use was a health condition she dared not expose.⁸

Mann's experience of alcoholism and recovery – her narrative – “normalized” alcoholism among women and muted public images of women with alcoholism as moral reprobates, sexual predators, and hopeless dependents. In her search for recovery, Mann met many seemingly insurmountable barriers but none as difficult as that imposed by the double standard women faced in public drinking behavior. Mann discovered through her own experience of drinking, that women, although welcome to drink alongside men, faced social expectations that set a different standard of drinking behavior for women. A silent, unwritten standard required moderation at all times, and never allowed drunkenness or visible intoxication. Mann believed this double standard placed alcoholic women in a different category, although not a conceptualization Mann used, women appeared as “undeserving” patients who learned to hide their drinking rarely identified in newly emerging models of care for people with alcoholism.⁹

Mann focused her work on convincing the American public that behavior observed in people with untreated alcoholism was symptomatic of the disease, not

⁷ Sally Brown and David R. Brown, *A Biography of Mrs. Marty Mann*, 138–151.

⁸ *Ibid.*, 262–269.

⁹ See Marty Mann, *Marty Mann Answers Your Questions about Drinking and Alcoholism* (New York, NY: Holt, Rinehart and Winston, 1982), 62 – 66.

characteristic of the person or group, a message she supported with newly developing medical research on alcoholism and examples of her own, and others' experience.¹⁰ Mann viewed alcoholism among women as the same disease as that among men; however, she experienced alcoholism *as a woman* and was among the first to form a narrative about alcoholism in the female voice. Her story distinguished preconceived notions of gendered behavior from behavioral symptoms of alcoholism, which encouraged public recognition of sex and gender as aspects relevant to health and recovery, but not determinant of disease.¹¹ The culmination of her work resulted in the passage of federal legislation in 1970 that funded research on gender-specific treatment and supported medical research on women and alcohol, further removing gendered social and economic barriers.¹²

Mann did not resolve the alcohol problem in America, although in the post-WWII years, she did construct a time-bound solution that made sense to the American public, fit contemporary social and cultural understandings of disease, and furthered the scientific interests of a growing medical industry. In a new era, within a changed social order, Mann invoked democracy to convince the American public that the alcoholic “can be anyone....a person from any walk of life....rich or poor, educated and illiterate, godly and ungodly, young and old, men and women, ‘good’ people and ‘bad,’ charming people and those without attraction, and everything in between.”¹³

¹⁰ Marty Mann, *New Primer*, 9.

¹¹ *Ibid.*, 7–11.

¹² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 283.

¹³ Marty Mann, *New Primer*, 63.

Two intersecting histories need consideration to grasp the significance of Mann's contribution: the history of constructing alcoholism as a disease in American medicine and Mann's life history. The first history, too extensive and convoluted to provide in detail, lays the foundation for understanding Mann's history, a life that built the platform from which Mann spoke and provided evidence Mann employed in developing her public health message. Mann's history marks the beginning of the history of alcoholism among women; her narrative formed public views of a democratic disease within which *all* patients deserved care.¹⁴

The alcohol problem in America is multifaceted, rarely only about alcohol, and complicated by strong social, economic, political, and scientific interests. That is, it is a topic too broad for this dissertation to address in its entirety. Investigated here is the unique and imperative contribution of Margaret Mann, marginalized in history and overlooked in broadening the scope of the patient population affected by alcoholism. Mann removed social and economic barriers to treatment for women and increased access to alcoholism treatment for all, a history within which are lessons too important to remain hidden in the current era of modern health reform.

Constructing Alcoholism as a Disease in American Medicine

Benjamin Rush, educated at Princeton and medical professor at the University of Pennsylvania, was the first American physician to form a diagnosis of intoxicant-related disease in his conceptualization of "drunkenness." Rush, often referred to as the "father

¹⁴ Laura Schmidt and Constance Weisner, "The Emergence of Problem-Drinking Women," in *Recent Developments in Alcoholism*, ed. Marc Galanter, vol. 12 of *Women and Alcoholism* (New York, NY: Plenum Press, 1995), 309–334.

of American Psychiatry,”¹⁵ worked in the late eighteenth century and published the first widely distributed treatise on alcoholism in 1784. He promoted proprietary medical treatment for patients with drunkenness, although to most in the rural public, his practice appeared ludicrous and seemed contrary to conventional wisdom. The body of knowledge Rush developed to identify the disease of drunkenness remained relevant within the province of medical science for over a century, but drunkenness never received public acceptance as a health concern within the time Rush worked.¹⁶

Medicine as a professional practice developed slowly in America mostly by word of mouth, neighbor-to-neighbor, certainly not in the same way medicine is “marketed” in modern times to “consumers” of care. Many practicing physicians in Revolutionary-era America had little or no formal education in medicine and instead, learned their “trade” from participation in medical societies and apprenticeships, or simply by trial and error. Physicians, who often relocated to rural communities as strangers, lived and worked in areas served by female midwives and traditional healers that belonged in the community and were well-known, trusted, caretakers.¹⁷

Newly resident male physicians were met with great suspicion in many communities because their ideas and methods appeared foreign and often conflicted with traditional health practices. Physicians introduced the cause of disease as an invasion that came from outside into a place where it did not belong, the human body. Healing practices of the day looked at poor health from the opposite perspective. Sickness came

¹⁵ William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington, IL: Chestnut Health Systems, 1998), 1.

¹⁶ *Ibid.*, 2-3.

¹⁷ Laurel Thatcher Ulrich, *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* (New York, NY: Vantage Books, 1990), 47-49.

from within and affected the body as a warning, a symbol of an imbalanced life. Medical definitions of disease, such as the one Rush constructed in his notion of drunkenness, defied convention and questioned the will of God in health and good living.¹⁸

Rush, described drunkenness as an “odious disease...with more or less of the following symptoms...”¹⁹ including “garrulity, unusual silence, captiousness and a disposition to quarrel, uncommon good humor, profane swearing, and cursing, certain immodest actions, and a disclosure of their own or other people’s secrets,”²⁰ symptoms commonly observed in bad behavior. Rush referred to the symptoms as occurring in the form of a progression and viewed heavy drinking and drunkenness as a “train of diseases and vices.”²¹ Thus, although Rush’s description of the disease of drunkenness opened the door to consideration of disease, it retained an aura of personal choice with no clear distinction outside of contemporary medicine between choosing to drink heavily and drunkenness.²²

Rush’s early observations of patients included both men and women, and gendered considerations influenced his work in addressing treatment. Rush provided one of the earliest accounts of gender difference in treatment protocol for drunkenness when he suggested

¹⁸ Laurel Thatcher Ulrich, *A Midwife’s Tale*, 55.

¹⁹ Benjamin Rush, “An Inquiry into the Effects of Ardent Spirits upon the Human Body and Mind, with an Account of the Means of Preventing, and of the Remedies for Curing Them” (Brookfield, MA., 1814), 5. In Gerald N. Grob, *Origins of Medical Attitudes toward Drug Addiction in America: Eight Studies, 1791-1858*, Addiction in America: Drug Abuse and Alcoholism Series (New York: Arno Press, 1981).

²⁰ *Ibid.*, 5 – 6.

²¹ *Ibid.*, 5.

²² *Ibid.*

...the first thing to be done to cure a fit of drunkenness, is to open the collar, *if in a man*, and remove all tight ligatures from every other part of the body.²³

Indicative of the times, Rush recognized the impropriety of a male physician to “open the collar” in the case of a woman’s drunkenness and appreciated that even in the event that a tight collar may cause life-threatening complications when intoxicated, modesty surrounding the exposure of a women’s body required a different approach.²⁴

Early nineteenth century views of sickness excluded drunkenness, and instead considered the condition one confined to persons of weak will and questionable lifestyle. Implausible at best, the health “message” that attempted to medicalize drunkenness appeared as unfamiliar in the community as the practices of the physician who delivered it.²⁵ Reared by an alcoholic father, Rush disavowed conventional wisdom and implored the reconsideration of alcohol as a potent, sometimes poisonous, substance that when introduced into the human body caused an “odious disease.”²⁶

Among the first to recommend abstinence for “drunkards,” noting that distilled spirits “excite fevers in persons predisposed to them,”²⁷ Rush strongly advised temperance for all drinkers, a convention that dominated social thought on alcohol use in the nineteenth century and continues to guide contemporary social standards on alcohol

²³ Benjamin Rush, “An Inquiry,”²⁹ italics added.

²⁴ Mary Poovey “Scenes of an Indelicate Character”: The Medical “Treatment” of Victorian Women,” *Representations*, 14, *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century* (Spring, 1986), 137-168.

²⁵ Laurel Thatcher Ulrich, *A Midwife’s Tale*, 65–66.

²⁶ Benjamin Rush, “An Inquiry into the Effects of Ardent Spirits upon the Human Body and Mind, with an Account of the Means of Preventing, and of the Remedies for Curing Them” (1814), in *Origins of Medical Attitudes toward Drug Addiction in America: Eight Studies, 1791-1858*, ed. Gerald N. Grob (New York: Arno Press, 1981), 5.

²⁷ *Ibid.*, 8.

use. Diagnosing drunkenness as medical disease never affected the drinking culture in Rush's time, although he is widely recognized as one of the most influential writers on alcohol in American history.²⁸

Temperance in drink appealed to native-born, European Americans who were concerned about an unanticipated, visible rise in public drunkenness in the years surrounding the American Revolution. Observed most vividly in growing commercial towns, and blamed largely on the increased consumption of hard liquor introduced by the rum trade and domestic manufacture of whiskey, the "national drunken spree" incited the emergence of male temperance societies in the early nineteenth century. These societies were comprised of men who freely signed an independent oath to remain sober and proposed to set an example of civilized life. The movement flourished among those determined to act as stewards of suitable values, "men of proven distinction...a moral elite...guiding and correcting behavior."²⁹ Temperance, the new steward's guide to alcohol use, increasingly defined the responsibility of citizenship in a new nation hoping to ensure a single standard of drinking behavior uniquely "American."³⁰

Associated with purposeful behavior - poor choice - drunkenness retained moral overtones of sin and irreverence in the post- Revolutionary era, especially for women increasingly ensconced in child rearing and family keeping. Women occupied a changing role in the emerging commercial economy, one in which women no longer worked alongside men as they had in the domestic economy of colonial America. Men's

²⁸ E. M. Lender and K. M. Martin, *Drinking in America: A History* (New York: The Free Press, 1987), 40. Catherine Gilbert Murdock, *Domesticating Drink: Women, Men, and Alcohol in America, 1870-1940* (Baltimore: Johns Hopkins University Press, 1988), 10.

²⁹ E. M. Lender and K. M. Martin, *Drinking in America*, 65.

³⁰ Ibid.

work and women's work differentiated as the home separated from public life, although domesticity itself would attain public attention in motherhood.³¹

Motherhood and child rearing assured Revolutionary-era women a well-defined social position distinct from that of men and a role made meaningful in the responsibility to shape the new nation's future citizens. Although motherhood did not give women public authority, it did give them moral authority to safeguard the home and public virtue as private citizens willing to sacrifice individual authority for the common good. In a newly formed, independent republic with an increasingly diversified population, citizenship established a universal value that upheld temperance as a virtue for men and gave women the moral responsibility to raise temperate citizens.³²

The "temperance" standard continued to frame acceptable drinking practices among the developing urban middle-class throughout the nineteenth century. As northern cities grew and developed a diverse, crowded, and commercial public life, gendered space acceptable for middle-class women narrowed significantly. Middle-class women held dominion over family life, and the home represented their sphere of influence, their space. Gendered constraints excluded middle-class women from public activity and the domination of middle-class values foisted the same expectations on gendered behavior for all women. Temperance in drink for women required abstinence in public and allowed only moderate use within "private" settings such as the home. Among the

³¹ Sara M. Evans, *Born for Liberty: A History of Women in America* (New York, NY: Free Press Paperbacks, 1997), 42-43.

³² *Ibid.*, 57-58.

middle-class, public drinking fell within the prefecture of men, although temperance applied to male drinking as well.³³

By the mid 1860s, the highly diversified, urban, immigrant population disrupted the collective middle-class notion of moderation in drink. Within the cacophony of cultures that made up the immigrant population of the city core, there was no common standard applied to the use of alcohol. For the middle class who were enjoying the benefits of urban-industrial prosperity, alcohol and its effects appeared to be toxic to the newly arrived immigrant working class. Within many immigrant neighborhoods, it appeared to the middle class that chaos had replaced self-control and restraint in public behavior generally, but even more so in what the middle class perceived to be unhealthy and unsafe practices in alcohol consumption.³⁴

Drinking practices among the immigrant working-class *were* foreign to the middle-class, and the element of difference threatened middle-class notions of the urban-industrial social order shaped within highly distinct class and gendered roles.³⁵ Drinking among the working class in the urban saloon and in public life on the crowded streets highlighted their use of alcohol as a source of concern that soon extended to the preservation of the American middle-class family.³⁶ City life – a class and cultural divide

³³ Mark E. Lender and James K. Martin, *Drinking in America*, 102.

³⁴ *Ibid.*, 96.

³⁵ *Ibid.*, 98.

³⁶ Elaine F. Parsons, *Manhood Lost: Fallen Drunkards and Redeeming Women in the Nineteenth-century United States* (Baltimore: Johns Hopkins University Press, 2003); Perry Duis, *The Saloon: Public Drinking in Chicago and Boston, 1880-1920* (Urbana: University of Illinois Press, 1999); E. M. Lender and K. M. Martin, *Drinking in America: A History* (New York: The Free Press, 1987); Catherine Gilbert Murdock, *Domesticating Drink: Women, Men, and Alcohol in America, 1870-1940* (Baltimore: Johns Hopkins University Press, 1988); Elaine Frantz Parsons, "Risky Business: The Uncertain Boundaries of Manhood in the Midwestern Saloon," *Journal of Social History* 34 (2000): 283-307.

of immense proportions – incited a massive urban reform movement framed in middle-class values.³⁷

Urban reform, strengthened in part by changing aspects of the urban social order and in part by structural aspects of the urban environment, formed around many issues but none as powerful as the female temperance reform movement that targeted the use of alcohol. Earlier rural temperance activism that attracted native-born men re-emerged as a movement lead by female, middle-class activists who increasingly viewed male drinking as a threat to the home, the place in which middle-class women gained identity, authority, and purpose.³⁸

The Women’s Christian Temperance Union (WCTU) formed the largest and strongest element of urban reform directly addressing the “alcohol problem.” The WCTU’s multifaceted purpose, to save the American family from the scourge of male drinking, held alcohol reform in a dominant position, although alcohol was only one of many agenda items the women addressed. Operating within an increasingly diverse social order divided by class, race, ethnicity, and gender, women of the WCTU presented an elite perspective on the alcohol problem inspired by the Women’s Crusade that launched an earlier attack on saloons.³⁹

³⁷ Allan F. Davis, *Spearheads for Reform: The Social Settlements and the Progressive Movement, 1890-1914* (New Brunswick, NJ: Rutgers University Press, 1994).

³⁸ Catherine Clinton, *The Other Civil War: American Women in the Nineteenth Century*, rev. ed. (New York, NY: Hill and Wang, 1999); Jed Dannenbaum, “The Origins of Temperance Activism and Militancy among American Women,” *Journal of Social History* 15 (1981), 235-252; W. H Daniels, *The Temperance Reform and Its Great Reformers: An Illustrated History* (New York, NY: Nelson & Phillips, 1878).

³⁹ Mark E.Lender and James K. Martin, *Drinking in America*, 91-92.

The Crusaders sought cultural reform in drinking habits, although women of the WCTU looked to the political arena to induce gendered and political social change⁴⁰ that not only upheld women's domestic position on alcohol, it also broadened the purview of women's authority. The WCTU mobilized around alcohol use in a way that upheld the gendered position of women while strengthening the feminine voice in public affairs.⁴¹

The WCTU presented a potent and varied "domestic" agenda, not an agenda that applied to the home, an agenda that carried the "demand that maternal values shape public behavior."⁴² The movement's alcohol agenda attracted women from all sectors of the female population, although the predominantly protestant, white, middle-class leadership presented a view of "domesticity" they understood making the "maternal values" of which the association spoke seem condescending, sometimes hostile, to women from other classes, religions, ethnic, and racial groups.⁴³

Influential and successful on many fronts, the WCTU never engaged working class or immigrant women or seemed to understand the reality of their lives or seek what they might have in common as women. Although the female alcohol reformers succeeded in making male drinking a concern to all women, immigrant, and working-class women had different concerns and sought a public voice for different reasons. Earning wages, or the need to earn wages, placed working-class women well outside of

⁴⁰ Jack S. Blocker, Jr., "Separate Paths: Suffragists and the Women's Temperance Crusade" reviewed works, *Signs*, 10, No. 3 (Spring, 1985): 460-476,

⁴¹ Caroline De Swarte Gifford, "The Woman's Cause is Man's" in *Gender and the Social Gospel*, eds. Wendy J. Deichmann Edwards and Carolyn De Swarte Gifford (Chicago, IL: University of Illinois Press, 2003), 21-34.

⁴² Sara M. Evans, *Born for Liberty*, 128-129.

⁴³ *Ibid.*, 129.

the experience of middle-class women in a way that “challenged the parameters of what a woman should be.”⁴⁴

Normative standards expected that middle-class women exhibit restraint, model moral and civil behavior, and oversee a managed domestic life, gendered constraints that the alcohol activists extended to all women and increasingly to urban life generally.⁴⁵ Unlike middle-class women, working class and immigrant women faced the constant consequences of poverty – the lack of food, inadequate housing, and untreated medical concerns, to name a few – a very different domestic environment than the middle class experienced.⁴⁶ Women of the WCTU viewed immigrant women and working class families as examples of the need for a domestic agenda, the need to establish a feminine perspective in public life and “clean up” the urban environment, protecting home and family. To advance immigrant women and their families, the WCTU offered special classes in “Americanization,” that taught the newly arrived principles of “good citizenship.”⁴⁷

WCTU women assumed the position of setting *the* example of domestic life, an example that alcohol use among women of any class threatened to undermine. Although drinking within immigrant and working class neighborhoods occurred in a more visible

⁴⁴ Ardis Cameron, *Radicals of the Worst Sort: Laboring Women in Lawrence Massachusetts, 1860-1912* (Chicago, IL: University of Illinois Press, 1995), 8-11.

⁴⁵ Sara M. Evans, *Born for Liberty*, 125–130.

⁴⁶ Christine Stansell, *City of Women: Sex and Class in New York, 1789-1860*, (Chicago, IL: University of Illinois Press, 1986), 217-221.

⁴⁷ Mark E.Lender and James K. Martin, *Drinking in America*, 110.

arena – often crowded out of the home to saloons, stoops, and city street corners⁴⁸ – drinking among the middle class, especially middle class women, also worried the WCTU.⁴⁹ The WCTU women considered the “alcohol problem” a condition caused by male authority exercised without the moral authority of women.

Female alcohol activists in the WCTU placed women as victims of men’s alcohol abuse, and men as victims of alcohol often consumed in the public arena of the saloon, a business governed without domestic conscience. They saw a profit-oriented alcohol industry and an accepted drinking culture as partners that lured the drinker into drunkenness and a life of inebriety. Like the Crusaders before them, the women targeted the saloon as an urban space that poisoned husbands, debauched women, exposed children to drunkenness, violence, and abandonment, and turned their activities toward eliminating alcohol all together.⁵⁰ Although, unlike the “dry” Crusaders, the WCTU promoted its anti-alcohol campaign within a woman’s rights agenda, the organization had a stake in scrutinizing drinking among men and in the minimization of drinking among women.⁵¹

Inadvertently perhaps, WCTU activism avoided the topic of drinking women in a manner that left women’s inebriety outside of consideration for treatment and restoration adding another standard to women’s drinking that questioned not only their behavior but

⁴⁸ Kathy Peiss, *Cheap Amusements: Working Women and Leisure in Turn-of-the-Century New York*, (Philadelphia: Temple University Press, 1986), 11-33.

⁴⁹ Catherine Gilbert Murdock, *Domesticating Drink*, 63-64.

⁵⁰ *Ibid.*, 23.

⁵¹ *Ibid.*, 31-32.

also their womanhood.⁵² To the middle class – male and female – drunken women appeared as moral reprobates, exhibiting behavior that violated all that was feminine; behavior that opened all women’s lives to questions of moral character threatening the WCTU’s vision of women’s place in public life, a position that opened governance to women through enfranchisement.⁵³

Temperance reformers, including women in the WCTU, did not abandon the victims of drunkenness, male or female, although the reformation of inebriates was not their mission. In the broader perspective of urban reform and gospel temperance, however, many temperance associations operated or worked within missions, homes, and lodges ministering to the public inebriate, teaching them moral principles of civilized living.⁵⁴ The Salvation Army, notable for tending to homeless and vagabond men, referred to its New York mission in the 1880s as “the world’s largest Temperance organization.”⁵⁵

In 1870, the American Association for the Cure of Inebriety (AACI) formed to establish inebriety as a medical disease and convince the American public to support medical treatment in the inebriate asylum, although the physicians who composed the association faced stiff competition among the advocates of gospel reform.⁵⁶ The

⁵² Catherine Gilbert Murdock, *Domesticating Drink*, 4.

⁵³ *Ibid.*, 9-41.

⁵⁴ Mark E. Lender and James K. Martin, *Drinking in America*, 118-119.

⁵⁵ Diane Winston, *Red-Hot and Righteous: The Urban Religion of the Salvation Army* (Cambridge: Harvard University Press, 2000), 135.

⁵⁶ Katherine A. Chavigny, “Reforming Drunkards in Nineteenth-Century America: Religion, Medicine, Therapy” in *Altering American Consciousness: The History of Alcohol and Drug Abuse in the United States, 1800–2000*, eds. Sarah W. Tracey and Caroline Jean Acker (Boston: University of Massachusetts Press, 2004), 116.

missions and inebriate homes funded by churches and voluntary societies and located in the urban core, where they were accessible to the working class, employed religious therapeutics. Urban missions often “graduated” residents to the status of “lecturer,” assisting the mission and welcoming new residents while continuing to live at the home. Moreover, the homes established long-term support for residents who experienced a “change of heart, involving a complete change of life.”⁵⁷

The inebriate asylum, privately funded and isolated in rural areas, offered medical programs that assisted their middle-class patients to “sustain the mind in its endeavors”⁵⁸ to recover and incorporated “piety, morality, and health cultivated over time”⁵⁹ to assist the process. In nineteenth century medicine, inebriety was a condition that called for rest, a good diet, and structured activity, all prescriptions that fostered restoration in an environment away from the stress-and-strain of daily living.

By the late-nineteenth century, “inebriety physicians, in step with the progressive scientific theories of the day”⁶⁰ medically monitored detoxification and supervised rehabilitation of those afflicted and took a far different stance in treating inebriety, a position that endorsed biology and heredity as precursors to their disease. Recovering patients stayed at the inebriate asylum as long as they could afford to, or until discharged by their physician; although unlike the missions and homes that treated the working class,

⁵⁷ Katherine A. Chavigny, “Reforming Drunkards,” 117.

⁵⁸ Ibid., 118

⁵⁹ Ibid.

⁶⁰ Ibid.

prevailing medical thought found recovering men too “abnormal” to serve as lay therapists in the asylum guiding new patients to recovery.⁶¹

The asylum reflected widely held middle-class views of the urban environment as unhealthy and offered an environment controlled by physicians, a safe haven. The inebriate asylum offered care that appeared uniquely suited to meet the needs of middle-class men with structured activities, prepared meals, relaxing therapeutic baths, exercise, fresh air, and a country surrounding. Among physicians of the AACI inebriety as disease referred to a condition found “in the better classes”⁶² and differed from intemperance as an immoral habit, a condition they perceived to be remedied in gospel temperance within the mission homes. Patients entered the inebriate asylum voluntarily and paid out-of-pocket for medical care, a requirement that placed care out of reach for the urban working class.⁶³

Most private inebriate asylums did not admit women as patients,⁶⁴ although inebriate women from the working class often found shelter in the urban homes and missions, some established for women, usually annexed to men’s shelters.⁶⁵ There is evidence that some women, mostly working class, received care in state operated inebriate farms and asylums near the turn of the century, although women represented a

⁶¹ Katherine A. Chavigny, “Reforming Drunkards,” 118.

⁶² Jim Baumohl, “Inebriate institutions in North America, 1840-1920” *British Journal of Addiction*, 85, (1990): 1187-1204.

⁶³ Abraham S. Luchins, “Moral Treatment in Asylums and General Hospitals in 19th-Century America,” *The Journal of Psychology*, 123 (1989): 585–607.

⁶⁴ Mark E. Lender, “Women Alcoholics: Prevalence Estimates and Their Problems as Reflected in Turn-of-the-Century Institutional Data,” *Substance Use & Misuse* 16 (1981): 443–448.

⁶⁵ Mark E.Lender and James K. Martin, *Drinking in America*, 118-119.

substantial minority of the patient population.⁶⁶ Middle-class women conventionally received private health care in their home attended to by a nurse and physician, common until the 1920s for middle-class men and women. Unlike men, medical treatment for women outside of the home, such as that in remote, inebriate asylums, violated gendered constraints.

There is sparse evidence to support concern about middle-class women's drinking during this era, leaving an undocumented assumption that temperance prevailed. Middle-class women, viewed as fragile and nervous, were susceptible to widely held beliefs about the poisoning effects of alcohol, and likely upheld gendered expectations of abstinence in public, and temperance in less visible situations. Some physicians did document inebriety among middle-class women although noted that the number of women afflicted appeared much lower than the number of men, upholding beliefs that alcohol-related inebriety was largely a disease among men.⁶⁷

In a rare study of almshouse women published in 1895, the author noted, "19 women have been cast off by their relatives or children because of their drunken, vicious, or filthy habits." Moreover, "drug habits are apparently not so prevalent among the women as might have been anticipated in a country where they have become appallingly common, but this may be only because they are, of all injurious habits, the most easily concealed."⁶⁸

⁶⁶ Mark E. Lender, "Women Alcoholics," 443–448.

⁶⁷ *Ibid.*, 445.

⁶⁸ Mary Roberts Smith, *Almshouse Women: A Study of Two Hundred and Twenty-Eight Women in the City and County Almshouse of San Francisco*, *Publications of the American Statistical Association*, 4, 31 (Sept., 1895): 219-262.

During the late nineteenth century, observable, public abuse of alcohol among middle-class women was rare, or unrecorded. Women's use of alcohol- and opiate-laced elixirs and medications, to the contrary, was widely publicized. Advertised as beneficial to women's health, the "dope" infused medicines touted the ability to remedy nervousness, exhaustion, and other "female" problems.⁶⁹ Medical reports circulated among physicians at the turn of the century, documented widespread concern about addiction related to the use of these substances, most of it stemming from physicians' prescriptions and by 1910 the medicinal sale and use the narcotics began to dwindle.⁷⁰

The "opiate problem" showed up differently in different regions – in the South people worried about use among the black population and in the West, the Chinese – but in the large, northern city, concern focused on women. Physicians in New York attempted to garner support for a woman's hospital to provide care for the increased number of opiated, middle-class inebriate women, but the project never materialized as proposed.⁷¹

The focus on narcotics, the opiate panic, did bring attention to working class women's use of intoxicants in roundabout fashion through an increased interest in street life and vice.⁷² A publicly intemperate woman ran the risk of stepping outside of strict

⁶⁹ Edith S. Lisansky Gomberg, "Historical and Political Perspectives: Women and Drug Use," *Journal of Social Issues* 38 (1982): 9–23; Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women's Medicine* (New York, NY: W. W. Norton and Co., 1979); Joseph F. Spillane, *Cocaine: From Medical Marvel to Modern Menace in the United States, 1884–1920* (Baltimore, MD: The Johns Hopkins University Press, 2000).

⁷⁰ Caroline Jean Acker, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control* (Baltimore, MD: Johns Hopkins University Press, 2002), 1–2.

⁷¹ Mark E. Lender and James K. Martin, *Drinking in America*, 119; John E. Turner, *First Inebriate Asylum in the World* (New York: Privately Printed, 1888), 332.

⁷² Caroline Jean Acker, *Creating the American Junkie*, 3; 20–21.

gendered behavioral standards that upheld women's position of moral superiority, behavior not observed in middle-class women's medical use of opiates. Public intoxication, also rarely observed among working class women, was attended to far more often by vice squads looking for problems than by physicians concerned about their health.⁷³ Moreover, the overall focus on male intoxicant use served to reinforce the public's idea of problematic intoxicant use among all women as an anomaly, a display of deviant behavior perhaps, but not an illness as it appeared among men.⁷⁴

Urban hospitals and dispensaries also opened during the late nineteenth century, an era of institutional reform, with an intent and mission to improve conditions in the city through improving health of newly arrived immigrants.⁷⁵ Unable to shed the influence of class, race, ethnic and gendered perspectives of the dominant middle class, care in the new institutions often appeared foreign and condescending and caused many newly arrived immigrants to develop a general mistrust for both the care and the caregivers.⁷⁶

Urban settlements and voluntary organizations that engaged the working class and newly arriving immigrants met with more success in securing trust, as actively involving participants eased class and cultural tension.⁷⁷ As a result, many nineteenth century

⁷³ Kathy Peiss, *Cheap Amusements: Working Women and Leisure*, 27–29.

⁷⁴ Katherine A. Chavigny, "Reforming Drunkards in Nineteenth-Century America: Religion, Medicine, Therapy" in *Altering American Consciousness: The History of Alcohol and Drug Abuse in the United States, 1800–2000*, eds. Sarah W. Tracey and Caroline Jean Acker (Boston: University of Massachusetts Press, 2004), 108.

⁷⁵ Lawton R. Burns, "The Transformation of the American Hospital: From Community Institution toward Business Enterprise" *Comparative Social Research*, 12, 1990: 77-112; George Rosen, "The Hospital: Historical Sociology of a Community Institution" in *The Hospital in Modern Society*, ed. Eliot Freidson, (New York: Free Press, 1963), 1-36; William L. White, *Slaying the Dragon*, 23-24.

⁷⁶ Charles E. Rosenberg, "From Almshouse to Hospital: The Shaping of Philadelphia General Hospital", *Millbank Memorial Fund Quarterly/Health & Society*, 60 (1), 1982, 108-153.

urban initiatives succeeded in their mission to improve urban health and environment. Alcohol use, however, appeared resistant to middle-class reform efforts and remained disturbingly visible to alcohol reformers now increasingly composed of middle-class men, business directed, and politically motivated,⁷⁸ an historical development in alcohol reform noted to encourage female alcohol activists to favor suffrage.⁷⁹

The urban reform movement dwarfed the reintroduction of medical treatment for intoxicant-related disease in the nineteenth century, although general medicine and health care made great strides. Newly framed in psychiatric medicine, effective public health care for the inebriate met impenetrable barriers within the social, economic, political, and cultural diversity of the urban-industrial city. Nineteenth century American cities did not have a unified public, a fact that undoubtedly impeded physicians' and other health care practitioners' ability to form a universally meaningful health message. As a result, nineteenth century medical treatment for inebriety, much like drunkenness, failed to gather support in caring for the health of the public even at the turn of the century as medicine matured its practice.⁸⁰

⁷⁷ Jane Addams, *Twenty Years at Hull House*, with Autobiographical Notes (New York: Macmillan, 1910). Mann's biographers note that she admired the settlement workers and familiarized herself with Hull House in her hometown of Chicago, although without details, 20,157.

⁷⁸ John J. Rumbarger, *Profits, Power, and Prohibition: Alcohol Reform and the Industrializing of America, 1800-1930* (Albany, NY: State University of New York Press, 1989).

⁷⁹ Jed Dannenbaum, *Drink and Disorder: Temperance Reform in Cincinnati from the Washingtonian Revival to the WCTU* (Urbana: University of Illinois Press, 1984); Allen F. Davis, *Spearheads for Reform: The Social Settlements and the Progressive Movement* (New York: Oxford University Press, 1967).

⁸⁰ Sarah W. Tracey, "Building a Boozatorium: State Medical Reform for Iowa's Inebriates, 1902-1920" in *Altering American Consciousness: The History of Alcohol and Drug Abuse in the United States, 1800-2000*, eds. Sarah W. Tracey and Caroline Jean Acker (Boston: University of Massachusetts Press, 2004), 152-153.

In the opening decades of the twentieth century, social and political unrest that seemed to emanate from the urban saloon quashed any attempts to develop public support of medical treatment for alcohol-related disease as widespread support for alcohol prohibition began to take shape. The failure of the female, middle-class Temperance Reform Movement to change male drinking practices diverted further discussion of the “alcohol problem” as disease, a concept never accepted as descriptive of immigrant, working-class intemperance. Women’s activism, including that of the WCTU, fragmented along issues of social equality, abolition, and suffrage, which further weakened medical positions for treatment of women’s inebriety.⁸¹

The ratification of the 18th Amendment constitutionally prohibited the manufacture and sale of alcohol in 1919, although problems with enforcement emerged almost immediately upon its passage. Regarded as a noble experiment, National Prohibition of alcohol seemed to be a good idea to temperance reformers, industrialists, and politicians alike, all increasingly concerned about maintaining the social order and securing a stable workforce. Many hoped it would end problems associated with alcohol use forever. Instead, the Amendment diverted problems associated with alcohol use from public health to public safety.⁸²

National Prohibition quieted the debate about alcohol and deemed it too dangerous for consumption, although the Amendment did not unite public opinion on

⁸¹ Paul Aaron and David Musto, “Temperance and Prohibition in America,” Committee on Substance Abuse and Habitual Behavior, Assembly of Behavioral and Social Sciences National Research Council, in *Alcohol and Public Policy: Beyond the Shadow of Prohibition*, eds. Mark H Moore and Dean R. Gerstein (Washington, D.C.: National Academy Press, 1981), 127.

⁸² J. Harry Levine, “The Birth of American Alcohol Control: Prohibition, the Power Elite, and the Problem of Lawlessness,” *Contemporary Drug Problems* 12 (1985): 63-115; John J. Rumbarger, *Profits, Power, and Prohibition* (Albany, NY: State University of New York Press, 1989).

class-, race-, ethnic-, or gender-based concerns that defined problem drinkers in the previous century. The American middle-class remained deeply divided about how to respond to excessive drinking, and although middle-class women spoke loudly in favor of National Repeal, evident in the quick rise and forcefulness of the Women's Organization for National Prohibition Repeal,⁸³ many women remained tethered to views of inebriety carried over from the nineteenth century, even though few believed alcohol prohibition worked.⁸⁴

Transition from “prohibition” to “repeal” marks a significant event in the history of American attitudes toward alcohol reaffirming the belief that alcohol adds to the pleasure of life. Margaret Mann would add to this story of transition, telling it from the viewpoint of the alcoholic, the skid row bum, derelict, and fallen woman she elevated to the position of deserving patient. When National Prohibition ended, the American public had no vision of the alcohol abuser other than those left over from the immense, unsettled debate that began in Ohio with the Woman's Crusade. In the eyes of the public, the drunkard appeared in Repeal unchanged: a man, down on his luck, unable to participate responsibly in the building of democracy, which, at the time, was viewed as economic recovery from the Great Depression.

⁸³ Kenneth D. Rose, *American Women and the Repeal of Prohibition*, The American Social Experience Series, (New York: New York University Press, 1996); Grace C. Root, *Women and Repeal: The Story of the Women's Organization for National Prohibition Reform* (New York: Harper & Brothers Publishers, 1934).

⁸⁴ “Cato Institute Policy Analysis No. 157: Alcohol Prohibition Was a Failure,” located at <http://www.cato.org/sites/cato.org/files/pubs/pdf/pa157.pdf> (accessed on 2/17/2013). Physician F. E. Oliver reported in 1872 on several studies that showed that consumption of opiates and other narcotics increased dramatically when the price of alcohol rose or when prohibitions were enforced. The use of narcotics was also common among the membership of total abstinence societies. Wayne H. Morgan, *Yesterday's Addicts: American Society and Drug Abuse, 1865-1920* (Norman: University of Oklahoma Press, 1974), 49-50.

The treatment of inebriety during National Prohibition exemplified the views of the medical profession: inebriety was a disease of the wealthy, a disease addressed in medicine. Moreover, as the public use of alcohol became acceptable among women in the company of men, single and married, the “rich man’s disease” became “gendered” afflicting wealthy women at times, a concern that intrigued the field of psychiatry, an intrigue that carried over into the post- Repeal era.

The years following National Repeal marked a point in time of intense uncertainty regarding the reintegration of alcohol into American social life and the beginning of an epoch no longer able to ignore women’s alcohol use.⁸⁵ Newly developed medical notions of “alcoholism” as a disease that formed in the modern alcoholism movement redefined the alcohol problem in a way that confirmed consensus on medical aspects of the disease although widespread medical consensus did little to refute long-held beliefs about drinkers within marginalized populations. Even as scientists and physicians established criteria better suited to contemporary understanding of alcohol problems and medicine, they continued to define treatment of the patient in gendered and class-based terms.

Alcoholism remained highly stigmatized and misunderstood among the American public. Medicine, however, made great strides in the middle of the twentieth century. The medical victory over polio, “the single most popular medical cause in the postwar period,”⁸⁶ raised the credibility of American medicine. Medicine appeared to the public

⁸⁵ Michelle McClellan, “‘Lady Tipplers’: Gendering the Modern Alcoholism Paradigm, 1933 – 1960” in *Altering American Consciousness: The History of Alcohol and Drug Abuse in the United States, 1800–2000* (Boston: University of Massachusetts Press, 2004), 267–297; Lori Rostkoff, *Love on the Rocks: Men, Women, and Alcohol in Post-World War II America* (Chapel Hill: The University of North Carolina Press, 2002).

⁸⁶ Paul Starr, *The Social Transformation of American Medicine* (New York, NY: Basic Books, Inc., Publishers, 1982), 346.

as more than a disciplined science: it promised to extend life by wiping out countless unnamed scourges and preventing unknown numbers of needless deaths.⁸⁷ The once suspicious medical practice was now given credit as a modern miracle, a paradigm destined to solve America's problems.⁸⁸

Margaret Mann: Bringing the Patient Out of the Shadow of “Drunkards” and “Inebriates” into the Purview of an Informed Public

In the postwar years, Margaret Mann used new medical information on alcoholism to direct concern away from diverse cultural patterns of alcohol use and toward the manifestation of disease within the individual drinker, a newly defined “deserving” patient whom Mann referred to as the “alcoholic.” Mann’s picture of the alcoholic was a reflection of her own experience, a portrait that convinced the American public that neither the drinker’s poor choice nor lack of moral character caused alcoholism. Mann’s message upended centuries-old public opinion that marginalized drinking concerns among women and politicized the use of alcohol in America.⁸⁹

Mann made it her life goal to redirect care for the alcoholic by removing barriers to treatment and recovery supported by time-bound prejudice and ignorance she often blamed on elitism among the informed. The medical and scientific recognition of alcoholism as a disease is an accomplishment necessarily attributed to many individuals; however, public recognition and understanding of those afflicted by the disease – the alcoholic – is an accomplishment that belongs to Mann. Her public health message

⁸⁷ Paul Starr, *The Social Transformation of American Medicine*, 346–347.

⁸⁸ William L. White, *Slaying the Dragon*, 188–198.

⁸⁹ Ron Roizen, “How Does the Nation's ‘Alcohol Problem’ Change from Era to Era? Stalking the Social Logic of Problem-Definition Transformations Since Repeal” in *Altering American Consciousness: The History of Alcohol and Drug Abuse in the United States, 1800–2000*, eds. Sarah W. Tracey and Caroline Jean Acker (Boston: University of Massachusetts Press, 2004), 61–87.

brought people with alcoholism out from behind previously held views of “drunkards” and “inebriates” into the purview of an informed public, which redirected discussion about solutions to the alcohol problem, removed barriers to treatment, and transformed public opinion on the responsibility for care.⁹⁰

Mann’s public health message changed contemporary scientific theory and medical diagnosis into a language the postwar public understood. She spoke of the alcoholic as a patient with a disease and defined symptoms in terms of observable behavior so people close to the alcoholic could identify early warning signs. Mann asked that the public, especially those concerned about alcoholism in addition to those closest to the alcoholic, to be prepared to take action because the alcoholic could not recognize the problem or act on their own behalf once consumed by the disease.⁹¹ Mann’s message guided the concerned to action they could accomplish within a newly formed safety net of local affiliates that crossed the nation, a safety net Mann successfully constructed in her work with the National Council on Alcoholism (NCA).⁹²

Mann’s life history made it possible for her to understand alcoholism and the “alcoholic” in a way that stood in stark contrast to previous perceptions of the “drunkard” and “inebriate,” perceptions Mann shared with most Americans until she experienced the yet-named disease of alcoholism during the Great Depression. In the early 1930s,

⁹⁰ In 1960, Jellinek authored the now widely recognized classic text on alcoholism that presented the state of medical knowledge, comparing it to public opinion on alcoholism. See E. M. Jellinek, *The Disease Concept of Alcoholism* (New Haven, CT: College and University Press, 1960). See also *Understanding Alcoholism*, “The Annals of the American Academy of Political and Social Science” Lancaster, Pennsylvania, (January) 1958 for a contemporary discussion of newly forming ideas about alcoholism.

⁹¹ Marty Mann, *New Primer*, 17.

⁹² *Ibid.*, 233–235.

Mann's life began a downward spiral. Her family's wealth disappeared in bankruptcy just before the market crash of 1929 and her own successful career in public relations and journalism fell to ruin as her drinking consumed her ability to function. The once enjoyable drinking experience became an obsession to consume alcohol—an uncontrollable consumption Mann did not understand, enjoy, or appreciate. Like a turned turtle unable to orient itself, she struggled for years in search of well-being without the resources money once afforded to her.⁹³

Mann's life circumstances brought her to an understanding of historical perceptions of the drunkard and inebriate in a manner that mere awareness of their existence had not. When she was a young socialite, drinking--sometimes heavy drinking--commonly occurred within Mann's social circle, although it never appeared problematic to her or her peers. Alcohol functioned as a social elixir that transformed what Mann viewed as the tediousness of social interaction into entertainment. Neither she nor her contemporaries viewed the "social" use of alcohol, common among the wealthy even during National Prohibition, as the same as drinking among the "lower" classes whom it was widely believed chose to drink intemperately, to the detriment of their work and family.⁹⁴

As a child and young adult, Mann learned that temperance in drink was a product of individual choice in how to drink, a matter of proper upbringing. Middle-class perspectives on inebriety supported the belief that drunkards *chose* to drink to excess, that their inebriety was a matter of poor moral character. Moreover, in Mann's circle it

⁹³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 18–94.

⁹⁴ *Ibid.*, 45; 75.

appeared that the wealthy who could afford their bad habits could also afford privacy, in stark contrast to the overtly public behavior of the lower classes. It happened in her home, where her father, William Mann, reportedly gambled and drank to excess, habits that went unchecked for years until his employer intervened. Even that intervention remained a private affair, not one publicly associated with his alcohol use.⁹⁵

William Mann quit drinking sometime in 1933 but not before suffering from cirrhosis of the liver and strange sores that broke out on his legs.⁹⁶ When confronted by his supervisor eight years earlier he had refused to surrender his right to drink, quitting his job instead. At that time, he had a fortune funds that might have survived the Great Depression had it not been for his gambling. William Mann was indigent when he quit drinking, living hand-to-mouth, and died of pneumonia in 1953 alone and in poverty.⁹⁷ Unwilling to quit drinking at an earlier point in his life, William Mann gave up his job, lost his family, and severely compromised his health. Although it is unknown what his doctor told him, perhaps pointed to his losses, William Mann quit drinking something he never shared with his estranged daughter Margaret Mann who at the time struggled with her own alcohol use.

Although there is no evidence that William Mann ever entered treatment, in the early years of his inebriety, private sanitarium had opened their doors to the wealthy inebriate to offer the elite “discreet” although costly care.⁹⁸ Between 1900 and 1940, a new treatment for inebriety, commonly known among the elite as the “rest cure,”

⁹⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 56–57.

⁹⁶ *Ibid.*, 69.

⁹⁷ *Ibid.*, 229.

⁹⁸ William L. White, *Slaying the Dragon*, 82.

transpired in private “drying out” hospitals where wealthy inebriates detoxified and removed the stress of everyday life. Unlike the inebriate asylum, small private sanitarium appeared recreational, spa-like, and less conspicuous than the large, institutional asylum or the urban hospital. As in the previous century, public drunkenness among the marginalized continued to be visible, bothersome, and seemingly unrelenting as its effects continued to fill the wards of crowded public hospitals, jails, and work farms.⁹⁹

Mann’s own experience with alcoholism and her eventual recovery within a small, yet known fellowship of men, later named Alcoholics Anonymous (A.A.), upended all previous thought she had on drunkards and inebriates. With her family fortune lost and her own ability to earn a living crippled by her uncontrollable drinking, Mann wandered from psychiatrist to psychiatrist, ended up in public hospital wards and sometimes homeless among the public drunkards she had learned to disdain. Good fortune eventually led Mann to recovery in A.A. near the end of her charitable stay in a private sanitarium; a good fortune Mann used to bring the patient out of the shadow of “drunkards” and “inebriates” into the purview of an informed public. The first woman to achieve lasting recovery in A. A., Mann presented the alcoholic as a person who “lost the power of choice in the matter of drinking” a fact she presented as “the precise nature of [t]his disease, alcoholism.”¹⁰⁰

Alcoholics Anonymous, undoubtedly the single largest influence in Mann’s recovery, became her approach to what she termed “a life without drinking.”¹⁰¹ The

⁹⁹ William L. White, *Slaying the Dragon*, 82–83.

¹⁰⁰ Marty Mann, *New Primer*, 9.

¹⁰¹ *Ibid.*, 136.

twelve-step program, based on sobriety attained in accepting powerlessness over alcohol, did not immediately appeal to Mann. As an avowed atheist, she thought the program relied on religion, her interpretation of the fellowship's reference to spirituality.¹⁰² As A.A. matured, considerable discussion occurred as to whether it was a treatment program, an organization, or a social gathering. To members, A.A. was all of those things and more. Most A.A.s referred to it as "the fellowship," a name that reflected A.A.s beginning as an association between two men struggling for their own sobriety, Bill Wilson (Bill W.) and Robert Holbrook Smith, M.D. (Dr. Bob).¹⁰³

Mann attended her first A.A. meeting in New York City in April of 1939 at the request of her psychiatrist, Harry Tiebout. Tiebout directed treatment services at Blythewood Sanitarium in Connecticut, where Mann was residing as "charity" patient. Mann found her financial situation humbling, yet she knew she could not stay sober on her own. After months of treatment, Mann intended to use an outburst of rage directed at the sanitarium business manager as justification to drink. She was instead convinced to attend her first A.A. meeting after reading a single line in the yet published big book of A.A., "We cannot live with anger."¹⁰⁴

In 1939, the fellowship had a total national membership of one hundred. While a few women attended sporadically, most did not stay long enough to reach lasting sobriety. Elated with her newfound sobriety, Mann spent her early years in recovery

¹⁰² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 106.

¹⁰³ Ernest Kurtz, *Not-God: A History of Alcoholics Anonymous* (Center City, MN: Hazelden Educational Services, 1979).

¹⁰⁴ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 107.

actively recruiting alcoholic women to join the growing association¹⁰⁵ in an effort that eventually changed A.A.'s gendered composition -- no small feat in an era that continued to apply different rules about excessive drinking to women and men.¹⁰⁶ Although more women entered treatment, excessive drinking among women was still linked to gendered roles in which alcoholic women were depicted as failed mothers, sexually promiscuous harlots, and nagging wives. Even at a time when modern medicine, especially psychiatry, claimed authority over alcoholism constructed as a disease requiring medical treatment, alcoholic women remained highly stigmatized.¹⁰⁷

Mann spent her years in recovery promoting the NCA's mission to remove stigma from the disease of alcoholism and to democratize the affliction. She employed medical science and public health concerns to encourage the recognition that the disease affects *all* victims in the same way. She successfully removed gendered barriers to treatment and created an image of the female alcoholic as a deserving patient. Mann's life provided a panorama of experience that taught her the value of public health education and research in conjunction with the need to provide comprehensive, accessible health care for the sick. Moreover, her own experience and search for recovery taught Mann that ignorance and prejudice often form the most impenetrable barriers in achieving health care equality.¹⁰⁸

¹⁰⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 122–123.

¹⁰⁶ *Ibid.*, 113.

¹⁰⁷ Michelle McClellan, "Lady Tiplers," 281–289. Lori Rotskoff, *Love on the Rocks*, 70–71.

¹⁰⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 25.

Mann's public health message did not propose to change the alcoholic's drinking through education; rather, her goal was to educate those that surrounded the alcoholic so that they might facilitate change the alcoholic could not.¹⁰⁹ Her message on the importance of educating concerned others was eclipsed by concepts of family illness that emerged in the 1980s,¹¹⁰ diseased families that made the concerned other appear as "sick" as the alcoholic who struggled for sobriety.¹¹¹ Mann's emphasis on education, designed to change the public's view of the alcoholic and assist concerned others in helping people with alcoholism find the help they need, is a component of care that is today widely misunderstood. Mann never promoted attempting to use education to influence or change drinking behavior of people with active alcoholism.

The influence of medicine in defining problems associated with alcohol use waned in the years following Mann's death. Personal choice in intoxicant use re-emerged in public discourse, calling into question the role of individual character in responding to urban concerns such as intoxicated driving and the use of intoxicating substances during pregnancy.¹¹² For a brief period, however, roughly between 1945 and 1980, Mann succeeded in convincing the American public that the alcoholic did not choose to drink excessively and could not choose to drink moderately. Her view of

¹⁰⁹ Marty Mann, *New Primer*, 233–235.

¹¹⁰ William L. White, *Slaying the Dragon*, 296.

¹¹¹ Marty Mann, *New Primer*, 102 – 117.

¹¹² Ron Roizen, "The Nation's 'Alcohol Problem'," 61 – 87; David S. Reed "Reducing the Costs of Drinking and Driving" in *Alcohol and Public Policy: Beyond the Shadow of Prohibition*, eds. Mark H. Moore and Dean R. Gerstein (Washington, D.C.: National Academy Press, 1981), 336–387; Elizabeth M. Armstrong, *Conceiving Risk, Bearing Responsibility: Fetal Alcohol Syndrome and the Diagnosis of Moral Disorder* (Baltimore, MD: Johns Hopkins University Press, 2003).

alcoholic drinking turned the concept of drunkenness and inebriety upside down. Mann removed moral discipline and self-control as aspects of alcoholic drinking that dominated public views on responsible alcohol use in America from the time the English Pilgrims first arrived. Moreover, Mann's personal story of recovery helped lessen the stigma attached to the double standard that plagued women's access to treatment creating an image of alcoholic women as hopeless drunks too fallen for redemption.¹¹³

Mann spoke generally of symptoms and causes of alcoholism and specifically addressed the worth of the patient. She challenged public views of people afflicted with alcoholism previously defined by middle-class standards about drunkenness and inebriety. The central theme of Mann's public health message rested on the recognition of *all people with alcoholism* as deserving patients. It was a message infused with Mann's personal experience, her life history experienced in wealth and poverty, sickness and recovery.

Rigid gendered norms that constrained consideration of women's inebriety in the nineteenth century changed in the twentieth, facilitating Mann's message about alcoholism among women. Mann did not believe the disease of alcoholism among women differed from that among men, although she did believe that men and women experienced alcoholism differently. Mann knew from her own experience, that gendered perspectives, also affect systems of care; programs and services also form in gendered

¹¹³ Mark E.Lender and James K. Martin, *Drinking in America*, 117.

perspective discouraging marginalized people from seeking needed services and by default determining those deserving of care.¹¹⁴

Margaret Mann established a health message that included all people afflicted with alcoholism as deserving of care, uprooting the notion that women's drinking was somehow different than men's and untreatable, which left alcoholic women outside of consideration for care. In her work, Mann reformed health messages and helped to establish support for systems of care that tended to alcoholism among women. Her history alerted her to this need, a history in which Mann struggled to recapture health and well-being in a world that rebuked the notion of alcoholic women as patients deserving of care.¹¹⁵

Mann's work to develop community networks in local affiliates of the NCA pioneered successful efforts to identify and refer people with alcoholism in newly established community outreach and employee assistance programs. Moreover, although Mann did not see alcoholism as a different disease among women than among men, she believed treatment needs of alcoholic women differed from those of alcoholic men; treatment distinctions that she asserted must recognize women's position in the family as much as they recognized all people's positions in the workplace.

In 1969, Mann testified at public hearings at the request of Senator Harold Hughes, also an active and vocal recovering alcoholic, and set in motion legislation that pioneered research on women's treatment programs, research that eventually established

¹¹⁴ Shelly F. Greenfield, "Women and Alcohol Use Disorders," *Harvard Review of Psychiatry* 10 (2002): 76–85.

¹¹⁵ Sally Brown and David R. Brown, *A Biography of Mrs. Marty Mann*. Brown University's Hay Library, National Council on Alcoholism and Drug Dependence, Mann – Papers, Collection Number A2002-42, Boxes 1, 2, 4, 5, and 6.

residential care for women *and* their children. Treatment programs that included women's children removed their fear of losing their children, fear that often kept women from revealing their alcohol problems and allowed their drinking to progress. Passage of the Hughes Act, the culmination of Mann's mission, lessened gendered barriers to treatment, created an atmosphere that encouraged research on women's alcoholism, and marked the beginning of the history of addiction treatment for women.¹¹⁶

Approach and Organization

As a biographical history, this dissertation explores Margaret Mann's life from 1904 to 1980. Chapter One provides an overview of the dissertation. Chapter Three explores Mann's life up to 1940 including her introduction to A.A. (1939) and early years in recovery (1939-1941). It begins with Mann's home life in Chicago (1904-1927) and explores social and family relationships and events that shaped her earliest perspectives on illness and health care including her introduction to stigma associated with disease when she contracted tuberculosis in 1918. The chapter looks at her family's social status and the loss of the Mann Family fortune in 1929. A Prohibition-era debutante (1925), Mann began drinking in her late teens and grew up in a social circle that drank quite freely during the 1920s. She married John Blakemore in 1927 and divorced him in 1928, returning to her maiden name, officially assuming "Mrs. Marty Mann" as her name following her divorce. Mann moved to New York City in 1928 and to London in 1930 to escape the Great Depression. During her stay in Europe Mann's drinking spiraled out of control. She returned to New York City in December of 1936, where she wound up penniless and homeless, searching for a psychiatrist in hope to discover a remedy. Her

¹¹⁶ Sally Brown and David R. Brown, *A Biography of Mrs. Marty Mann*, 281–283.

introduction to neurologist Foster Kennedy, who hospitalized Mann at Bellevue Hospital for months, led to her introduction to Harry Tiebout, the psychiatrist who directed Mann's care at Blythewood Sanitarium and introduced Mann to recovery within the A.A. fellowship.

Chapter Four provides a brief overview of how medical treatment approached alcoholism in the 1930s and 1940s, provides a brief history of mutual aid societies including the emergence of A.A. (1935-1939) before Mann affiliated. The chapter focuses on the emergence of Alcoholics Anonymous. Two central figures, introduced in the chapter are Bill Wilson, co-founder of A.A and Mann's sponsor, and Priscilla Peck, Mann's intimate life partner. Wilson's history, well known and studied, is intertwined with Mann's and reflects the evolution of thought in addressing alcoholism as medicine rose in social authority. Mann and Peck fell in love in 1943 and shared their lives together until Mann's death in 1980. The relationship between Peck and Mann was reciprocal in many ways, although both women had successful and separate careers. Peck chose a sober life in A.A. with Mann, and both became active in recruiting other women to the program. Peck inspired Mann to develop her plan for the NCEA and to document her thoughts, a process that helped Mann write her first book, *Primer on Alcoholism*, published in 1950.

Chapter Five details Mann's work as she created her public health message in her proposal to Yale University (1943), established the NCEA (later the NCA) in 1944, and her success in expanding local affiliates across the nation. This chapter also takes a close look at services Mann established in the work of the affiliates, which reflected her own search for recovery and helped destroy the barriers she believed impeded her – and other

women's – recovery. Moreover, this chapter examines the NCA's development of employee assistance programs (EAP), and considers how Mann incorporated her philosophy of affiliate outreach and early intervention into workplace services.

Chapter Six explains Mann's community organization, an affiliated network of organizations—a local community resource Mann called the Alcohol Information and Consultation Center (AICC)—later the affiliate Council—and her work in advocacy for treatment. The local AICC maintained a central registry of treatment providers and A.A. meetings, provided a community speaker's bureau and training for professionals, and worked directly with families and concerned others to encourage and educate them on principles of productive intervention. Mann introduced the affiliate network to confront the stigma that surrounded alcoholism and that kept women and other marginalized groups under an umbrella of ignorance and prejudice.

Chapter Seven investigates the latter years of Mann's work at the NCA and focuses on the influence of benefactor, R. Brinkley Smithers, a person Mann felt took charge of "her" organization as her life circumstances changed. The business relationship between the two was complex, like most relationships, although it appeared punctuated with differences represented in Mann's orientation toward public health and Smithers adherence to medicine. The chapter also looks at the grassroots women's alcoholism movement that emerged near the end of Mann's career and employs testimony presented in public hearings in Madison, Wisconsin in 1970 as the Hughes Act funds dispersed to state governments. It is one example of how Mann's work empowered women to define systems of care that met their gendered needs. Although Senator Hughes' and NCA's advocacy efforts proved victorious in passing the Hughes Act,

alcoholism as a health concern lost ground after 1980 in the face of growing public angst about cocaine use and intoxicated driving and a return to punitive controls on the use of alcohol and other intoxicants.

Chapter Two Review of the Literature

The reconstruction of alcoholism as disease following National Repeal, although often studied, minimizes the influence and contribution of Margaret Mann. The work of the National Council on Alcoholism, the organization Mann founded, appears throughout the scholarship on the era, although it misses what this dissertation views as Mann's most significant contribution—her ability to convince the American public that alcoholism was a *democratic disease*; that it could affect anyone, and that everyone afflicted was a patient deserving of care.

It is difficult to frame Mann's contribution in a single area of study, although history is the central area of scholarship reviewed in this dissertation. Included in this review are works examining social thought on the "alcohol problem" over time, the way in which social class and gender shaped perceptions of drinking and drinkers, and how transformations in health services and medicine interacted to form systems of care that integrated existing medical knowledge with contemporary views of the patient's needs. A brief discussion of literature addressing "deservingness" in patient care ends this review.

Mann lived and worked within a transitional period in the history of alcohol in the United States. Although she was not a scholar, scientist, or physician, she was a catalyst able to interpret the technical and meld contemporary scientific understanding with her life experience. Her life shaped her work, and her work shaped public perceptions of alcoholism and those afflicted. Moreover, Mann constructed public views of the female alcoholic that reflected her own experiences with alcohol and recovery and ultimately changed gendered stereotypes of women who drank to excess.

Social Thought and Alcoholism

National Repeal in 1933 ignited a search to reintegrate alcohol into the American mainstream following what most American's viewed as a failed attempt to change attitudes and drinking behavior in prohibiting the sale and distribution of alcohol.

Alcoholism conceptualized as disease emerged in the years following National Repeal within the modern alcoholism movement, although it certainly was not the first time such thought emerged. Distinct from the previous century's disease of inebriety, and distinct from earlier views of drunkenness, alcoholism emerged in new social and medical context. This section explores literature offering explanations of factors that affect how transitions in social thought surrounding the use of alcohol occur, looking generally, although not exclusively, at the reintegration of alcohol into American society following National Repeal.

Sociologist Harry Levine studied the transformation of how Americans viewed alcohol before and after Prohibition and how these views supported the emergence of specific responses to alcohol. He looked at "historical process" as the change agent and contends the modern alcoholism movement removed notions of alcohol as "poison," which opened consideration of disease as the cause of alcohol problems. In temperance reform, alcohol threatened all drinkers, a perception supported by Prohibition. After National Repeal, alcoholism, a disease, only threatened those who were susceptible, not everyone who drank. Levine contrasted social perceptions of alcohol to heroin across the same time and cites heroin to contend the transformation that created alcohol as safe to drink, did not take place with substances still illegal. Moreover, Levine contended that legalization of other intoxicants, such as heroin, might not result in the same social

acceptance that alcohol did because of history and the social atmosphere surrounding the drug when legalization occurred. Levine recognized the need to assimilate social thought related to addressing diverse perspectives within specific eras, and that it is unwise to assume similar outcomes of the same processes during different eras even with the same drug. For instance, the prohibition of alcohol would be possible to recur even at a time when people no longer believed it to be poisonous.

Investigating this same phenomenon, sociologist Robin Room contended that the disease concept alone did not remove notions of alcohol as a poison in America, but a culturally specific disease that centered on “loss of self-control...a culture-bound syndrome, a concept which has meaning only in a culture in which individual self-control is the normative mode of social control.”¹ Room contended this specific definition of alcoholism, formed during the modern alcoholism movement, created a disease the American public understood because it gave meaning in a culture bound to individual choice. Alcoholism became a disease that attacked discretion, obstructed the ability to choose, and explained habitual drunkenness.²

Room also provided an explanation of cultural variations in alcohol-related deaths that calls attention to differing views on women’s alcoholism and the “double standard” that remained within understandings of the disease. Gendered expectations of nineteenth century middle-class women as “morally superior” made self-control appear as

¹ Robin Room, Michael Agar, Jeremy Beckett, Linda A. Bennett, Sally Casswell, Dwight B. Heath, Joy Leland, Jerrold E. Levy, William Madsen, Mac Marshall, Jacek Moskalewicz, Juan Carlos Negrete, Miriam B. Rodin, Lee Sackett, Margaret Sargent, David Strug, Jack O. Waddel, “Alcohol and Ethnography: A Case of Problem Deflation?, and Comments and Reply,” *Current Anthropology*, 25, No. 2 (Apr., 1984): 169-191; 176.

² Ibid.

something that came “naturally” to women, self-control defined femininity. Females who did not have self-control appeared as “unnatural,” not true women, and excluded women from concepts of disease, which enabled American society to form notions of their alcoholism as different from men’s alcoholism.³

Sociologist Pertti Alasuutari’s work provides an interesting and useful integration that extends Room’s suggestion regarding normative modes of social control in comparing cultural models of deviance in the construction of alcohol policy. He views the emergence of social controls as a sign of a “legitimate crisis.” Alcohol use, when viewed as problematic, encourages the development of public policies that restore a sense of social control, like prohibition. Contrarily, in cultures where alcohol use is normalized and integrated into daily living, Alasuutari found that policy development focused on harm reduction or protective factors, such as access to health care and reduced access to alcohol. In short, cultures that focus on the abnormal use of alcohol tend to produce controls that are punitive in nature and prohibitive of alcohol use outside of very specific situations, while those that stress alcohol use as a part of daily life focus their concern on health and harm reduction.⁴

Alasuutari’s conclusion extends understanding of nineteenth century women activist’s turn to favoring prohibition in consideration of men’s alcohol use. The “home protection” movement emerged in what female activists believed to be a legitimate crisis, an out-of-control use of alcohol by men that threatened women’s identity and their place

³ Robin Room, “Cultural Contingencies of Alcoholism: Variations between and within Nineteenth-Century Urban Ethnic Groups in Alcohol-Related Death Rates” *Journal of Health and Social Behavior*, 9, No. 2, Special Issue on Recreational Drug Use (Jun., 1968), 99-113

⁴ Pertti Alasuutari, *Desire and Craving: A Cultural Theory of Alcoholism*, eds. Harry L. Levine and Craig Reinaman, New Social Studies on Alcohol and Drugs, (Albany: State University of New York Press, 1992), 180.

in the American social order. Moreover, identifying inebriety among middle-class women threatened the “legitimacy” of the crisis, so the disorder, remained hidden. Contrarily, middle-class women viewed working-class women’s lives, in Alasuutari’s terms, as “legitimate crisis,” a condition that posed a significant threat to the middle-class home and to middle-class women’s search to expand their scope of authority.

During the late temperance era, prohibition made sense to female activists who believed that alcohol poisoned men and threatened the American family. Since they were unable to control alcohol use in the home protection movement, a legitimate crisis, banning the substance appeared necessary. In the Repeal era, a new paradigm emerged in the representation of the “alcohol problem”; however, in order for alcoholism to be believable, symptoms needed to define the loss of something Americans valued, like Room’s idea of self-control. Alcoholism lacked a physiological symptom, something observable or measurable, like a rash or fever. Loss of control, as symptomatic of alcoholism in post-Repeal America, pointed to social and behavioral aspects that explained differences between individual drinkers, making some drinkers “alcoholic” and others “normal.” However, loss of control was a symptom that made all women who drank to excess deviant drinkers and deviant women in this gendered context, a concern Mann’s democratization of alcoholism amended in the post-war years.

In an analysis of Levine’s work on the influence of early temperance movements, Room examined notions of control as a gendered behavioral aspect significant to defining nineteenth century men. Room contends that the concept of addiction

in the new American republic...[where] growing population
mobility...stretch[ed] extended family ties and weaken[ed] social support

networks...objectively made the fortunes of family members more dependent on the self-control of the husband/father.⁵

Room highlighted the influence of normative conduct on different interpretations of the use of intoxicants between men and women within highly idealized, gendered behavior. For the nineteenth century male, loss of control signified the inability to provide leadership and support for the family; inebriety certainly epitomized loss of control, especially to middle-class women.

Historian Jack S. Blocker theorized cycles of social control in his work on formations of thought about alcohol use in America. His work focused on female reform and social thought that supported reform movements. Blocker wrote, “women organized for change in a variety of movements besides suffrage – most notably temperance, antislavery, and moral reform. Yet, no matter what goal they sought, analysis of their actions usually begins and too often ends with the question, “were they Feminists,” a concern Blocker views as an attempt to marginalize the influence of women in shaping American culture.⁶

Blocker contends that this emphasis on determining women’s “feminist” position hindered scholars in understanding differences regarding notions of a gendered social order between women’s reform in the Victorian and Progressive eras. He concluded that the Victorian-era Crusaders and Suffragists of the Progressive era not only used different methods to gain control of their environment, but also formed movements with very

⁵ Robin Room, “The Cultural Framing of Addiction” Revised from a paper presented at a conference on Addiction and Culture, Claremont Graduate School, Claremont, California, February 29-March 2, 1996, *Janus Head*, 6(2): 221-234.

⁶Jack S. Blocker, Jr., “Separate Paths: Suffragists and the Women's Temperance Crusade” *Signs: Journal of Women in Culture and Society* 10, No. 3 (Spring, 1985): 460-476, 460.

different intentions. The Crusaders sought cultural reform, a change in drinking habits of men, while the Suffragists looked to the political arena to induce gendered and political social change in the lives of all women. Blocker noted the broad brush of the late WCTU, an organized women's movement he viewed as representing a transitional and strong cultural change element that later melded with women's broader social change agenda.⁷

Blocker looked at Prohibition as the “the black hole of alcohol and temperance history,” and believed that the question of “who drank” is a necessary component of understanding drinking and noted that “the intensity and focus of efforts at Prohibition varied according to who was thought to be using or abusing a given drug.”⁸ For Blocker, the lack of information on drinking patterns during Prohibition was the

reason behind National Prohibition's unique, destructive historiographical capacity...the relative dramatic value of the two opposed stories....On one side, some people stopped drinking. How boring. On the other, some people continued to drink, and others began to imbibe....As a result, we have a continuing series of 'histories' of National Prohibition that all tell the same dramatic story, but no history that tries to weigh and balance the competing narratives.⁹

The “who drank” question Blocker proposed addresses problems in the periodization of the history of addiction treatment generally. His question specifically provides insight into the dearth of information available on the history of women with alcoholism, including questions such as: When did women's alcoholism receive consideration? When did alcoholism stop being a disease that appeared to affect only

⁷ Jack S. Blocker, “Separate Paths,” 476.

⁸ Jack S. Blocker, A Hatchet, A Hole, and A Heel: Signposts for the Next Cohort of Alcohol and Drug Historians, *Social History of Alcohol and Drugs*, Volume 24, No 2 (summer, 2010), 161 – 163.

⁹ Ibid., 162.

middle-class men? This dissertation contends that Margaret Mann placed women's alcoholism and their consideration for treatment on equal footing with men in the process of disseminating a public health campaign that democratized the disease and reframed all victims in as patients deserving of care.

An inclusive history of treatment for addiction must include accurate representation of the patient; that is, the history of addiction treatment from the viewpoint of *all* patients, those who are included in the history as the “deserving patient,” as well as those who are not. In this dissertation, the concept of “deserving patient” allows for an integrated view of the history of addiction treatment that is inclusive of the experience of women with addiction as well as that of other marginalized groups. Women's drinking did receive attention throughout American history, just not the same attention as men's; an appearance that placed women outside the purview of the deserving patient.

Sociologist Joseph Gusfield looked at the symbolic importance of deviance in forming social views of alcoholism referenced in legal interpretations of moral behavior from the mid-nineteenth century to the mid-twentieth. Gusfield contended that the “temperance norm” reformed American drinking habits in the early nineteenth century, from whiskey to beer and drunkenness to sociability. The mid-nineteenth century influx of immigrant groups with their respective drinking norms heightened the symbolic value of temperance, making it “American.” The “temperance norm” appeared as a universal standard of American drinking within which excessive drinking seemed to symbolize deviance. Temperance absorbed different meaning in relation to gender and social class and often more closely resembled an “abstinence norm.” In this view, immigrant

populations with different drinking norms became not only deviant drinkers, but also un-American.¹⁰

Moreover, Gusfield contended that normative deviance is subject to time-sensitive moral interpretations that apply in different ways to different groups of people.¹¹ The abstinence norm had very specific meaning for women in the nineteenth century within gendered notions of womanhood and femininity that required women exhibit moral restraint, and purity. Women's drinking took on not only the moral aspect Gusfield described, but also reflected contemporary views of women's activism, notions of women's health, and their relationship to the developing industrial economy in their role as mothers and workers. Thus, although abstinence from intoxicant use remained the norm for all women, it engendered a very different social response for women from various social strata, racial and ethnic backgrounds, and from men in general.

Social Class and Gender

Cultural characteristics are not static. They evolve within specific times and historical contexts wherein important signifiers of social class and gender change as new conditions emerge in external environments and interact with newly forming ideas and constructs. This section of the literature review looks at scholarship on gender and social class discussing how these cultural aspects interacted with changing notions of alcohol use, forming different notions men and women as alcohol consumers.

¹⁰ Joseph R. Gusfield, "On Legislating Morals: The Symbolic Process of Designating Deviance" *California Law Review*, Vol. 56, No. 1 (Jan. 1968), 54-73.

¹¹ Joseph R. Gusfield, *Symbolic Crusade: Status Politics and the American Temperance Movement*, (Urbana: University of Illinois Press, 1963).

Christine Stansell, historian in American studies, examined working-class women's lives in New York between the years between 1789 and 1860. She contends the emergent urban environment of northeastern cities redefined womanhood within distinct class and gender relationships. In this context, a developing middle class gave birth to an ideology of "true womanhood" that conflicted with the everyday experience of poor women who worked for wages as they simultaneously maintained their home and family. Notions of male superiority and dominance, supported by English common law and brought forward from the nation's colonial beginnings, helped create an ideal of female dependence that marginalized women wage earners and often demonized their behavior in ways that excluded them from contemporary perceptions of "true" women. As a result, working-class women found themselves victims of middle-class women's scorn or pity, excluded from contemporary concepts of womanhood, and suffering at the hands of domineering husbands with little or no recourse. Stansell contended that until the late nineteenth century, working class women lacked gendered identity as either workers *or* wives. Forced to form their own identity, working class women created a "city of women" distinct from that of the middle-class, a place where their lives counted.¹²

Historian Linda Gordon traced the gendered ways Americans viewed and responded to family violence across time and argued that domestic violence is a social construct built within specific historical, environmental, and political periods that holds different meaning historically for men and for women. Gordon cautioned that early histories of family violence often reflect views of middle-class record keepers rather than

¹² Christine Stansell, *City of Women: Sex and Class in New York 1789-1860* (Chicago: University of Illinois Press, 1982).

the voices of those affected, making it appear as if families in which violence occurred were passive recipients of public response, not actors trying to resolve their own situation. To the contrary, Gordon contended that working-class families often initiated change on their own and sought assistance only as a last resort. This presents a particularly interesting integration of the early nineteenth century temperance movement with views of family violence in which both alcohol and maleness took center stage. Gordon explained that drunkenness and violence, both gendered terms reflecting male behavior, continue to influence contemporary views of family violence and represent gendered inequality in power relationships.¹³

Stansell's "city of women" concept adds to understanding the divide that emerged between women from the middle- and working-class and helps to explain why temperance activists in the WCTU had difficulty forming an agenda that appeared relevant to working-class women. Middle-class notions of "womanhood" conflicted with those of working-class women, although the hegemony of the middle class prevailed in forming the standard. Working-class women, judged against middle-class standards, formed a class of women on their own. Gordon looked to the efficacy of working-class families in forming their own solutions to alcohol and domestic violence. Reflecting the essence of Stansell's "city of women," Gordon related how working-class women left abusive men, supported themselves and their children, and formed female heads-of-households, a concept foreign to middle-class women. Working-class women forged ahead with their own agenda, one that formed around labor; middle-class women moved

¹³ Linda Gordon, *Heroes of Their Own Lives: The Politics and History of Family Violence: Boston, 1880 – 1960* (New York, NY: Viking Press, 1988).

in the direction of public authority. Both gendered causes expanded women's role in shaping the urban environment.

By the late nineteenth century, middle-class women actively fought for a far broader role in public affairs and civic organizations. Historian Karen Sawislak investigated one such example in Chicago, where social and political conflict erupted in the three years following the Great Chicago Fire. She argued that definitions of the “public interest” blurred within conflicting views of civic duty, citizenship, and urban order held by different groups within Chicago's population and between male and female interests in civic affairs. Sawislak drew upon four hotly contested issues that surfaced during the reconstruction of the city as she portrayed the way in which the urban population divided itself along class, ethnic, political, and religious lines within each issue, and demonstrating a heretofore unrecognized, diversified voice. The fire and its aftermath provided an opportunity for women to extend their authority outside of the home and employ domestic skills as they restored both the physical and social fabric of the city. Although Chicago women did not win over the male dominated public authority, their persistence triumphed in many areas, including the formation of relief and aid to homeless families.¹⁴

Urban historian and planner Daphne Spain investigated New York City between the Civil War and World War I, and argued that the voluntary sector in New York City, composed largely of middle-class women during the mid- to late- nineteenth century, acted to save “the city...converting...domestic ideology into redemptive spaces that

¹⁴ Karen Sawislak, *Smoldering City: Chicagoans and the Great Fire, 1871-1874* (Chicago, IL: University of Chicago Press, 1995).

produced social order.”¹⁵ Spain asserted that redemptive spaces, such as the YWCA, carved out of the chaotic nineteenth century city, provided a sense of belonging to new city residents, and a physical space within which they could acclimate to their new home. Moreover, redemptive spaces formed safe havens for newly arrived working women, women “adrift” and working to support their dreams and demonstrate women’s active role in shaping the urban spaces in which they live. Spain contended that the role of women as change agents within the urban-built environment, previously given little attention, integrates their social activism within the totality of public discourse.¹⁶

Historian Maureen Flanagan contrasts Chicago women’s municipal agenda with that of Chicago men in the early twentieth century. Flanagan argued contemporary women often called upon the moral authority awarded to them as keepers of the home to form municipal reform agendas. Using the tenets of domestic service, women developed agendas of “municipal housekeeping” that viewed the administration of city government as an extension of the home. She contended that the agenda proposed by Chicago men promoted profitability of the city, while the agenda proposed by members of the Chicago Women’s City Club favored the view that municipal government should work to guard the health and welfare of city residents. Moreover, although Chicago women’s public style differed from the Chicago men’s, the women managed to put their domestic agenda in place.¹⁷

¹⁵ Daphne Spain, *How Women Saved the City* (Minneapolis: University of Minnesota Press, 2001), 237

¹⁶ Ibid.

¹⁷ Maureen A. Flanagan, “The City Profitable, The City Livable: Environmental Policy, Gender, and Power in Chicago in the 1910s,” *Journal of Urban History* 22 (1996): 163-179.

Male drinking often produced a picture of the working-class saloon as rough, rowdy, and uncivilized; however, historian Perry Duis presented a multifaceted view of the working-class saloon from the late nineteenth century to the early twentieth century. Duis challenged presentations of saloon life that offer an undifferentiated and rigid picture of public drinking establishments or that imply all saloons fit a single pattern. He acknowledged that saloons did share common factors, most notably their male, working-class patronage and their need to establish working relationships with the beer and liquor industry. Duis contends, however, that saloons during this period also exhibited very distinct differences, reflected in the ethnic, political, and economic characteristics of individual saloon that varied across both location and time. To Duis, saloon life was as distinct as the overwhelmingly male individuals who patronized them.¹⁸

Elaine Frantz Parsons, historian of social movements, examined how saloon culture in the rural Midwest contributed to the definition of manhood during the late nineteenth century. Parsons argued that during this time, the saloon offered two apparently conflicting images of male patrons. One image presents the strong, burly drinker, while the other image is a man who appears scruffy, groggy, and physically unfit. She concluded that these images retain modern counterparts in current images of drinking men, although the saloon itself has not survived the gendered transformation of male drinking space. Unable to defend the saloon as a bastion of men, Parsons contended gendered drinking spaces that emerged during Prohibition continued in National Repeal,

¹⁸ Perry Duis, *The Saloon: Public Drinking in Chicago and Boston, 1880-1920* (Urbana, IL: University of Illinois Press, 1999).

an event she linked to the tension created in competing saloon-based images of manhood.¹⁹

Historian Madelon Powers investigated the dual nature of nineteenth century working-class saloons and argued that the saloon reflected both the emerging commercialism of the industrial economy as well as aspects of association, such as those in neighborhoods or clubs. Powers contended that portrayals of working-class saloon life during the period reflect the anti-alcohol sentiments of urban reformers but exclude other important factors present in saloon culture. Moreover, she contended the anti-alcohol perspective exaggerated the occurrence of problem drinking among saloon-goers in a way that disrupted the business relationship between patrons and owners. A relationship that historically rested on mutuality now appeared one-sided; temperance advocates viewed as saloon patrons as victims of alcohol sold by businessmen, not owner-friends. Powers argued that this narrow historical view presents a middle-class perspective on the nineteenth century saloon that distorts both the social nature of the working class saloon and the influence of the saloon on social life in working class neighborhoods; a social environment that eventually lost to the image of the saloon as a predatory arm of the liquor industry.²⁰

Historian, Catherine Gilbert Murdock investigated change in gendered patterns of alcohol use in America from the temperance-era male saloon to the integration of alcohol use in the home and acceptance of mixed-sex drinking in the post- National Repeal era.

¹⁹ Elaine Frantz Parsons, "Risky Business: The Uncertain Boundaries of Manhood in the Midwestern Saloon," *Journal of Social History* 34 (2000): 283-307.

²⁰ Madelon Powers, *Faces Along the Bar: Lore and Order in the Workingman's Saloon, 1870-1920* (Chicago, IL: The University of Chicago Press, 1998).

She contended that women’s activism in social and urban reform from the late-nineteenth century up to National Prohibition reflected a widely accepted view of alcohol use as masculine, detrimental to the American ideal of the middle class home and family, and threatening to social perceptions of womanhood. She argued that the repeal of Prohibition ushered in the acceptance of a very different view of drinking alcohol that included women as consumers, introduced a socially acceptable place for alcohol in the home, and allowed women in drinking establishments. She asserted, however, that different rules continued to distinguish acceptable men’s drinking from acceptable drinking behavior among women. The “double standard” that applied in temperance – a silent rule that never allowed women to appear intoxicated – still applied after National Repeal, although the near-abstinence standard for women now permitted public drinking in mixed company, which had been a taboo in nineteenth century middle-class standards.²¹

Cultural historian Lori Rostkoff connected the role of alcohol in constructing gender identity with the role of gender in constructing the alcoholic identity in *Love on the Rocks: Men, Women, and Alcohol in Post-World War II America*. Rostkoff’s study begins at the turn of the twentieth century within what she described as an era of “therapeutic ‘consumer ethos’ that validated personal pleasure,” a time recognized for a relaxation of gendered roles “in which commodity consumption emerged as a way of life, a basic force that shaped American culture.”²² Rostkoff contended consumerism

²¹ Catherine Gilbert Murdock, *Domesticating Drink: Women, Men, and Alcohol in America, 1870-1940* (Baltimore, MD: Johns Hopkins University Press, 1988).

²² Lori Rostkoff, *Love on the Rocks: Men, Women, and Alcohol in Post-World War II America* (Chapel Hill, NC: University of North Carolina Press, 2002), 33.

supported the Repeal of Prohibition – an event that occurred during the Great Depression – in the hopes that dollars spent on bootlegged liquor might stimulate the legitimate economy. She argued that excessive drinking, reconstructed during Repeal from a nineteenth moral failure into an illness, emerged in the post-WWII era as a failure in family-defined gender roles. This reconstruction changed public perceptions of excessive drinking and drunkenness as an individual problem to considerations of alcoholism as one of post-War America’s most pressing social problems, a problem that threatened not only the health and well-being of the family, but the health of the nation.²³

Health and Medical Treatment

Western medicine and biology seem cut from the same fabric, and as a result, the biomedical model of disease has dominated thought in American medicine and shaped attitudes in American physicians toward health and illness. Disease, however, emerges in different contexts and is experienced differently in relationship to those contexts and in the experience of the patient. Health care and medical care do not necessarily connote the same meaning in American medicine, although we are prone to use the terms interchangeably. This section looks at how the social and medical response to disease influences, and is influenced by, systems of care and constructs of the patient.

Gerald Grob, noted medical historian, expressed serious doubt about the possibility of conquering the threat of disease, which established the construction of illness as a time-and-circumstance bound phenomenon. He argued that the prevalence, type, and definition of disease have transitioned with social and environmental changes from times preceding Columbus’ arrival to the Americas to the present. A fatalistic

²³ Lori Rotskoff, *Love on the Rocks*.

perspective, Grob contended disease will always remain a threat to human life, though the form disease takes is subject to change and constructed in time. Grob views human disease as biological, social, and environmental, constructed and defined in specific historical contexts, and redefined as new environmental and social threats appear. He made no claim for a single explanation of human disease, but rather explored the influence of medical explanations employed to explain and treat disease.²⁴

Mann's work in the post-WWII era is widely recognized as reducing stigma attached to excessive and habitual drinking and employing the construct of alcoholism as disease. Medicine in post-war America, a time Grob referred to as "the dream of a health utopia," seemed to promise nothing short of immortality.²⁵ Although Mann brought attention to alcoholism as a medical disease, her work and interests concentrated on the careful reconstruction of social perceptions of the *patient*, "a sick person, worthy of care," as described in her public health message.²⁶ Moreover, Mann wanted alcoholism recognized as a matter of concern to the health of the public, not only the health of individual alcoholics. She believed that the attention of public health would foster early intervention measures, preventing what she viewed as the needless downward progression into chronic alcoholism.²⁷

²⁴ Gerald N. Grob, *The Deadly Truth: A History of Disease in America* (Cambridge, MA: Harvard University Press, 2002).

²⁵ *Ibid.*, 244.

²⁶ Marty Mann, *Marty Mann's New Primer on Alcoholism: How People Drink, How to Recognize Alcoholics, and What to do About Them* (New York, NY: Holt, Rinehart and Winston, 1958), 17.

²⁷ *Ibid.*, 110-111.

Health practice that emerged in the commercial environment of the nineteenth century city developed within class- and gender-defined standards, and within an allied health system with little separation between public health and medicine. Public health—considerations of the health of the population—and (primary care) medicine—a focus on the health of individual patients—formed an early practice alliance developing alongside one another in the nineteenth century city with both systems of care interested in combating infectious disease. Physicians practiced within public health guidelines that focused on monitoring health problems, preventing contagion, and informing the public about health concerns. Moreover, physicians worked in developing urban hospitals and dispensaries that monitored the health of the public and served working-class patients in public settings at the same time they developed private medical practices in the homes of middle-class patients.²⁸

The relationship between public health and medicine began to deteriorate with advances made in bacteriology, a field of knowledge that revolutionized treatment for infectious disease. The scientific practice of bacteriology changed the direction of both public health and medicine and acted as a catalyst that divided the health care practices in separate spheres of professional practice. Autonomous, private practice physicians operated in a loosely structured system that did not trust what they viewed as government interference from public health that disrupted private physician-patient relationships. Free services offered in public health, such as vaccinations and well-baby clinics, also acted to divide the professions creating tension in competition. By the early decades of

²⁸ Judith Walzer-Leavitt and Ronald L. Numbers, eds., *Sickness and Health in America: Readings in the History of Medicine and Public Health*, rev. ed., (Madison, WI: University of Wisconsin Press, 1997).

the twentieth century primary care medicine and public health were both strong professional systems with competing interests and no structured system to coordinate care. Physicians increasingly served only those who could afford private care; the rest of the public in need of medical care depended on volunteerism and charitable practice.²⁹

Charles E. Rosenberg, medical sociologist and historian, presented a comparison of social, medical, and cultural response during three periods of a cholera outbreak, the “classic epidemic disease of the nineteenth century.”³⁰ Rosenberg argued that the biological cause of disease is of little matter, as disease is itself socially constructed within specific periods of time that reflect a particular pattern of “need, perception, and expectation.”³¹ Rosenberg employed primary documentation of public legislation, physician’s records, print media, and a variety of personal diaries and medical papers in response to the three periods of cholera outbreak. He points to a gendered and spatial conflict between 1) the practice of home health care by women, 2) the advancing profession of primary medicine practiced by men and divided between private in-home practice and public hospitals, and 3) the advent of public health services developing in the midst of a growing urban population. In different eras, each acted as a transformational point in notions of health care for cholera and each acted to define locations of care in late nineteenth century America.³²

²⁹Judith Walzer-Leavitt and Ronald L. Numbers, eds., *Sickness and Health*.

³⁰ Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago, IL: University of Chicago Press, 1962), 1.

³¹ *Ibid.*, 286.

³² *Ibid.*

Sheila M. Rothman, professor of public health, provided a “narrative of illness” collected from the writings of individuals and families suffering from tuberculosis between 1810 and 1940. She argued that illness as recorded in a medical file is a very different event than the experience of illness in the words of the afflicted. Further, as she analyzed the life histories of her subjects, it became clear to her that tuberculosis appeared to be a different disease when studied outside of its historical context. Rothman provided a body of evidence that demonstrates how the experience of tuberculosis differed from generation to generation and how space, gender, and time interacted with age to further influence difference in the experience of those afflicted. Rothman concluded that the impact of medical advances changed the experience of illness from a personal event to a medical event, forming a more cohesive experience of illness for health professionals.³³

Daniel M. Fox, health policy and medical historian, provides a compelling view of how multiple interest groups that supported simple health policy decisions complicated the process of creating public health registries in New York City in the late nineteenth century. Fox looked at how city leaders, physicians, and public health officials used the issue of compulsory health reporting to secure their position in the City decision-making process. Fox argued that the dispute in New York City regarding mandatory reporting of tuberculosis illustrates how the interaction between sectors in the urban environment affects the implementation of public policy. He further argued that urban health

³³ Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (New York, NY: BasicBooks, 1994), 1.

decisions, given the same science-based information, seldom reflect the multitude of varying interests in the health of the public.³⁴

Judith Walzer Leavitt, public health and medical historian, describes the political conflict that surrounded the establishment of public health services in Milwaukee during the latter years of the nineteenth century. Like many cities at this time, Milwaukee had a burgeoning immigrant population who fed the development of industrialization in their search for economic opportunity. The rapid expansion of Milwaukee's immigrant population brought residential overcrowding, environmental pollution, and high death rates to the city. Manufacturing supported a large laboring class that dwarfed the smaller number of middle class managers and wealthy owners. Neighborhoods that grew to house the distinct groups, representing ethnic and social class divisions, exposed massive disparities in living conditions. As a result, political wards within the city quickly developed characteristics that divided the urban population and the vote along class and ethnic lines. Health concerns gained prominence within Milwaukee's rapidly expanding urban environment, although citywide public health initiatives met polarized public opinion and fluctuating support reflective of the class and ethnic divide represented in the wards. A consistent opinion, however, indicted the public health workers as intrusive meddlers in personal lifestyle, a complaint health professionals believed stymied attempts to improve the health of the city. Leavitt unfolded the influence of Milwaukee's political climate on municipal health reform as the city health department developed specific methods and health campaigns that appealed to individual characteristics and needs

³⁴ Daniel M. Fox, "Social Policy and City Politics: Tuberculosis Reporting in New York, 1889-1900" in *Sickness and Health in America*, eds. Judith Walzer-Leavitt and Ronald L. Numbers (Madison, WI: University of Wisconsin Press, 1978), 415-431.

within the separate wards. The pioneering and inclusive methods employed by the health department in working with neighborhood reform group earned national recognition for Milwaukee as one of the nation's "healthiest cities" and one of seven urban areas with the lowest death rate by the mid-1930s.³⁵

Public health services often garnered criticism in the formative years of the practice as a meddling profession, critical of lifestyles, and not attending to individual needs. As the profession matured and became successful the public gained confidence in the practice and, as Leavitt described, actively engaged the public in programs that eventually improved individual health and the health of the city. Early attempts to treat intoxicant-use disorders in medical settings emerged in the mid-nineteenth century amidst a growing movement of institutionalization of health facilities and practices designed to treat large numbers of people. The inebriate asylum, although supported by physicians, never received support from the public and never reached the public patient, an occurrence this dissertation contends weakened the position of the inebriate asylum in emerging ideas of inebriety and public health.

In *Drunkards Refuge: The Lessons of the New York State Inebriate Asylum*, historians John W. Crowley and William White construct the history of the New York State Inebriate Asylum at Binghamton from evidence found in the writings of the asylum's founder, Dr. Joseph Edwards Turner. The New York State Inebriate Asylum opened in 1864 and closed in 1879; the authors contended both events resulted from internal and external forces present in the social, political, and economic environment,

³⁵ Judith Walzer Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform* (Princeton, NJ: Princeton University Press, 1982).

conditions that lead to the demise of the inebriate asylum movement as a source of care for people with inebriety. Turner's dedication to providing care for the inebriate emerged out of social concern about the middle-class family, an increasing social unrest regarding alcohol use, and his professional interest in inebriety. Internal conflicts among asylum administrators, debate about public versus private pay for services, and ongoing arguments regarding whether alcoholism represented a moral weakness or a medical problem all contributed to the loss of public trust in asylum care for the inebriate. Concurrently, the growth of cities and increased immigration, as well as the urbanization of American culture and alcohol's prominent position in commerce, added to the fray, which fragmented public opinion and left the asylum with no true constituency.³⁶

The authors contended this convergence of problems eventually led to the collapse of the New York State Inebriate Asylum at Binghamton. On a larger scale, failure of the inebriate asylum as a medical movement to secure public funding narrowed practice that never reached outside of its male, middle-class patronage. Although problems were legion, the authors view the enactment of National Prohibition in 1920, as the event that dealt the final blow to the inebriate asylum.³⁷

The inebriate asylum did not emerge independently of a larger historical movement in health care practices. Public health and medical historian David Rosner anchored gradual transitions in the community hospital to significant historical change in the social context of American culture throughout the nineteenth century. Rosner divided

³⁶ John W. Crowley and William L. White, *Drunkards Refuge: The Lessons of the New York State Inebriate Asylum* (Boston: University of Massachusetts Press, 2004).

³⁷ Ibid.

nineteenth century America into three eras: early, middle, and late. The early nineteenth century, a pre-industrial period, witnessed newly emerging commercial towns where few workers solely depended on wages and individuals gathered support from within social networks developed over time. The mid-nineteenth century opened an era of rapid economic change within the ever-growing industrial cities that left many people dependent upon wages, bereft of their former networks of support. By the end of the nineteenth century, dense clusters of individuals, each characterized by a distinct language, culture, and ethnic composition, characterized the city. Rosner contended that the disorder caused by the rapid growth of the American city and the diversity that emerged between communities within the city provided a ripe foundation for the development of the voluntary community hospital with its philanthropic mission and paternalistic policies.³⁸

The beginning of the twentieth century brought additional challenges to the community hospital, which to Rosner, “combined to create a growing confusion on the part of trustees concerning their purpose and the reasons for their institutions.”³⁹ It was not until the 1970s that the modern hospital appeared. Rosner compared the voluntary community hospital system to the modern organizational system in terms of the voluntary system’s resistance to centralization and the adaptations in health care that occurred in the 1970s and 1980s. He contended that the voluntary hospital was less concerned with medical care than meeting social needs of the community and operated under the paternal

³⁸ David Rosner, “Heterogeneity and Uniformity: Historical Perspectives on the Voluntary Hospital” in *Sickness and in Health: The Mission of Voluntary Health Care Institutions*, eds. J. David Seay and Bruce C. Vladeck (New York, NY: McGraw Hill, 1988), 87-126.

³⁹ *Ibid.*, 90.

guidance of trustees whose position increasingly threatened modern business organization. Rosner argued that the “rhetoric of efficiency, standardization, centralization, and science...has been used as an ideological wedge”⁴⁰ in garnering stewardship over health care in America, and often disguises even narrower professional and economic motives.

In the larger context of institutional care generally, sociologist Lawton R. Burns explores the transformation of the community hospital from an institution with a neighborhood orientation to an organization mostly concerned with payment protocols and business operating margins, an evolution he contends began at the turn of the twentieth century. Burns argued these changes altered the social ecology of the hospital and the city, and led to a “breakdown in community life and personal relationships.”⁴¹ At the end of the nineteenth century, Burns asserted technological changes in transportation, communication, and commerce contributed to the hospital’s transformation into an industry within which organizational and commercial goals took precedence over traditional service goals of the hospital as a community institution. Burns noted that advances in medical science, the adoption of per diem payment plans, and the development of public and private health insurance helped cement this transformation, and by the mid-twentieth century made the transition appear both necessary and legitimate.⁴²

⁴⁰ David Rosner, “Heterogeneity and Uniformity, 88.

⁴¹ Lawton R. Burns, “The Transformation of the American Hospital: From Community Institution toward Business Enterprise” in *Comparative Social Research*, vol. 5, ed. C. Calhoun (Greenwich, CT: JAI Press, 1990), 78.

⁴² *Ibid.*, 77-112.

Sociologist and historian Paul Starr, investigating American medicine from the colonial era to the late twentieth century, contended that medical practice grew from an unsettled and contested beginning into a burgeoning industry with direct ties to the modern corporate economy. Pointing to broad changes in patterns of American culture, economy, and politics, Starr investigated the impact of the rise of cities and the importance of the hospital as a symbol of institutionalized medicine. He asserted that American urban culture and workplace displaced women as caregivers creating a paid profession outside of the home reflecting gendered perspectives of the era. Examining the rise of medical research and the advent of third party payers following World War II, Starr concluded that both events contributed to the contemporary crisis in the cost of health care. He predicted that the solution to rising costs would result in the ascendance of a corporate setting for all medical care, a setting where physicians lose their professional autonomy as employees of the medical corporation and patients lose individuality as units of service.⁴³

Medical care, like disease itself, emerges in specific context that often presents different concerns than those it intended to remedy. Historian William L. White provides a comprehensive history of addiction treatment beginning in the American colonial era and ending in the late twentieth century. White argued that the first established medical treatment for addiction emerged in the mid-nineteenth century in response to changing patterns of alcohol and drug consumption, social reform movements, personal recovery movements, and the rising professionalization of medicine. He provided a detailed

⁴³ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York, NY: Basic Books, Inc., 1982).

periodization of addiction treatment and recovery movements that, although not intended to present a gendered history, highlights the absence of treatment for women.⁴⁴

White viewed the modern alcoholism movement, roughly placed between the years of 1930 and 1955, as a multi-faceted movement that sought to produce a dramatic change in how the nation perceived alcoholism and the alcoholic. Although he asserted that the movement dramatically changed public perceptions of people with alcohol disorders, he concedes that the concept of alcoholism as disease only partially convinced the American public of the efficacy of treatment. According to White, the alcoholic, a person widely accepted and understood in observation if not experience, suffered a loss of public confidence placed within an alcoholism and addiction “industry” that became highly professionalized, increasingly secularized, and dependent on third-party payers. White asserted the 1990s witnessed a fierce political, economic, and ideological backlash during which ground gained in the mid-twentieth century alcoholism movement was lost in de-medicalization, re-stigmatization, and re-criminalization of alcoholism and addiction, an historical trend White lamented while he acknowledged its inevitability.⁴⁵

Considering the Concept of “Deservingness” in Patient Care

Sociologist Laura Praglin investigated nineteenth century social work in two community hospitals in Boston within “the contexts of progressivism, professionalization, immigration, and ethnic identity.”⁴⁶ She investigated hospital social

⁴⁴ William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington, IL: Chestnut Health Systems, Lighthouse Institute, 1998).

⁴⁵ William L. White, *Slaying the Dragon*.

⁴⁶ Laura J. Praglin, “Ida Cannon, Ethel Cohen, and Early Medical Social Work in Boston: The Foundations of a Model of Culturally Competent Social Service,” *Social Service Review*, 81, No. 1 (March 2007), 27 - 45.

services delivered to a largely Jewish, immigrant population. Praglin contended that social casework gained early recognition as a means of distinguishing the deserving from the undeserving poor, eliminating “undeserving” patients from hospital care. Therefore, social workers rarely provided in-hospital services, although hospital social workers did practice in the Boston area. Her work proposed that Ida Cohen’s casework in the early hospital wards of Boston’s Massachusetts General and Beth Israel Hospitals “provides an early model of culturally competent social work practice” that approached the immigrants as deserving patients.⁴⁷

Historian Charles Rosenberg also looks at the history of patient care in newly forming hospitals in America. He contended that “worthiness” often distinguished patients defined as “truly sick” from the “dependent poor” to determine who received medical care. Rosenberg asserted that worthiness did not determine patient admission to the hospital, but it did determine the type of care hospitals provided to the patient, medical or custodial, and the ward the patient occupied. Nineteenth-century hospitals often acted as surrogate social service agencies, resembling earlier almshouses in an environment that lacked a formal public welfare structure. Rosenberg concluded that the early hospital provided a safety net for the urban poor.⁴⁸

In investigating the twentieth century U.S. welfare state, historians Nancy Fraser and Linda Gordon employ *dependency* as a “keyword of U.S. politics.” The word *dependency*, like *deserving*, more often applied in relationship to welfare or social

⁴⁷ Laura J. Praglin, “Ida Cannon, Ethel Cohen, and Early Medical Social Work, 27.

⁴⁸ Charles E. Rosenberg, “From Almshouse to Hospital: The Shaping of Philadelphia General Hospital,” *Milbank Memorial Fund Quarterly/Health and Society*, 60:1, 1982, 108-154.

services became intertwined with medical care as hospitals transitioned from almshouse to public health institutions to medical centers. In historical transformation, dependency went from a normal state of co-existence (a non-economical state of coexistence) to an economic meaning easily transformed into a defect of moral character with psychological meaning. The “dependent,” according to Fraser and Gordon, became psychological deviants within modern concepts dependent on psychology and the workings of individual personality and American individualism.⁴⁹ Certainly as alcoholism science developed in the mid-twentieth century, it is no accident that excessive use became commonly thought of, and medicalized as being “dependent” on alcohol, and by association, people with the condition, less deserving of care.

Gordon elaborated on the concept of dependency and individualism investigating single mothers and public aid. Consistent with definitions in the genealogy, dependency became highly gendered in the Great Depression as poverty overwhelmed the nation. Women with children seen as dependent on aid and eliminated from work relief programs, appeared more deserving of welfare assistance, thus received social benefits. Although monetary aid was inadequate, mothers fared far better than single women lumped into the unemployed and seldom received either aid or work with prevailing “masculinist view of useful labor.”⁵⁰

Public health scholar Dan E. Beauchamp, views public health as a neglected tradition bound to the value of individualism in the constant reminder embodied in the

⁴⁹ Nancy Fraser and Linda Gordon, “A Genealogy of Dependency: Tracing a Keyword of the U.S. Welfare State,” *Signs*, vol. 19, no .2, (Winter 1994): 309-336.

⁵⁰ Linda Gordon, *Pitied but not Entitled: Single Mothers and the History of Welfare* (Cambridge, MA: The Harvard University Press, 1994), 192-193.

word “public” that we are a “community and a body politic.”⁵¹ He looks at public policy transitions in health as reflective of movements away from reminders that we share commitments to one another in social living as our cultural belief in individual rights waxes and wanes. Viewed as a “practical” science, the authority of public health diminished in the technological expansion of biomedicine, making it appear that health itself is individual, as if there were no common good. Beauchamp looks at public health as neglected because of its constant reminder that personal health is interdependent with the health of others.

Modern concepts of health and health care do ignore public health, at least in the commonly understood conceptions of medicine. Mann did not consider *only* the health of individual patients in her work she also considered the health of the public. Mann thought an informed public, a public acceptance that people with alcoholism can recover, and a safety net system of care for people with alcoholism, acted together to improve the health of the public and assure individual recovery. As medicine increasingly came to define health as “seated” within the individual patient, the concept of public health lost the social and cultural meaning that Mann imbued within her message. Although, individual patient care in the twentieth century was not devoid of underlying, sometimes quite evident, patterns that made some individuals appear more deserving of care than others.

While the concept of deservingness in patient care is not common, the phrase appeared in a recent study within the sociology of medicine that investigated factors in

⁵¹ Dan E. Beauchamp, “Community: The Neglected Tradition of Public Health,” Presentation to the Hastings Center’s project on Health Promotion: Ethical and Social Dilemmas of Current Policy, National Center for Health Services Research, *Hastings Center Report* (December 1985), 28-36.

determining the prescription of pain relievers. The authors investigated whether the way in which a patient was injured or the neighborhood where the injury occurred influenced the decision to prescribe pain medication. Patients prescribed pain medication operationally defined the deserving patient. The study found that patients injured while committing a crime or engaging in antisocial behavior less often received pharmaceutical pain management than patients who suffered an accident within the home. The study also found that hospital emergency rooms in more affluent areas prescribed pain medication for injury more often than hospitals in less affluent areas. The results indicated that the deserving patient abided by the law, followed community norms, and more often than not lived in an affluent area.⁵²

Betancourt, Green, and Carrillo review how notions of cultural competency in modern medical practice have changed over time. Cultural competency is an aspect of medical care that implies deservingness of a diverse patient population. Early provision of culturally competent medical practice provided services to patients in their native language assuring effective communication. Later proponents of competency recognized the importance of extending services beyond the simple use of native languages in assuring understanding, and defined cultural competency as

...the ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.⁵³

⁵² Susan W. Hinze, Noah J. Webster, Heidi T. Chirayath, and Joshua H. Tomayo-Sarver, "Hurt Running from the Police? No Chance of (Pain) Relief: The Social Construction of Deserving Patients in Emergency Departments," *Journal Sociology of Health Care*, 27 (2009): 234-261.

⁵³ Joseph R. Betancourt, Alexander R. Green, and J. Emilio Carrillo *Cultural Competence In Health Care: Emerging Frameworks And Practical Approaches*, Field Report, *The Commonwealth Fund* (October 2002), 1-30, 3.

These definitions attend to cultural competency as a “quality factor” focused on the importance of mutual understanding and respect between the patient and the medical provider. The authors contend the “health care cost crisis” in the late twentieth century reframed definitions of cultural competency in medical practice within a business framework, where “experts...describe cultural competence both as a vehicle to increase access to quality care for all patient populations and as a business strategy to attract new patients and market share.”⁵⁴

⁵⁴ Joseph R. Betancourt, Alexander R. Green, and J. Emilio Carrillo *Cultural Competence*, 3.

Chapter Three Mann's Life up to Recovery, 1904 – 1939

Margaret Mann's parents, Lillian and William Mann, shared a daily ritual of the cocktail hour at their Chicago home, a common event in the early nineteen hundreds within up-and-coming middle-class families.¹ Lillian Mann rarely, if ever, drank more than two cocktails,² although her husband, a prospering businessperson, drank heavily and had a penchant for gambling – a combination of habits that resulted in the collapse of the Mann family fortune just prior to the market crash in 1929.³

There is no evidence that William Mann abused his wife or children, that he abandoned them to drink, or that he refused his family anything, as the temperance reformers said happened in “those types of homes” when alcohol took control of husbands.⁴ The most telling tale of William Mann's intemperance occurred when his employer, and close friend, appealed to him to stop drinking. William Mann met his employer's appeal with an abrupt resignation. In less than three years, the family went from wealth to poverty, an event that shaped Margaret Mann's future by assisting her in being able to see the alcoholic differently than the drunkard and in looking for healing outside of medicine.⁵

¹ Sally Brown and David R. Brown, *A Biography of Mrs. Marty Mann: The First Lady of Alcoholics Anonymous* (Center City, MN: Hazelden Information & Educational Services, 2001), 40-43; Catherine Gilbert Murdock, *Domesticating Drink: Women, Men, and Alcohol in America, 1870-1940* (Baltimore: Johns Hopkins University Press, 1988), 26, 107.

² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 39.

³ *Ibid.*, 67.

⁴ Catherine Gilbert Murdock, *Domesticating Drink*, 69.

⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 56.

Margaret Mann, the oldest of five children, began drinking in her teen years⁶ and by self-report drank heavily from her late teens until her mid-thirties. Significantly, for most of that time, she did not realize or believe that her drinking was problematic.⁷ Reared in a middle-class home, Mann only heard whispered conversations about excessive drinking, a topic never discussed with children. To Mann, excessive drinking was visible only on the streets in certain parts of Chicago where unkempt, drunken men begged for money. As a child, Mann never connected alcohol use in her own home to events that lead up to her own life on the street; she believed these men chose their life, a belief shared by her elders.⁸

Mann's childhood appeared idyllic until at age fourteen, stricken with tuberculosis, she spent two years in medical care at Barlow Sanitarium. Quarantine in the hospital, standard practice in care for consumption, took her out of circulation and away from her peers at an important juncture of her life.⁹ After she survived the disease, Mann developed a faith in medicine and in the ability of the physician to heal, a faith later challenged as she struggled to find answers for what she thought certainly, was insanity.¹⁰

Mann spent her early years as an adult in a short but successful journalism career, which she began while she was in Europe to escape the pending economic downfall facing the United States. Her brief journalism career ended when her drinking spiraled

⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 35.

⁷ *Ibid.*, 75-76.

⁸ *Ibid.*, 45.

⁹ *Ibid.*, 36

¹⁰ *Ibid.*, 88-90.

out of control in the early 1930s.¹¹ Drinking uncontrollably and totally bereft of funds, Mann returned to her family although she knew they could not help her financially. Mann returned to the United States believing psychiatry might be the answer – not thinking that access to medical care and money went hand in hand.¹²

Back in New York City, the Great Depression struck everyone. Her family in dire economic straits, little help available to impoverished women, and no medical authority to replace nineteenth century views of inebriety, Mann wandered from psychiatrist to psychiatrist but found no answers. She lived from friend to friend, and later on the streets amongst the drunken, impoverished, “bums” that disgusted her in her earlier life.¹³ Mann’s life seemed out of her control, void of human feeling, until she received charitable care at Bellevue Hospital and Blythewood Sanitarium. Mann finally found the answer psychiatrists could not in an emerging disease called alcoholism¹⁴ and a newly formed fellowship later named Alcoholics Anonymous (A.A.).¹⁵

An Emblematic Life

Mann’s father, William Mann, was born into a prominent family in Marinette, Wisconsin, graduated from the University of Wisconsin, and later served on the University’s Board of Trustees. His father, Horace Edwin Mann, was a physician in Marinette who married Flora Ann Tracey and began a novel medical practice in the first known industry-based hospital that cared for employees. Mann did not know her paternal

¹¹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 77.

¹² *Ibid.*, 87-88.

¹³ *Ibid.*, 88-89.

¹⁴ *Ibid.*, 105.

¹⁵ *Ibid.*, 104.

grandparents well; her Grandfather Mann died when she was eleven, although she always remembered the philosophy he applied to his work: “If you are going to care for people, you have to care.”¹⁶

Dr. Mann’s hospital medical fund, financed by the Peshtigo Company and their employees, resembled the modern health maintenance organization. It was an innovative and successful idea for Dr. Mann and his partners and “doctor-patient” “employer-employee” relationships, although it did not become popular as a model of health care delivery until the health care cost crisis in the late twentieth century.¹⁷

Dr. Mann developed his plan because of his concern about the seriousness of injury that plagued the lumber industry. He believed the Peshtigo Company made the best supporting partner for his practice with a stake in the health of their workforce. Margaret Mann’s later emphasis on workplace programs formed a relationship to her grandfather’s work as well as the failed workplace intervention of her father, events that perhaps encouraged her interest in promoting professional Employee Assistance Programs (EAP).¹⁸

William Mann married Lillian Christy in November of 1903, and Margaret, their first child, called “Marty,” was born October 15, 1904. Lillian Mann gave birth to her first child at her own mother’s home, a common practice among women of Lillian

¹⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 14-15.

¹⁷ Paul Starr, *The Social Transformation of American Medicine* (New York, NY: Basic Books, Inc., Publishers, 1982), 379-405.

¹⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 300-301.

Mann's social standing, and named her first daughter after her mother.¹⁹ The Mann family lived in an upscale neighborhood of Chicago, on Magnolia Avenue in Sheridan Park on Chicago's North Side. Lillian Mann's parents, Margaret Deming Christy and Robert Curtis Christy, also lived in Sheridan Park close to their daughter, an only child.²⁰

Margaret Mann enjoyed a close childhood relationship with her maternal grandparents spending nearly as much time at their home as she did at her own. She was the oldest Mann child by six years, and likely formed her relationship with her grandparents in early childhood and carried it forward into her adult life. The Christy and the Mann families seldom lived far from each other. The year Mann began her primary education at the Chicago Latin School for Girls, both families moved to Chicago's Kenmore Avenue near Lake Drive in the Lake View neighborhood.²¹

Mann also developed close relationships with her siblings. The second child, Christine Mann, was born two years after Margaret Mann and died shortly after she was born, widening the age gap between Mann and her siblings. A third daughter, Lillian Christy Mann, called "Chris," was born four years later. Fraternal twins, William Henry Mann and Mary Elizabeth Mann, fourteen years younger than Margaret Mann, completed the family.²²

¹⁹ Susan Reverby, "Neither for the Drawing Room nor for the Kitchen': Private Duty Nursing in Boston, 1873-1920" in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, rev. ed., eds. Judith Walzer-Leavitt and Ronald L. Numbers (Madison, WI: University of Wisconsin Press, 1997), 253-265.

²⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 16.

²¹ *Ibid.* 15-17.

²² *Ibid.*, 16.

As a child and young adult, Mann traveled extensively with her family, went to private boarding school, completed finishing school in Europe, and entered Chicago society as a debutante in 1925.²³ The gap in age made Mann's teenage years and young adulthood quite a different experience for her than for her siblings. Margaret Mann never wanted for anything, a different circumstance than her siblings experienced during the Great Depression. Although it would be incorrect to assume that she spent more time with her parents than her siblings, the Mann family followed tradition in child rearing practices, each of the children had a full time nanny who cared for them.²⁴

William Mann's bankruptcy in 1929 highlighted the difference between Mann's family life and that of her siblings. Margaret Mann never experienced an unprivileged day in her family home while her younger siblings did. This difference created an awkward relationship between the siblings, but did not break the family bond. Mary Elizabeth resented her older sister's absence and given the change in financial circumstance, Mann's independence likely appeared as abandonment to all her siblings. Throughout her life, however, Mann was sure to assist her family financially whenever possible although she never generated enough income to provide full support.²⁵

During the time Mann lived at home in Chicago, her father worked in merchandising and quickly earned a reputation as someone with acuity; a man well respected in the Chicago business community.²⁶ In 1911, William Mann began a career at the Chicago-based Marshall Field department store, where he was responsible for

²³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 53-55.

²⁴ *Ibid.*, 17.

²⁵ *Ibid.*, 70-71.

²⁶ *Ibid.*, 20-21.

operations among the fourteen textile mills owned by the store in Virginia and North Carolina. He was among many middle class businesspersons to do well in America's growing and changing early twentieth-century economy, although he by no means began as a pauper or attained status among the wealthiest.²⁷ While employed at Marshall Field, William Mann reportedly received at least one annual bonus of \$100,000, equivalent to one million dollars in the year 2000.²⁸ Mann enjoyed the finery that her father's career afforded the family, a characteristic she maintained in adulthood where she developed a penchant for fine clothes and furs and garnered a reputation as a woman of refinement in dress, even during hard economic times.²⁹

William Mann's success at Marshall Field reflected his determination and drive, qualities shared by his daughter. He amassed a considerable fortune in his career, alleged to surpass his father-in-law, a wealthy Chicago furrier, in net worth.³⁰ The Mann family enjoyed an upscale life in Chicago, which included amenities such as domestic staff, automobiles, chauffeurs, nannies, and a second home for ranch vacations in New Mexico. The family traveled often, both within the United States and in Europe, which was common among the growing and prospering middle class. William Mann, by all accounts, loved his family and provided well for them for many years, although he also loved to drink and gamble – a combination that eventually landed the family in severe financial trouble. They went bankrupt just before the 1929 market crash occurred and

²⁷ Matthew Josephson, *The Robber Barons: The Classic Account of the Influential Capitalists Who Transformed America's Future* (New York, NY: Harcourt, Inc., 1934).

²⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 56.

²⁹ *Ibid.*, 112, 241-242.

³⁰ *Ibid.*, 16, 22.

would have been penniless without William Mann's investments and Lillian Mann's nest egg.³¹

A heavy drinker and undisciplined gambler, William Mann resigned his position at Marshall Field in 1926, when his immediate supervisor, James Simpson, expressed concern about his habits. Lillian Mann, a devoted wife and mother, allegedly never spoke of her husband's drinking habits to protect her home and children; as a result, Margaret Mann remained unaware of the problem until she was well into her own recovery.³² William Mann refused to discuss his lifestyle, something he considered private and unrelated to his work, even though he and Simpson had developed a close relationship over the years. He maintained the family quite well on financial investments following his resignation, but the investments did not last, likely aided by his continuing to drink and gamble.³³

William Mann's resignation may have looked as though it occurred abruptly but it is doubtful that only one discussion of "the problem" occurred. He held his position at Marshall Field for fifteen years, established a solid relationship with his immediate supervisor, and gained recognition for his work in salary increases and bonuses.³⁴ There is no evidence of an ongoing discussion about gambling or drinking between Mann and Simpson, although it is likely that Simpson approached the subject on more than one occasion as he and Mann developed a friendship over the years. Mann's resignation

³¹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 67.

³² *Ibid.*, 45.

³³ *Ibid.*, 56-58.

³⁴ *Ibid.*, 56.

appeared self-directed, although it likely felt like an ultimatum to Mann. Mann did not intend to change his drinking and gambling habits and instead, defended them – a telltale sign in the post-WWII years that his alcohol use had crossed the line between heavy drinking and alcoholism.³⁵

William Mann's lifestyle possibly had more ill effects on his family than documented records disclose, although the financial consequences of his cavalier attitude toward money and alcohol use took a great and well-documented toll. His father-in-law, Robert Christy, fortuitously established a trust in his daughter's name only sometime after she married. When William Mann's money ran out, he asked his wife for her money as a chance to build a business. Holding out as long as she could, Lillian Mann finally granted her husband access to the trust in 1931.³⁶ William Mann invested his wife's inheritance in a mining venture that failed, never recouped the loss, denied that his behavior caused the loss, and never regained the family's social or financial standing.³⁷

The Mann family experienced serious challenges well before William Mann resigned his lucrative position at Marshall Field. In 1918, Lillian Mann faced breast cancer and survived a successful mastectomy a short time after giving birth to the twins only to find out that fourteen year-old Margaret had tuberculosis.³⁸ Lillian, exhausted and still recovering from childbirth and her own illness, sent her oldest daughter along

³⁵ Marty Mann, *New Primer*, 33.

³⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 67-68.

³⁷ *Ibid.*, 70.

³⁸ *Ibid.*, 27.

with a private nurse to the Barlow Sanitarium in Pasadena, California.³⁹ The family moved to Pasadena a short time later. Mann's biography did not indicate if anyone referred the family to the sanitarium, although they may have previously vacationed nearby and knew of Barlow from their visits. Located just outside of Los Angeles, the community surrounding the sanitarium formed a well-known respite for many prominent Chicagoans.⁴⁰

The Barlow Sanitarium opened in 1903 as a charity organization committed to serving local, impoverished patients with tuberculosis, although by 1918 the sanitarium had opened its doors to privately paying patients as well.⁴¹ Mann took up residence with her private nurse in one of the small bungalows constructed on the grounds, a residence separate from the larger cottages that housed other consumptives. Worried about her age and the severity of her illness, Dr. Barlow, who rarely treated patients at the sanitarium, attended to Mann's care.⁴²

The cottages, built to assure adequate access to fresh air, also controlled contagion and maximized the quiet that physicians prescribed, knowing little else to do to aid the patient.⁴³ The year Mann arrived, most patients at Barlow were American soldiers stricken with tuberculosis, and they escaped the worst of the flu pandemic that year,

³⁹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 29.

⁴⁰ *Ibid.*, 34-35.

⁴¹ Jim Dobbs and Jennifer Schroeder, *Barlow Hospital: Historic and Architectural Significance Report* (Los Angeles: University of California Los Angeles Graduate School of Architecture and Urban Planning), http://www.laparks.org/dos/parks/elysianPK/pdf/1992_UCLA/ElysianPK_UCLA_Intro.pdf, (accessed August 12, 2012). Also see Emily K. Abel, *Tuberculosis and the Politics of Exclusion: a History of Public Health and Migration to Los Angeles* (New Brunswick: Rutgers University Press, 2007).

⁴² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 30.

⁴³ Mary Ellen Stolder, "Consumptive Citadel: The Crusade against Tuberculosis in Eau Claire County, 1903-1917," *The Wisconsin Magazine of History* 77, no. 4 (1994): 264-294, 281.

which killed 50 million people worldwide. Only one patient at the sanitarium died from influenza, likely due to the small, isolated cottages and the extra steps taken at Barlow to keep the cottages sanitized.⁴⁴

In 1882, bacteriologist Robert Koch discovered the bacteria responsible for most cases of tuberculosis, although no cure or specific treatment other than assuring sanitary conditions, rest, and fresh air existed in 1918.⁴⁵ Imposed like an antidote for the city, fresh air and rest appeared as curatives throughout medical practice during this period. Care for tuberculosis was no exception.⁴⁶ Large asylums that emerged in the nineteenth century for restorative care increasingly replaced by the tranquil sanatoria, reflected change brought about in the face of a growing scandal about conditions of institutional care and poor records of health improvement, along with questions about fiscal management of the monstrous facilities.⁴⁷

Highly stigmatized, most believed tuberculosis a disease of the poor, not one that affected families like the Manns.⁴⁸ The American middle class, certain that illnesses such as tuberculosis resulted from the crowding, unsanitary living, and unseemly lifestyles of

⁴⁴ Regional History from the National Archives, "Title of Article," Organization that Sponsors Website, <http://www.archives.gov/exhibits/influenza-epidemic/> (accessed November 15, 2011).; Sally Brown and David R. Brown, *Mrs. Marty Mann*, 31.

⁴⁵ Mary Ellen Stolder, "Consumptive Citadel," 264-294.

⁴⁶ John Harley Warner, "From Specificity to Universalism in Medical Therapeutics: Transformation in the 19th-Century United States" in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, rev. ed., eds. Judith Walzer-Leavitt and Ronald L. Numbers (Madison, WI: University of Wisconsin Press, 1997), 87-101.

⁴⁷ John R. Sutton, "The Political Economy of Madness: The Expansion of the Asylum in Progressive America," *American Sociological Review* 56 (October 1991): 665-678.

⁴⁸ Howard Markel and Alexandra Minna Stern, "The Foreignness of Germs: The Persistent Association of Immigrants and Disease in American Society," *The Milbank Quarterly* 80, no. 4 (2002): 757-788.

newly arriving immigrants, responded with massive efforts to reform the city and introducing new models of governance, sanitation, and public health care. These changes eventually improved city life, but did not alter the Mann family's situation.⁴⁹

It was fortunate for Mann that her family could afford a private nurse to travel to the climate deemed necessary for her care. There were no guarantees without a known cure for tuberculosis; wealth and prominent social standing did not promise a return to good health under the best of circumstances.⁵⁰ Home health care still prevailed among the wealthy, but tuberculosis threatened to infect the entire family, which the Manns wanted to avoid with newborn twins and Lillian Mann recouping from cancer surgery.⁵¹

In adulthood, Mann transformed her experience of tuberculosis into a lesson on the importance of health education. She believed an informed patient made better health choices and often reflected on her nearly three years as a patient at the sanitarium in forming her work on educating the patient and the public on alcoholism. When Mann left Chicago for the sanitarium, she did not know she had tuberculosis. Her parents chose not to inform Mann about her condition for fear it might frighten her. At Barlow, her doctor educated her about the disease in hope that she would follow his directives; long periods of rest and quiet did not appeal to Mann at fourteen.⁵² Recounting her treatment for

⁴⁹ Judith Walzer Leavitt, "The Healthiest City: Milwaukee and the Politics of Health Reform" (Princeton: Princeton University Press, 1982); Howard M. Leichter, "'Evil Habits' and 'Personal Choices': Assigning Responsibility for Health in the 20th Century," *The Milbank Quarterly*, 81, no. 4 (2003): 603-626.

⁵⁰ Mary Ellen Stolder, "Consumptive Citadel" 281.

⁵¹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 28-29.

⁵² *Ibid.*, 31.

tuberculosis, she informed an audience at the National Tuberculosis Association in 1961 that

There is no illness on the face of this earth from which the patient can recover if that patient either does not want to recover or will not do anything about it themselves. Ask your medical friends...It is not just the doctor who treats, and the Lord who saves. It is also the patient...In my case I didn't know what I was fighting...But when I was told, when I was informed, when I was given the opportunity...to make my own decision, I made it. And, I made it on the side of life.⁵³

Tuberculosis carried with it a tremendous social stigma associated with a lifestyle thought typical only of the "lower classes," and early twentieth century remedies looked to public health and improved sanitation just as they had in the preceding century.⁵⁴ Quarantine, rest, and fresh air offered the best known line of attack but combined with the social stigma already associated with tuberculosis, this approach isolated patients and reinforced the idea that somehow the afflicted caused the disorder, as if those affected brought in on themselves.⁵⁵

The Mann family moved to Pasadena to be with their daughter, but also in part to avoid questions regarding her absence, embarrassed by the fact that their middle class daughter contracted tuberculosis.⁵⁶ By the time they arrived, her condition was serious,

⁵³ Marty Mann, "Keynote Address," 57th Annual Meeting of the National Council on Alcoholism, National Tuberculosis Association, Cincinnati, Ohio, 22 May 1961 in *Mrs. Marty Mann*, Sally Brown and David R. Brown, 31-32.

⁵⁴ Judith Walzer Leavitt, "The Healthiest City"; Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago, IL: The University of Chicago Press, 1987).

⁵⁵ Howard M. Leichter, "'Evil Habits' and 'Personal Choices,'" 603-626.

⁵⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 29.

described as “moderately advanced, with both lungs affected.”⁵⁷ Mann had a toe amputated due to complications, which affected her balance in later life but it did not hamper her recovery. The Mann family lived in California for two years while their daughter received care at Barlow, and although she eventually regained her health, not everyone Mann knew who suffered tuberculosis survived.⁵⁸

In 1961, Mann addressed the National Tuberculosis Society and told the story of Catherine, “a little girl who lived next door...with whom I played quite a lot, and whose family were friends of my family.” Catherine came down with tuberculosis at the same time as Mann. According to Mann, “her family was as ashamed and disgraced as mine, although instead of sending her away [for care], they kept her at home. They hid her, and she died. All my life I have felt that stigma killed Catherine.”⁵⁹

Mann’s experience with tuberculosis was the first time she came face-to-face with stigma associated with disease and the prejudice that surrounded the afflicted. Her family apparently did not want her illness talked about – a concern not stated aloud, which confused Mann. Her parents seemed ashamed of *her* for having tuberculosis, a thought that to a teenager likely seemed perplexing, although Mann abided by their wishes and self imposed a “no talk” rule she later discovered also applied to alcoholism, one she resolved to change.⁶⁰

⁵⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 30.

⁵⁸ *Ibid.*, 31-33.

⁵⁹ Keynote Address in Sally Brown and David R. Brown, *Mrs. Marty Mann*, 31-32.

⁶⁰ Marty Mann, *New Primer*, 196-197.

Mann, released from Barlow Sanitarium in 1920, returned to Chicago with her family temporarily before she returned to Pasadena in 1921 to complete her sophomore year of high school at the Santa Barbara Girls' School.⁶¹ The next school year, Mann entered Montemare School in Lake Placid, New York and graduated in 1924 at the age of twenty.⁶² Although Mann graduated without academic problems, she later related that she did not recoup the social skills her classmates gained in growing up with peers. Two years older than her classmates, Mann remembered her youth as a time of feeling intensely alone, misplaced, and terrified more than the awkwardness and social fear most adolescents experience. Mann recalled wearing a mask of bravado that others found believable, but she never felt comfortable with her peers and quickly discovered that alcohol helped quiet her discomfort.⁶³

When Mann graduated from Montemare, she returned to her family home in Chicago.⁶⁴ Although Prohibition was in force, alcohol remained plentiful within the Mann home and the social circles within which she traveled, reflecting differences in how National Prohibition affected drinking between the classes. The early decades of the twentieth century also brought a great deal more attention to women's alcohol use, a time many believed women's drinking was on the rise.⁶⁵ William Mann reportedly "stocked-up" before the 18th Amendment went into force, filling his wine cellar and Mann, like

⁶¹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 36-37.

⁶² *Ibid.*, 50.

⁶³ *Ibid.*, 48.

⁶⁴ *Ibid.*, 50.

⁶⁵ Catherine Gilbert Murdock, *Domesticating Drink*, 110.

other youth of her social class, had permission to drink alcohol at home from the age of seventeen, although the exact date of her first drink is unknown.⁶⁶

Mann attended Miss Nixon's School in Florence, Italy following her high school graduation and boarded ship in August of 1924. Finishing school signaled the end of childhood for wealthy young women and prepared them for their adult role as "refined" young women with a well-rounded liberal and social education. There was an expectation that young women would pursue an independent life, perhaps a career, before marriage, an expectation that grew within Progressive-era feminism, a movement distinguished from the "woman movement" in the late nineteenth century that Nancy Cott defined as representing "the unity of the female sex."⁶⁷ Progressive-era "Feminism," capitalized during the era, presented a very different movement, an ideology that "presupposed a set of principles not necessarily belonging to every woman – nor limited to women."⁶⁸

Mann gained independence and maturity during her education abroad and embraced the culture of Italy, especially its language and arts. Already conversant in French from her days at Montemare, she studied Italian while at Miss Nixon's, and gathered from the language nuances of the culture her native English could not reveal.⁶⁹ Reportedly, Mann also enjoyed the wines of Italy and perhaps drank quite liberally

⁶⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 39.

⁶⁷ Nancy Cott, *The Grounding of Modern Feminism*, (New Haven: Yale University Press, 1987), 3.

⁶⁸ Ibid.

⁶⁹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 37, 52.

abroad, although her use of alcohol did not yet concern her, as it appeared controlled, normal.⁷⁰

In 1925, Mann returned home and entered her debutante year. Debut presented young women to the public and to available young men of the same social standing. The social engagements that accompanied Mann's year of debut offered plenty of occasions for drink, common even during Prohibition, and Mann and her friends reportedly drank quite liberally. She and her friends often entertained themselves at speakeasies, another common occurrence among upper-class youth.⁷¹

As an adult, Mann spoke of her ability to "handle" her liquor and often told the story of an occasion on which several male attendees at a party placed a \$5,000 bet on her ability to out-drink another female partygoer.⁷²

There was apparently some boasting about my capacity between the men...and a wager of five thousand dollars placed at the party...at a great big home on Lake Drive. We drank French 75 highballs...gin and champagne. Gin at that time was made in the bathtub but the champagne was fantastic. Gladys and I, and the three judges went out for breakfast. It was a draw. We drank from six in the evening to five in the morning.⁷³

In later years, Mann and others referred to the ability to consume large quantities of alcohol without apparent negative effect as an early warning sign of alcoholism.⁷⁴

⁷⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 52.

⁷¹ *Ibid.*, 48.

⁷² *Ibid.*, 49 – 50.

⁷³ Marty Mann, "Marty Mann Tells Her Story" (lecture, Arkansas State Convention, Little Rock, AR August 1, 1965).

⁷⁴ Marty Mann, *New Primer*, 25.

In 1926, Mann attended the wedding of a high school classmate in New Orleans where she met John Blakemore, who she later married in an elopement not approved by her family. Her family did not know Blakemore, and for unknown reasons immediately disapproved of him even though Blakemore came from within the same social standing as Mann as the son of a prominent and wealthy New Orleans family.⁷⁵

Upon returning from her schoolmate's wedding, Mann joined the Chicago Junior League, out of social obligation more than desire, where she participated in raising funds to support the Actor's Fund – a cause no doubt appealing to her penchant to side with the underdog.⁷⁶ The Fund developed after the assassination of President Lincoln at Ford Theater, an event that so tarnished the already less than lustrous reputation of actors in public theater that were even “denied charity from most institutions, including many religious organizations. It was not unusual for them to be refused a decent burial.”⁷⁷ Participating in a theater production in support of the Actors' Fund attracted Mann, and mixing her appreciation of the arts with a cause enhanced her attraction to participate in the production. Her performance in the Junior League event appeared in the *Chicago Tribune* social section, featuring a picture of Mann as “one of the girls” scheduled to appear on stage.⁷⁸ Mann struggled with feeling as if she did not fit in, but as “one of the

⁷⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 55-56.

⁷⁶ *Ibid.*, 25.

⁷⁷ “History of the Actor's Fund,” The Actors Fund, <http://www.actorsfund.org/about/history> (accessed November 19, 2011).

⁷⁸ “Benefit Aid,” *Chicago Daily Tribune (1923-1963)*, March 26, 1926. Retrieved from <https://ezproxy.lib.uwm.edu/login?url=http://search.proquest.com/docview/180721872?accountid=15078>.

girls” Mann felt included. The event initiated a passion for theater arts, although as an audience member, not as an actor.⁷⁹

In 1926, following his resignation from Marshall Field, William Mann arranged for a family tour through Europe with his two oldest daughters accompanying them and the younger twins remaining at home. The trip to Europe had interesting ties to several events in the Mann family, perhaps including William Mann’s prospecting for a business deal to avoid questions about his sudden resignation. The trip also included a visit to Miss Nixon’s school for Mann’s sister, Chris, and as Mann’s biographers report, the trip extended the need for William Mann to take action on his daughter’s sudden interest in marriage to John Blakemore.⁸⁰

Upon the family’s return, Mann left for New Orleans and secretly married Blakemore in Gretna, Louisiana in March of 1927. After news of the wedding reached friends and family, the Manns placed a small announcement in the *Chicago Tribune* reportedly with no picture and no detail. In spite of the fact that a New Orleans church wedding later occurred that both families attended, the entire event proved a scandal.⁸¹

After three months, Mann left the marriage and although her family welcomed her back without prejudice, she felt awkward returning to her Chicago home to sit out a divorce from a marriage her parents did not approve. Moreover, diagnosed with a second bout of tuberculosis, she could not bring the deadly disease to their home and decided to recuperate at the family ranch in New Mexico. Serving as both a refuge and a respite,

⁷⁹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 48, 56.

⁸⁰ *Ibid.*, 58.

⁸¹ *Ibid.*, 59.

Mann lived at the New Mexico ranch waiting for her divorce to enter the court while she rested and recouped from her disease in familiar surroundings.⁸²

In June of 1928, the Blakemore divorce appeared on the court calendar and the entire Mann family congregated at the New Mexico ranch for support, comforting Mann at what must have been a very difficult and humbling time.⁸³ At the proceeding, Mann requested permission from the court to resume use of her maiden name, a request granted by the presiding judge although divorce in 1928 rarely involved resuming one's maiden name. The purpose behind Mann resuming her maiden name and the use of "Mrs." with her resumed maiden name is unknown, as is the exact time Mann identified herself as "Mrs. Marty Mann,"⁸⁴ the name she used throughout her career. Mann kept tight reigns on her personal life. Although she shared the fact that she was divorced, she never publicly shared the reason for her name change.⁸⁵

Mann's later identification as lesbian comes into question in relation to her marriage and divorce although her biographers believe it likely that she had not yet "identified" her sexual orientation, suggesting instead a growing awareness that she did not fully accept or understand.⁸⁶ At the time of the divorce, and in telling her narrative of recovery, Mann blamed the failed marriage on drinking. Mann and Blakemore drank together during the marriage, frequently and to excess, although Mann did not experience

⁸² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 60.

⁸³ *Ibid.*, 62.

⁸⁴ *Ibid.*, 60.

⁸⁵ *Ibid.*

⁸⁶ *Ibid.*, 66-67.

the change of personality her husband did when he drank. Blakemore reportedly drank uncontrollably, switched moods seemingly without cause, and forgot what happened during bouts of heavy drinking, behavior Mann found intolerable in very short time. Mann, raised in an era in which inebriety was a problem among men, never thought she might cross that line, although she knew that Blakemore surely had.⁸⁷

The Mann family returned to Chicago following the divorce, now living at the Belden Stratford Hotel in three separate apartments: one for William and Lillian Mann, a second for Chris Mann, and a third shared by the younger twins.⁸⁸ Mann moved in with Chris, who was planning to leave soon for Italy to attend at Miss Nixon's Finishing School. Chris never attended the prestigious school. Diagnosed with polio likely picked up from tainted water at the New Mexico ranch, Chris spent the next six months as a patient in the Los Angeles Orthopedic Hospital, her mother and the twins moving once again to Pasadena, this time to be at Chris's bedside. Remarkably, almost miraculously at the time, Chris recovered from the then-deadly disease with barely a trace of the illness that crippled most victims, if they survived at all, an experience that formed a close bond between Chris Mann and her older sister.⁸⁹

In 1928, following her divorce and recovery from a recurrence of tuberculosis and during her sister's recovery from polio, Mann moved to New York City. Two years later, with the family fortune gone, her father moved the remaining family members from Chicago to a new business venture he assumed mining gold in Libby, Montana. Neither

⁸⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 59-60.

⁸⁸ *Ibid.*, 61.

⁸⁹ *Ibid.*, 62.

Lillian Mann nor the children wanted to leave Chicago, certainly not for Montana, but William Mann won out in the end. Margaret Mann, working in New York for less than a year, could do little to relieve the financial strain on the family and had no way to change her father's mind regarding the move.⁹⁰ Under pressure, Lillian Mann agreed to turn her family inheritance over to her husband to finance his new business venture. Years later when her children asked her why she relented, Lillian Mann told them that she believed she had to give her husband "one last chance."⁹¹

Untenable living conditions greeted the family in Montana. William Mann, along with his oldest son, attempted to build a homestead for the family but the crude cabins they constructed proved unlivable through the harsh Montana winter. A pioneering venture for both men, their construction lacked integrity and when winter arrived, without funds for adding insulation, the plumbing in the small, poorly insulated cabins froze and the spring thaw produced a flood of water that ruined the homestead, making it uninhabitable.⁹²

At that point, William Mann rented a house for the family in Libby and returned to Chicago to search for financial backers. He never found the financial backing he sought and never returned to Montana. Lillian Mann stayed in Libby until her youngest children graduated from high school, left Montana in 1936, and returned to Chicago,

⁹⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 65-69.

⁹¹ *Ibid.*, 70.

⁹² *Ibid.*, 67-69.

although not to her husband. The stay in Montana ended in permanent separation for William and Lillian Mann, although they never legally divorced.⁹³

In New York, Margaret Mann found work in journalism for *International Studio Magazine* and contributed a signature column to *Town and Country*, which enabled her to earn enough money to contribute but not fully support her mother, a responsibility tended to by Mann and her oldest brother, Bill Mann.⁹⁴ New York offered more opportunity and more personal freedom than she felt in her hometown of Chicago; moreover her *Town and Country* column was well read and acclaimed and earned her the respect of colleagues who quickly introduced her to New York City's business and social life.⁹⁵

When Mann acknowledged her sexual orientation is unknown. In New York, she “moved and worked in circles containing many homosexuals,”⁹⁶ although no evidence suggests that Mann entered any serious relationships during this time; perhaps she was cautious following her marriage and divorce. It was rumored that Mann dressed “in tuxedo and...monocle” to pick up chorus girls by limousine at the stage door in New York's theater district. Mann never mentioned any such activity in her correspondence or papers, although historian George Chauncey wrote about New York's well-developed, open gay culture during the Prohibition era, it may not have seemed notable.⁹⁷ While in

⁹³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 70.

⁹⁴ *Ibid.*

⁹⁵ *Ibid.*, 66.

⁹⁶ *Ibid.*, 66-67.

⁹⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 67. Also, see George Chauncey *Gay New York: Gender, Urban Culture, and the Making of the Gay Male World 1890-1940* (New York, NY: Basic Books, 1994) for a discussion of gay culture in New York, specifically Chapter 12, 331-361.

New York, Mann did enter into a brief and intense romantic relationship with Leopold Mannes, musician and Kodak Gold inventor, which ended abruptly for unknown reasons. The two remained close friends until Mannes' death in 1964.⁹⁸

In 1930, Mann moved to London. There she formed a business partnership with Barbara Clay as a photojournalist for *Vogue*, *Harpers*, and *Tattler*. Journalism and public relations suited Mann and she appeared to have an almost innate talent in this area. It required – or appeared to require – a great deal of socializing and Mann became adept at mingling, always accompanied by alcohol. Although her drinking still appeared controlled, Mann gained a reputation as a heavy drinker who knew “how” to drink, meaning that she drank large quantities without appearing intoxicated.⁹⁹ When Mann's drinking attracted comments that made her uncomfortable, she began to drink in secret.¹⁰⁰

Mann's life abroad reflected her acceptance of her sexual orientation and identity more than during her brief stay in New York City. While in Europe, Mann associated with an “intellectual and free spirited” crowd that was largely gay and lesbian, a crowd she considered “fashionable, intellectual, style-setters of the day.”¹⁰¹ She socialized with members of the Bloomsbury Group, a group of Cambridge scholars known for their intellectual pursuits and for their expressions of sexual freedom, a group she identified with and enjoyed despite her lack of the Cambridge connection.¹⁰²

⁹⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 66.

⁹⁹ *Ibid.*, 71.

¹⁰⁰ *Ibid.*, 74.

¹⁰¹ *Ibid.*, 72.

¹⁰² *Ibid.*

Mann entered into a brief relationship with Marion Cairstars, who went by the name of “Joe,” heir to the Standard Oil fortune. Flamboyant and thrill seeking, Cairstars openly flaunted her lesbianism. Well known as a transvestite cross-dresser and heavy drinker, Cairstars lived on a private Caribbean island, piloted racing speedboats for excitement, and loved “wining and dining,” an activity she and Mann shared. Cairstars enjoyed her reputation as a “flamboyant, eccentric lesbian”¹⁰³ while Mann kept a much lower profile. Mann and Cairstars remained close friends for life, although their European encounter never evolved into a serious, intimate relationship. Cairstars more than likely provided significant financial support for Mann’s work with the NCA and visited Mann in New York over the years of their friendship.¹⁰⁴

Although not apparent to Mann at the time, in retrospect, her drinking showed signs of difference before she moved to London. In Europe, she noticed that she not only drank more than most, but she also drank more often and began to experience adverse effects when she drank fellow drinkers did not. It baffled Mann that her drinking companions appeared not to suffer from the same intensity of desire to drink, although most drank heavily. She never thought her craving had anything to do with alcohol. Mann thought she might be losing her sanity and her ability to make good decisions, a frightening realization that made her feel as if she were losing control of her life and could do nothing to stop the downward trajectory.¹⁰⁵

¹⁰³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 73.

¹⁰⁴ *Ibid.*, 73.

¹⁰⁵ *Ibid.*, 73-76.

By 1932, alcohol controlled Mann's world. She experienced intense cravings, compulsions to drink she could not ignore, waking to the need for a drink, drinking periodically throughout the day, and not sleeping – only slipping into a different state of drunkenness. Giving in to cravings and becoming powerless separated the heavy drinker from the alcoholic in postwar definitions of alcoholism, although at the time Mann did not understand the intense and overwhelming thirst for alcohol that permeated her entire body. Craving alcohol was not a conscious thought for Mann, who succumbed to its control. She no longer had the clear headedness to choose when to drink.¹⁰⁶

To avoiding craving, Mann needed a constant supply of alcohol. It preoccupied her thoughts. Although she was already a daily drinker, she now needed a drink or two immediately when she woke up just to feel normal. Most alcoholic drinkers regurgitate their first few drinks of the day, a very late warning sign routinely ignored. Mann repeated this ritual three times each morning until she stopped shaking and could commandeer a lipstick. She hid bottles and forgot where she hid them. Previously a refined drinker, she began to drink cheap alcohol and wines, almost anything that contained alcohol. Finally, and most disturbing to Mann, when she started drinking she often found it impossible to stop; she could never predict her first or last drink.¹⁰⁷

Mann's friends and associates noticed her changing behavior and when she ignored their suggestions to curtail her drinking, many of them simply stopped seeing her or actively avoided her. Some agreed to short, uncomfortable meetings. Others tried to convince her that she drank too much and when the questions became too difficult for her

¹⁰⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 74.

¹⁰⁷ Ibid.

to answer, as they always did, Mann found a new group of friends. At this point, Mann knew she was not well and believed she was insane, or well on the way, although several psychiatric evaluations failed to confirm her self-diagnosis. Her doctors asked about unresolved psychological distress, failed intimate relationships, and suggested she might be suffering from neuroses. An accidental fall, or maybe a purposeful jump, from a second story window while celebrating at a Fourth of July party for Americans at an English country home interrupted her drinking, but she resumed immediately upon her release from a London hospital.¹⁰⁸

Mann returned to New York from London in 1936 using rumors of pending European conflict as an excuse to return to America. In reality, her drinking was out of control and her situation was so dire she had to return. In London, Mann was in and out of homelessness, often sleeping in parks scavenging for drinks. She moved to Scotland after her fall to no avail and returned to London where friends, especially former business partner, Barbara Clay, made concerted efforts to help. However, all attempts failed. In December, Mann booked passage on the Queen Mary using borrowed money, hoping relocation would restore her well-being.¹⁰⁹

When the Queen Mary docked at New York Harbor, Mann's mother, her sister Chris, and Chris's roommate waited to greet her, not knowing about Mann's uncontrolled drinking or that as they waited, she lay slumped in a drunken stupor at the ship's bar unable to walk, which forced the crew to carry her off the ship on a stretcher. Mann likely sat at the ship's bar every day of her passage, and on this day never realized the

¹⁰⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 75-76, 81.

¹⁰⁹ *Ibid.*, 81-83.

ship docked. Lillian Mann admitted her to the hospital. Not understanding her daughter's unacceptable behavior, she stayed in New York only until Mann's release from the hospital and then promptly returned to Chicago.¹¹⁰

In later years, Mann referred to her trip home an attempt at a "geographic cure" where she stated, "I was not going to drink when I was home, but...I remained solidly drunk for the next year in New York."¹¹¹ For a good part of that year, Mann and her dog shared a two-room apartment already occupied by her sister Chris and Chris's roommate, a young, recently divorced woman, and her child. They were certainly not alone in sharing cramped quarters as the Great Depression lingered; moreover, without work, Mann had no alternative but to gratefully guest at her sister's apartment. When Mann's drunken sprees became intolerable, her sister asked her to leave. Having no place to go except the streets of New York City, Mann lived in a place that previous generations of drinking women knew well,¹¹² although it was a strange place to Mann, who just over a decade before had celebrated her social debut in Chicago.¹¹³

On her own, Mann migrated from friend to friend, losing some to her neediness and dependency and others to her drunken behavior. On a drinking spree, she ran into her ex-husband, John Blakemore, after which the two teamed up from time to time as drinking partners. Blakemore's company was likely more "helpful" than comforting for

¹¹⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 85.

¹¹¹ Marty Mann, "Marty Mann Tells Her Story at Arkansas State Convention, Little Rock, Arkansas August 1, 1965." *Talks about NCA and Alcoholism, History of Recovery*. CD. nd.

¹¹² Christine Stansell, *City of Women: Sex and Class in New York, 1789-1860* (Chicago, IL: University of Illinois Press, 1982).

¹¹³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 88-89.

Mann, he could afford to drink, although both probably preferred to drink alone; alcoholic drinking is not a social activity.¹¹⁴ By this time, Mann binged, suffered multiple day blackouts, frequent falls, injuries, and constantly depended on the “kindness of strangers” for her next drink. The mirror reflected the face of a woman Mann could not identify and in desperation, she made her first concerted effort to discover, as she put it, “what was wrong with me.”¹¹⁵

Similar to many people’s experience of alcoholism, as Mann later discovered, she could not imagine that her drinking had anything to do with her life spiraling out of control. More common among women than men, Mann believed she was insane, suffering from a nameless malady that clouded her thoughts and pushed her into a deep and debilitating depression.¹¹⁶ In the course of her uncontrollable drinking, she attempted suicide on at least two occasions and feared she might reach that point again if she did nothing because her drinking was now an all day, every day obsession. Later she remarked that she felt as if she were “possessed by a spirit from outside...not too far removed from an age that believed in the possession of demons.”¹¹⁷

In her search to find a cure for her unnamed malady, Mann at times thought her drinking had something to do with her problems. Those were fleeting thoughts; Mann liked to drink, she believed normal people could drink, and she believed that a return to

¹¹⁴ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 87.

¹¹⁵ Marty Mann, “Hobbs, New Mexico, February 1, 1964.” *Talks about N.C.A. and Alcoholism, History of Recovery*. CD. nd.

¹¹⁶ Edith S. Lisansky Gomberg, “Historical and Political Perspective: Women and Drug Use,” *Journal of Social Issues* 38, no. 2 (1982): 9-23.

¹¹⁷ Marty Mann, “Hobbs, New Mexico, February 1, 1964.” CD. nd.

normal drinking would accompany her well being, once she found out how to address her problems. Not one psychiatrist out of the many she spoke with thought she needed to quit drinking or suggested that her drinking might be the cause of her ill health. In fact, not one psychiatrist accepted Mann as a patient.¹¹⁸ Psychiatrists considered women with symptoms such as those she described as untreatable, lost causes but fodder for long-term psychoanalysis, treatment Mann could not afford.¹¹⁹

Mann entered Doctor's Hospital for a brief detoxification, but resumed drinking immediately after discharge as she left New York City to stay with the Hudsons, friends in Stockbridge, Massachusetts, where she intended to investigate care at the Austen Riggs Psychiatric Hospital. While in Stockbridge, Mann met a neighbor of the Hudsons, a chronic drinker, whose family also suffered from excessive drink. Wealthy and well connected to New York's medical elite, the befriended neighbor asked Mann if she would consider an appointment to see Dr. Foster Kennedy, a prominent neurologist at Bellevue Hospital in New York City.¹²⁰ Out of options, Mann welcomed the suggestion, and ultimately, seeing Kennedy proved to be a pivotal decision that ultimately changed Mann's perceptions of "drunkards" and shaped her recovery and her career.

Foster Kennedy, Harry Tiebout, and Alcoholics Anonymous

In 1938, the American Association for the Advancement of Science (AAAS) announced it would head America's search for an answer to the alcohol problem and quickly formed the Research Council on the Problems of Alcohol (RCPA) to focus on the

¹¹⁸ Marty Mann, "Hobbs, New Mexico, February 1, 1964." CD. nd.

¹¹⁹ Benjamin Karpman, *The Alcoholic Woman: Case Studies in the Psychodynamics of Alcoholism* (Washington, D. C.: The Linacre Press, 1956), vii.

¹²⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 91.

new project. The decision endowed science with the responsibility of solving one of America's largest and longest lasting social problems, a first in the advancement of the scientific view that would support medical views of alcoholism.¹²¹ The new RCPA roster read like a copy of "Who's Who in Science," including neurologist Foster Kennedy.¹²²

Mann met with Kennedy in late December of 1937, just prior to his appointment to the RCPA, while he was chairing the department of neuropsychiatry at Cornell University and heading the neurological department at Bellevue Hospital in New York City. Kennedy had an interest in alcohol use and excessive drinking, and worked with a handful of patients with alcohol-related nerve damage, although treating excessive drinking did not form the basis of his practice.¹²³

An accomplishment she was proud of, Mann stayed sober for six weeks prior to her appointment with Kennedy. At the appointment, Mann told him about her inability to control her drinking and her fruitless search to find a doctor, stating frankly that she thought she was insane. Kennedy did not agree with Mann's self-appraisal and instead informed her that he thought she had too much time on her hands, that she needed a job to organize her time, become self-disciplined and less self-indulgent, and quit drinking. Incensed, Mann thought that surely he did not understand what she had told him. She informed Kennedy that she *could not* quit drinking long enough to hold a job, or even to

¹²¹ Ron Roizen, "How Does the Nation's 'Alcohol Problem' Change from Era to Era?: Stalking the Social Logic of Problem-Definition Transformations since Repeal" in *Altering American Consciousness: The History of Alcohol and Drug Abuse in the United States, 1800 – 2000*, eds. Sarah W. Tracey and Caroline Jean Acker (Boston, MA: University of Massachusetts Press, 2004), 64-65.

¹²² Ron Roizen, "Recalling the Birth of Alcohol Science," *Journal of Studies on Alcohol* (1998): 629-630.

¹²³ Foster Kennedy, "Discussion Before the Medical Society of the State of New York" in *AA Comes of Age* (New York, NY: Alcoholics Anonymous Publishing, Inc., 1957), 320-321.

guarantee she would attend an interview, although she desperately wanted to get well enough to do so.¹²⁴

Mann told Kennedy how many doctors she had seen – at least six since she returned from Europe¹²⁵ - and how frightened she was by their inability to help, help she sought desperately. Impressed with her resolve to find out what was wrong with her, Kennedy arranged for a complete physical and a follow-up visit. He believed that in the right circumstances, people who drank excessively could make the decision to “learn control and become a normal drinker”¹²⁶ when given a chance, something Mann believed too. Kennedy thought Mann might be able to make such a change. She appeared extremely motivated to get well, and on that basis, he admitted her to the neurology ward at Bellevue in January of 1938 even though he did not have a specific course of treatment in mind.¹²⁷

During her stay at the hospital, Kennedy visited regularly and later arranged for Mann to meet regularly with a consulting psychiatrist who concluded that Mann needed long-term, inpatient care after several months of consultations.¹²⁸ Tacitly confirming Mann’s beliefs, the psychiatrist never mentioned that her disorder had anything to do with an inability to drink alcohol, perhaps viewing Mann’s drinking as a symptom of

¹²⁴ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 91-92.

¹²⁵ *Ibid.*, 88.

¹²⁶ *Ibid.*, 92 - 93.

¹²⁷ *Ibid.*, 93.

¹²⁸ *Ibid.*, 94.

another problem, as she did.¹²⁹ Kennedy told Mann that he believed her wellness rested on her decision to become whole, a decision she had not yet made. At a speaking engagement in 1964, Mann remarked that at the time, she did not realize how profound Kennedy's statement was.¹³⁰

After seven months at Bellevue, Kennedy suggested that Mann consider discharge. She was anxious about leaving the hospital because although she was sober, she still felt detached and alone. She did not know why she felt that way or how to change it. Mann believed that with no money and no source of future income she would likely resume drinking life on the streets, a prospect she did not want to face.¹³¹

Convinced she was ill, that she could not drink normally and could not control her drinking, she expressed her anxiety and asked Kennedy to reconsider her discharge. In a final effort to reward Mann's resolve to get well, Kennedy spoke to psychiatrist Harry Tiebout, the medical director at Blythewood, a private psychiatric facility in Greenwich, Connecticut. Tiebout, experienced with excessive drinkers, came to Kennedy's department at Bellevue regularly to interview prospective Blythewood patients, since drinking people of means often received care in neurology rather than in the detoxification unit at the public hospital.¹³² Tiebout previously consulted with Mann

¹²⁹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 94.

¹³⁰ Marty Mann, "Talks about NCA and Alcoholism." Hobbs, New Mexico, February 1, 1964. CD. nd.

¹³¹ *Ibid.*, 94.

¹³² *Ibid.*, 93.

without recommending treatment at Blythewood, likely, because she could not afford it.¹³³

In June of 1938, after speaking with Kennedy, Tiebout arranged for Mann to enter Blythewood Sanitarium without charge under the patronage of Anne C. Wiley, who owned the hospital.¹³⁴ Blythewood was a very different experience for Mann than her stay at Bellevue. Designed to provide restorative care and rehabilitation, Blythewood appeared as a sanctuary, a respite tucked away in beautiful rural Connecticut.¹³⁵ At the time of her admission, Mann believed the outcome of her treatment would be a return to sanity and the ability to resume normal drinking. Tiebout thought otherwise, and informed Mann on admission that she needed to quit drinking altogether, and likely would not be able to resume normal drinking. Upon hearing this, Mann immediately lost trust in Tiebout's ability to help her.¹³⁶

Tiebout was the first to tell Mann that she needed to abstain from alcohol use. At the time, she did not understand what he meant when he told her "people like you," uncontrolled drinkers, inebriates, cannot drink again.¹³⁷ Mann identified the inebriate as someone "other than" her, a person of poor social standing, weak moral character, an idler, certainly not from the same stock as she. In later speaking engagements, she related her uncertainty about Tiebout shortly after arriving at Blythewood

¹³³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 94, 102.

¹³⁴ *Ibid.*, 94.

¹³⁵ *Ibid.*, 97 – 98.

¹³⁶ Marty Mann, "Hobbs, New Mexico, February 1, 1964." CD. nd.

¹³⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 98-99.

I met two women and a man just like me. Their doctors [unlike Tiebout] were teaching them how to drink and so naturally, I thought I had the wrong doctor.¹³⁸

On more than one occasion during patient leave from the sanitarium, a reward earned by time spent in care, Mann relapsed. Not able to control her drinking, these periods of relapse turned to binges that interfered with her ability to participate fully in treatment at Blythewood, which Tiebout noticed and mentioned to Mann. By this time, Mann recognized that her drinking differed significantly from other people who drank – a discovery that terrified her, although it did not motivate her to quit. Mann felt more comfortable in social settings with a few drinks. Normal people drank alcohol, and she desperately wanted to be normal, fearing all along that someone might discover “what she was really like.”¹³⁹

Moreover, Mann believed drinking alcohol improved life and made it more bearable. Like many, she believed a few drinks made her more fun to be with, likable, and self-assured. Mann also suffered from serious depression, that alcohol helped her to block, a condition that intensified the fear and anxiety she experienced in considering a life without alcohol.¹⁴⁰ Tiebout warned Mann that her continuing relapses put her stay at Blythewood at risk, seeing no benefit to her treatment if it did not help her remain sober, which added to her anxiety.¹⁴¹

¹³⁸ Marty Mann, “Marty Mann Tells Her Story.” Little Rock, AR August 1, 1965. CD. nd.

¹³⁹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 100.

¹⁴⁰ *Ibid.*, 131.

¹⁴¹ *Ibid.*, 103.

Tiebout, asked by the membership of the two existing A.A. groups in the process of forming their own A.A. directed publishing company¹⁴², to read the manuscript of what would be the first edition of the Big Book, *Alcoholics Anonymous*, finished his review at his home while abed due to illness. Thinking of Mann's struggle, he sent notice to Blythewood for her to come to his home. Mann was certain he would tell her that he could do nothing more to help her, and was surprised when she arrived and he instead handed her a manuscript that he referred to as a "book written by people like you."¹⁴³

Mann may not have read the manuscript if it were not for a decisive moment at Blythewood following an angry confrontation with the business manager who may have confronted her with her "charity" status, a condition of her stay at Blythewood Mann did not like to acknowledge and could not change. Following the confrontation, Mann ran to her room outraged, and accidentally glanced at the A.A. manuscript, opened to a page where she spotted the words "We cannot live with anger,"¹⁴⁴ words that inspired her to read the remaining manuscript. In those words, and in her later reading, Mann found understanding of her condition, a disease called "alcoholism."¹⁴⁵

Mann attended her first A.A. meeting in April of 1939, which she attended at Dr. Tiebout's insistence. Although she wanted help desperately, she experienced great anxiety when faced with the prospect of actually attending a meeting with a group she

¹⁴² *AA Comes of Age*, 156-159.

¹⁴³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 103.

¹⁴⁴ *Ibid.*, 107.

¹⁴⁵ *Ibid.*, 108.

perceived to be a bunch of religious, oath-signing, nondrinkers.¹⁴⁶ The A.A. meeting met in Brooklyn, New York and Tiebout arranged an escort of three, the Mahers', a married couple and a single man, to meet Mann at the train station, and accompany her to the meeting.¹⁴⁷

Generally gregarious and outgoing, Mann panicked when she entered the Brooklyn, New York home where the group met and saw approximately 40 people crowded into the living room. She went to stow her coat in an upstairs bedroom and would not have returned were it not for Lois Wilson who eventually came upstairs and coaxed her to join the group waiting downstairs. Within a very short time, she grew comfortable in the group of twenty-five men and told her story, mimicking the men, having never been in an A.A. meeting before. Hearing Mann's story was a first for the men in attendance, and although they remained wary, not believing a woman could be a "real alcoholic," her story piqued their curiosity asking questions that convinced Mann the men had experienced the same thing with their drinking as she had with hers.¹⁴⁸ That first meeting gave Mann a name for her malady. More importantly, she experienced belonging that she likened to a homecoming and later recalled it as a feeling of "salvation," a biblical coming home.¹⁴⁹

¹⁴⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 109.

¹⁴⁷ *Ibid.*, 111.

¹⁴⁸ *Ibid.*, 113.

¹⁴⁹ *Ibid.*

Mann's early participation in A.A. along with her carriage and presence gained her the title as "First Lady of Alcoholics Anonymous."¹⁵⁰ Very early on, however, Mann recognized that the A.A. experience was different for her than for the men who formed an overwhelming majority of the membership. A.A. did not always feel welcoming to women, and many women found A.A.'s principle of powerlessness reminiscent of how they felt in life generally.¹⁵¹

Mann recognized women's discomfort, but she did not accept their reticence to join. Instead, she made it her personal mission to welcome women into A.A., knowing the mostly male membership remained skeptical about women's participation and their ability to commit to sobriety. It was not an easy task. Although A.A. promoted a democratic approach to alcoholism, the mostly male members often maintained a gendered double standard that reviled drinking women and saw them as strange, fallen, and not amenable to restoration.¹⁵²

A.A. history records that at least one notable woman came before Mann to the fellowship, although "she hadn't made it,"¹⁵³ according to Mann, meaning that she relapsed and returned to steady drinking. Florence R.'s story, "A Feminine Victory," published in the first edition of *Alcoholics Anonymous*, did not appear in subsequent

¹⁵⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 316.

¹⁵¹ Heidi van der Walde, Francine T. Urgenson, Sharon H. Wertz, and Fred J. Hanna, "Women and Alcoholism: A Biopsychosocial Perspective and Treatment Approaches," *Journal of Counseling and Development* 80 (2002): 2, <http://www.questia.com/read/1G1-86683596/women-and-alcoholism-a-biopsychosocial-perspective>.

¹⁵² Lori Rotskoff, *Love on the Rocks*, 115-117.

¹⁵³ Marty Mann, "Talks about NCA and Alcoholism," Hobbs, New Mexico, February 1, 1964. CD. nd.

printings. Florence R. did not remain sober for long. Early in her association with A.A., Florence moved to Washington, D. C. to assist in the development of a new A.A. group. In the program's early years, A.A. members often moved to "seed" new groups and support development of the program, although it was unusual for a woman to do so. At the end of "A Feminine Victory," Florence wrote "and the glorious thing is this: I am free, I am happy, and perhaps I am going to have the blessed opportunity of "passing it on." Unfortunately, that was not to be.¹⁵⁴

In part, Florence's story told of a failed marriage and her struggle to accept her alcoholism.¹⁵⁵ Florence's story revealed that her husband also drank heavily, an all too common tale that helped form notions of the alcoholic family during the 1950s.¹⁵⁶ Few believed alcoholism caused women's heavy drinking; heavy drinking among women resulted from underlying psychiatric conditions, and in a gendered context, their drinking occurred within the alcoholic family where heavy drinking wives contributed to their husband's alcoholism.¹⁵⁷

The underlying cause of women's alcohol abuse always pointed to something far more pathological than did that of men's, an attitudinal prejudice to Mann that she believed spread across all social strata and dug deep into developing views of treatment

¹⁵⁴ Silkworth History of A.A., "A Feminine Victory," Silkworth.net, <http://silkworth.net/bbstories/217.html> (accessed November 13, 2011).

¹⁵⁵ Silkworth History of A.A., "A Feminine Victory," Silkworth.net, <http://www.silkworth.net/aabiography/floencer.html> (accessed August 19, 2012).

¹⁵⁶ Lori Rotskoff, *Love on the Rocks: Men, Women, and Alcohol in Post-World War II America* (Chapel Hill, NC: University of North Carolina Press, 2002), 160-161.

¹⁵⁷ Lori Rotskoff, *Love on the Rocks*, 153-155.

for the disease.¹⁵⁸ Stories and rumors of women's inability to recover in A.A. made it difficult for women to join and for men to trust their participation, which formed an attitudinal prejudice Mann often spoke of as the greatest barrier of all for women with alcoholism to enter recovery.¹⁵⁹ Mann accepted and taught that anyone could be a victim of alcoholism and that as "a disease, it should be easy to recognize that it is no respecter of persons" an adage she gathered from within A.A.¹⁶⁰

Mann viewed A.A. as an avenue for personal growth and a way to live life without alcohol, an element she believed essential to recovery. In her writing and public speaking, Mann referred to being at the same emotional age when she first began recovery as when her drinking began as a teenager. Her drinking interfered with her maturation, stopped her emotional growth, and made it impossible for her respond to life in a mature fashion.¹⁶¹ Mann appreciated the protection under Tiebout's care at Blythewood, although her care at the sanitarium did not help her mature or teach her to live without alcohol. Mann referred to her stay at Blythewood as a "plateau for growth" where she realized it took more than abstaining from alcohol for her to get well. She discovered in A.A that "alcoholism is not that simple...we are not that simple...in Alcoholics Anonymous only one of those steps mentioned alcohol, the first. The rest of

¹⁵⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 115-116.

¹⁵⁹ Marty Mann, *New Primer on Alcoholism*, 189.

¹⁶⁰ *Ibid.*, 63.

¹⁶¹ Marty Mann, "Marty Mann Tells Her Story at Arkansas State Convention." CD.

nd.

the steps were about what kind of person I was. I realized that that is what it is all about...spiritual and emotional growth.”¹⁶²

Mann left care at Blythewood in September of 1939 and returned to live with her sister, Chris, in New York. During the first few months following her move, she remained closely connected to Blythewood and to A.A., visiting the sanitarium every weekend to welcome newcomers to the fellowship as Mann sponsored the third A.A. group at Blythewood. Within months of leaving, however, Mann relapsed. Beginning with a mild relapse in December of 1939, her periods of drinking blossomed into a life-threatening binge around Christmas that ended in her admission to the dreaded alcohol detoxification unit at Bellevue.¹⁶³

Mann’s experience as a patient on the alcohol detoxification unit turned out to be as bad as the stories she heard preceding her admission: over-crowded, people were constantly moaning and sick. As soon as she realized where she was, she walked out of the hospital and resumed drinking at the apartment of a friend who lived in her neighborhood. On an errand to get more alcohol, sometime after her escape from Bellevue, Mann walked past her own apartment in Manhattan and spotted Bill W., a person she met at her first A.A. meeting, and her sponsor to the fellowship, standing in the hallway.¹⁶⁴

I said ‘what are you doing here?’ He said ‘looking for you. Will you talk to me?’ He said two things...that he had a note from Lois and that they

¹⁶² Marty Mann, “Marty Mann Tells Her Story at Arkansas State Convention.” CD.
nd.

¹⁶³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 131.

¹⁶⁴ *Ibid.*, 131-132.

had lost their home...they were living in a friend's summer cottage... it's not too comfortable...if you would rather go in the hospital; we have raised the money for Towns hospital. It was expensive...I said, 'No, I'll go with you and Lois.' The note had said, "we want you up here because we love you."¹⁶⁵

At the time of her relapse, Mann reportedly felt unrewarded in her efforts to remain sober and professed being tired of living in an A.A. cocoon. She felt deprived of human social interaction and resentful, believing she could not participate fully in social life without alcohol.¹⁶⁶ Prior to her relapse, Mann spent the majority of her time helping others, forgetting about her own needs in recovery and in retrospect, after living with Bill and Lois, Mann re-evaluated her relapse. She concluded that it was not her over-involvement in A.A. that led to her relapse, but the fact that she had ignored A.A. as it applied to her; her powerlessness, her inability to drink alcohol, and her need to live in the moment, one day at a time, in gratitude.¹⁶⁷

For seven years, Mann had no idea why she seemed unable to control her drinking or what she needed to do to feel better and regain control. Her financial status certainly made her situation appear even more desperate, although Mann had contacts that could help, which most people in her circumstance did not have. As her faith in medicine ebbed, Mann remained cautious, especially since advice she received from psychiatrists had not made it possible to control her use of alcohol. Moreover, not one doctor agreed

¹⁶⁵ Marty Mann, "Marty Mann Tells Her Story at Arkansas State Convention." CD.
nd.

¹⁶⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 131.

¹⁶⁷ *Ibid.*, 135-136.

to treat her before Foster Kennedy, and not one had been able to tell her how to change the way she felt.¹⁶⁸

In 1939, physicians did not treat alcoholism, which was still commonly recognized as chronic drunkenness. Medical treatment for alcohol-related disorders changed very little during the Prohibition, still bound to nineteenth century knowledge, and nineteenth century class and gender roles that made it appear as if alcohol and drug disorders only afflicted the wealthy. Mann's decision to return to New York City was initially based on faith in American medicine that saved her from the almost certain death of tuberculosis, saved her mother from cancer, and restored her sister Chris to near normal functioning after being stricken with polio. Yet, since her return, she met impenetrable barriers to solve her problems, found no information on what might be ailing her, encountered no doctor or facility that would accept or treat her as a patient except as a "charity" case. Even those she met in A.A. did not appear to think her drinking was the same as the illness they suffered from.¹⁶⁹

Alcoholism is a mid-twentieth century disease, a post-WWII concept resurrected from the Revolutionary era and reborn in modern medicine following National Repeal. Mann had no way of knowing that in the 1930s and had no idea of how central her experience would be in contributing toward understanding it as a disease in the 1950s.¹⁷⁰ The disease of alcoholism Mann came to understand did not suddenly occur, it happened

¹⁶⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 89-90.

¹⁶⁹ *Ibid.*, 122-123.

¹⁷⁰ Ron Roizen, "How Does the Nation's "Alcohol Problem" Change from Era to Era?: Stalking the Social Logic of Problem-Definition Transformations since Repeal" in *Altering American Consciousness: The History of Alcohol and Drug Abuse in the United States, 1800 – 2000*, eds. Sarah W. Tracey and Caroline Jean Acker (Boston, MA: University of Massachusetts Press, 2004), 61-87.

gradually and progressively.¹⁷¹ Mann’s experience of alcoholism progressed in stages – early, middle, and late – with each stage intensifying until the end stage of befuddlement or death,¹⁷² certainly not a disease one should take lightly. In the 1930s, however, Mann could find no one to name her disorder, to tell her what might happen in her struggles, or suggest a path to health. After years of searching, Mann found recovery in A.A. Inspired to help others avoid her struggle, she used knowledge and understanding gained in her own search to construct a unique path to well-being for people with alcoholism aided by community organizations fostered through the National Council on Alcoholism (NCA) and its nationwide affiliate network. Mann used emerging medical thought in the 1940s and 1950s to organize a uniform public health message that informed a public she called “concerned others,” people that lived in communities and worked in businesses alongside those with alcoholism. The NCA and its affiliates educated the public, assisted the concerned other in early-stage intervention, and removed barriers to care that could not be accessed by those who Mann believed desperately needed it.¹⁷³

Margaret “Marty” Mann’s life is emblematic of postwar alcoholism and the social response the new disease generated in Alcoholics Anonymous and medical treatment. Her ability to redefine patients as “people with alcoholism, worthy of help” is as much a product of her experience as a child as it is of her adult experience as a woman with alcoholism, an “alcoholic.” Born into a wealthy family, educated in the best schools, and surrounded by a middle-class ethic that shaped her view of the world, she floundered

¹⁷¹ Ruth Fox and Peter Lyon, *Alcoholism: Its Scope, Cause and Treatment* (New York, NY: Random House, 1955), 73-75.

¹⁷² Marty Mann, *New Primer*, 17-22.

¹⁷³ *Ibid.*, 190.

when her experience with alcoholism conflicted with generational gender- and class-bound constructs of people who drank to excess. Moreover, her faith in medicine, a caring discipline that saved Mann and other members of her family from some of the nation's deadliest diseases,¹⁷⁴ diminished when she discovered that no one could name or treat her uncontrollable drinking.¹⁷⁵ Mann's recovery in A.A. was an uphill battle. Her recovery aided *all* women with alcoholism in gendering the "fellowship" and by adding new images of people with alcoholism in recovery.

¹⁷⁴ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 27-35, 62-64.

¹⁷⁵ *Ibid.*, 102.

Chapter Four Mann and Alcoholics Anonymous, 1939-1944

Mann left Blythewood Sanitarium in September of 1939 after fifteen months of care in psychiatric treatment for a malady she *believed* caused her insatiable appetite for alcohol, left her homeless, and caused her to become incapable of self-care. Medical care provided a comfortable and familiar milieu for Mann in an environment and practice that had previously provided solutions for her and her family's illnesses. Mann, a Prohibition-era socialite and briefly a journalist comfortable with drinking in public and in mixed company, never thought about her drinking as problematic. She thought her inability to drink normally signaled far deeper concerns and looked to psychiatry for help.¹

In spite of the fact that psychiatry laid claim to expertise in problematic drinking in the decades following National Repeal,² Mann did not get well under her psychiatrist's care; she found sobriety in the last months of her care at Blythewood in the fellowship of A.A. appy to declare herself a "bona fide alcoholic"³ and relieved that her illness had a name, A.A. became Mann's safe haven, a program for living her life without alcohol.⁴

¹ Sally Brown and David R. Brown, *A Biography of Mrs. Marty Mann: The First Lady of Alcoholics Anonymous* (Center City, MN: Hazelden Information & Educational Services, 2001), 91-92.

² Michelle McClellan, "'Lady Tippers': Gendering the Modern Alcoholism Paradigm, 1933 – 1960" in *Altering American Consciousness: The History of Alcohol and Drug Abuse in the United States, 1800–2000* (Boston: University of Massachusetts Press, 2004), 267–269.

³ Marty Mann, "Marty Mann Her Story, San Francisco CA, October 4, 1968." *History of Recovery*. CD nd.

⁴ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 124.

The question of problematic drinking, unanswered by prohibiting the manufacture and sale of alcohol during National Prohibition, resurfaced in post-Repeal America around the concern of reintegrating alcohol into American life. Alcohol suddenly commanded the attention of many professional and scientific interests, and problematic drinking generated specific interest within the field of psychiatry that took the lead in investigating causes and solutions.⁵ Contemporary psychiatric practice treated excessive drinking as a symptom of underlying neurosis – mild psychiatric disorder – and often kept patients in treatment while they drank to wait for a “break through,” an event or revelation that would rid the patient of their desire to drink.⁶

Sobriety “happened” less often than expected, giving patients with alcoholism a reputation as difficult to treat, resistant to change, a resistance often recognized as the return to drinking. In the 1940s, American medicine, oriented toward the treatment of acute illness, had not yet developed treatment approaches that addressed chronic disease, an illness that “has a prolonged course, that does not resolve spontaneously, and for which a complete cure is rarely achieved.”⁷ A return to drinking appeared as a new episode of disease, not recurrence of a treated disease, signaling the need to apply more treatment, more of the same treatment over a longer period of time.

⁵ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York, NY: Basic Books, Inc., 1982), 346.

⁶ See discussion in Benjamin Karpman, M. D., *The Alcoholic Woman: Case Studies in the Psychodynamics of Alcoholism*, Washington Institute of Medicine Research Foundation, (Washington, D.C.: The Linacre Press, 1956); Marty Mann, *Primer on Alcoholism* (London, UK: Victor Gollancz Ltd., 1952), 97-101.

⁷ Ross C. Brownson, Patrick L. Remington, and James R. Davis, eds. *Chronic Disease Epidemiology and Control* (Washington D.C.: American Public Health Association, 1998), 3.

Moreover, despite changes in women's social position, changes that eventually integrated views of women's health with developing medical practice;⁸ and changes in women's and men's drinking habits,⁹ psychiatric views of women with alcoholism saw their drinking as far more pathological than that among men. Mann later spoke about this difference as prejudiced by a gendered double standard, and as a difference that created barriers for her care that she resolved to change.¹⁰

Alcohol treatment programs that stayed active during National Prohibition came to life after National Repeal, catering to the wealthy with costs well beyond the financial resources of most Americans in the 1930s – just like care for inebriety in the asylum during the previous century. Private sanitarium operated differently in size and scope than the larger, sometimes publicly accessible inebriate asylum. In the void of research on treatment that accompanied National Prohibition, private sanitarium continued care within the paradigm of temperance, an era that considered rest and fortification as ameliorative, even in the case of alcohol addiction.¹¹

One such facility, the Towns Hospital (named after founder Charles B. Towns), first opened in 1901 on New York City's Fifth Avenue overlooking Central Park, and prescribed an inpatient detoxification of up to fourteen days, followed by referral to the

⁸ Regina Morantz-Sanchez, "The 'Connecting Link': The Case for the Woman Doctor in 19th Century America," in Judith Walzer Leavitt, and Ronald L. Numbers, eds., in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, 3rd ed., rev. ed., (Madison. WI: University of Wisconsin Press, 1997), 334-348.

⁹ Catherine Gilbert Murdock, *Domesticating Drink: Women, Men, and Alcohol in America, 1870-1940* (Baltimore: Johns Hopkins University Press, 1988), 158, 163.

¹⁰ Michelle McClellan, "Lady Tipplers," 267-269.

¹¹ Abraham S. Luchins, "Moral Treatment in Asylums and General Hospitals in 19th-Century America," *The Journal of Psychology* 123, no. 6 (1989): 585-607; Nicole Hahn Rafter, "Prisons for Women, 1790-1980," *Crime and Justice* 5 (1983): 129-181.

patient's private, attending physician. Towns, while not a physician, believed alcohol and other drugs poisoned the body and made it impossible for the addict to function normally without detoxification. He prescribed a good diet, exercise, rest, meditation, and limited social interaction, the latter of which he said improved treatment outcomes. He also thought intoxicant poisoning controlled the alcoholic or addict's behavior and rendered them incapable of abstaining from drug-seeking behavior on their own, an issue he remedied by isolating patients from one another. This practice was initiated because of fears the patients might learn new ways to secure drugs or hide their use while in treatment before they committed to care.¹²

To refute public opinion of the facility as a "drying out" spa for the wealthy, Towns advertised his treatment facility as a hospital, not a sanitarium, and received considerable coverage in print media.¹³ Unfortunately, the hospital's location and Towns' belief that privately paying for one's own treatment fostered commitment to sobriety made the hospital inaccessible to most. Care at the hospital cost nearly fifteen hundred dollars, a sum equivalent to over five thousand dollars today, for a four- to five-day stay.¹⁴ In 1939, the Hospital reportedly required one-hundred dollars "up front," a sum equivalent today of twelve hundred dollars.¹⁵

¹² William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington, IL: Chestnut Health Systems, 1998), 86-87.

¹³ Book review: "Conquering the Habits that Handicap: Mr. Charles B. Towns Describes the Menace to Civilization of Opium, Alcohol, and Tobacco and Tells How to Overcome Their Use," *The New York Times*, August 22, 1915; "An Alcoholic's Savior; God, Belladonna, or Both?," *The New York Times*, April 20, 2010.

¹⁴ "An Alcoholic's Savior."

¹⁵ Sally and David R. Brown, *Mrs. Marty Mann*, 115.

Relying on known methods of psychotherapy and a proprietary tincture, the hospital boasted a success rate (determined by whether the patient returned for care) of over seventy-five percent, although Towns provided no measure of how many non-returning patients actually remained abstinent from use.¹⁶ Alexander Lambert, a physician Towns' later hired to supervise patient care, placed the success rate at twenty-one percent, a figure based on patients who remained sober for at least eighteen months regardless of whether or not they returned to care.¹⁷ Measuring the "success" of treatment continues to pose difficulties today, although the method Lambert implemented at Towns' gained greater acceptance than simply looking at recidivism.¹⁸

The cost of care at the Towns' hospital contributed greatly to its reputation as a place where "bored but expert doctors and nurses knew how to tide you over the horrors of a hangover – if you had the price..."¹⁹ a claim Towns attempted to counter by opening a less expensive Annex to the Hospital. Located off Fifth Avenue on West 81st Street, behind the hospital, the Annex offered a discounted rate of seventy-five to fifty dollars upon admission, a price still out of reach for many.²⁰

In Mann's search for treatment, she met with good fortune in patronage allowing her access to contemporary medical care, even though that care did not help her find solutions to her malady. In retrospect, Mann looked at medical practice at the time as

¹⁶ William L. White, *Slaying the Dragon*, 86.

¹⁷ Ibid.

¹⁸ Institute of Medicine, Division of Mental Health and Behavioral Medicine, *Broadening the Base of Treatment for Alcohol Problems* (Washington, D.C.: National Academy Press, 1990), 313-343.

¹⁹ "Conquering the Habits that Handicap."

²⁰ William L. White, *Slaying the Dragon*, 85.

trapped in a void of knowledge, vulnerable to prejudice, and unable to reach people with alcoholism.²¹ In the postwar years, medicine cornered the market on care for people with alcoholism; however in the decades between National Repeal and the rise in medical authority in the 1950s, the time Mann faced her challenge with alcohol, A.A. held court in defining care for people with alcoholism and in providing long-term rehabilitation to all people afflicted.²²

Psychiatry and Alcoholism

Psychiatric explanations for behavioral disorders expanded rapidly between 1930 and 1940 and encapsulated the diagnosis and treatment of alcoholism presumed to originate in the individual psyche, a view that placed the mind as the axis of thought and behavior.²³ In 1948, William Menninger wrote that psychiatry “enjoys a wider popular interest at the present time than does any other field of medicine.”²⁴

Psychiatry began its ascendance as a medical specialty during the nineteenth century alongside the emergence of asylum care for the insane. Almshouse care, established in the eighteenth century for dependent individuals, no longer seemed appropriate as nineteenth century medical thought articulated views of insanity as a treatable disease. The asylum both treated the insane and, in urban “almshouse” fashion,

²¹ Marty Mann, *New Primer*, 11-16.

²² *Ibid.*, 127.

²³ Paul Starr, *The Social Transformation of American Medicine*, 344-346.

²⁴ William Menninger, *Psychiatry: Its Evolution and Present Status* (Ithaca, NY: Cornell University Press, 1948), 2, in *The Social Transformation of American Medicine*, 345.

added to feelings of security for residents of the city.²⁵ Although public asylums and hospitals emerged assuming care for the insane and feeble,²⁶ the later development of independent inebriate asylums remained largely a private enterprise.²⁷

Late nineteenth-century medicine intertwined with public health and focused on cures for acute infectious disease, illnesses that ravaged growing cities, an environment in which health professionals could not combat or control contagion. Chronic illness, long-term disease, proved difficult to identify symptomatically (unlike the rashes and fevers that often signaled infection) reinforcing medical interest in infectious disease and decreasing interest in chronic disease.²⁸ Moreover, the concept of disability—the inability to care for oneself on a long-term basis first recognized as a concern following the Civil War²⁹—drew little medical attention in the nineteenth century beyond custodial care.³⁰

Focused on the immediate problem of infectious disease, nineteenth century “cures” for insanity often resulted in long-term custodial care, not medical treatment of symptoms later recognized to reduce disability caused by the disease. Twentieth century interest in chronic disease accompanied the conquest of infectious disease and

²⁵ Gerald N. Grob, *The Deadly Truth: A History of Disease in America* (Cambridge, MA: Harvard University Press, 2002), 116; Gerald N. Grob, “*The Severely and Chronically Mentally Ill in America: Retrospect and Prospect*,” in Judith Walzer Leavitt, and Ronald L. Numbers, eds., *In Sickness and Health in America: Readings in the History of Medicine and Public Health*, 3rd ed., Revised Edition., (Madison, WI: University of Wisconsin Press, 1997), 334-348; Paul Starr, *The Social Transformation of American Medicine*, 72-73.

²⁶ Gerald N. Grob, *The Deadly Truth*, 220.

²⁷ John W. Crowley and William L. White, *Drunkards Refuge*, 86-87.

²⁸ Gerald N. Grob, *The Deadly Truth*, 217.

²⁹ Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge: The Belknap Press of Harvard University Press, 1992).

³⁰ Gerald N. Grob, “*The Severely and Chronically Mentally Ill*,” 334.

encouraged interest in psychiatric outpatient medicine, the treatment of underlying symptoms believed to improve functioning and reduce disability.³¹

Psychiatry grew in significance in American medicine in the early decades of the twentieth century gaining a “middle-class clientele and wider popular and intellectual audience in the 1930s and 1940s”³² as the practice moved slowly out of isolated, rural institutions into community-based private practice. The move from institutional practice to community practice escalated after WWII when overcrowding in the nation’s mental health hospitals, filled with returned soldiers, caused a scandal that asserted the veterans suffered from neglect.³³ The scandal prompted passage of the Mental Health Act of 1946 an act that greatly increased funds available for mental health research and training, and expanded psychiatric authority to cover a broad array of problems including child development, television violence, and alcoholism.³⁴

Mann experienced her alcoholism in the 1930s, when alcoholic drinking appeared to be an observable symptom of mental illness, and just prior to the deinstitutionalization of psychiatric care. In Mann’s case, psychiatric treatment never seemed to “uncover” the root of her problem; it never worked. Mann addressed psychiatric care in *New Primer* as useful in distinguishing “true alcoholism from an underlying mental disorder, which requires quite different handling,”³⁵ illuminating a philosophical tension in Mann’s

³¹ Gerald N. Grob, *The Deadly Truth*, 220-222.

³² Paul Starr, *The Transformation of American Medicine*, 345.

³³ Ibid.

³⁴ Ibid., 346.

³⁵ Marty Mann, *New Primer*, 148-154.

discussion of psychiatric approaches. Her discussion devalued the usefulness of psychiatry alone in treating alcoholism and highlighted issues of accessibility, reflecting how her experience influenced her ideas on alcoholism and its treatment. For example, Mann wrote

The combination of psychiatry and Alcoholics Anonymous seems to work remarkably well in a great many cases....It is a combination which could undoubtedly be enormously helpful in many more cases if psychiatry were more easily available, both geographically and financially.³⁶

Most of the psychiatrists Mann sought help from refused to accept her as a patient likely reflecting both her poverty and current thought on the treatment of women with alcoholism. Even though excessive alcohol use among women presented concern in medical circles during the 1930s and 1940s, contemporary psychiatric views of alcoholism among women presented their illness as different from alcoholism in men and untreatable. Women with alcoholism were “sicker” than men with alcoholism, reflecting a disease governed by a standard that portrayed women’s drinking as pathological and men’s as deviant, but not pathological. Mann believed this double standard hindered her own recovery, fueling her fight against looking at alcoholic behavior and alcoholism differently in women than in men.³⁷

Moreover, prior to integrating knowledge gleaned from within the modern alcoholism movement, psychiatric medicine addressed alcoholism *as a symptom* of other disorders. Under a psychiatric lens, excessive drinking reflected individual response to underlying anxiety or depression, a neurosis defined as “a relatively mild mental illness

³⁶ Marty Mann, *New Primer*, 154.

³⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 315-316.

that is not caused by organic disease, involving symptoms of stress...but not a radical loss of touch with reality.”³⁸

In the 1940s and 1950s, psychiatric disorders underlying alcoholism focused on gender, a failure to exhibit role appropriate behavior in both men and women. Women’s excessive drinking appeared to originate under pressure of a wartime economy demanding women enter the workforce, masculinizing their role in the family.³⁹ Men, adjusting to the post-war woman, especially a wife “wearing the pants” in the family, found themselves strained under the feminizing influence of their dependent family role, a situation that exacerbated their use of alcohol. Thus under the watch of near mid-century psychiatry, alcoholism emerged as a disorder of gender, an anomaly of roles that strained social relationships,⁴⁰ and for women a reflection of growing social concern regarding “women’s increasing masculinity ... acting like men by working and socializing in public.”⁴¹

The gendered redefinition of alcoholism in psychiatry also changed views of drinking behavior among men. All-male drinking, a form of camaraderie among men that enhanced masculinity, among alcoholic men became behavior defined as “effeminate, dependent, passive, and often homosexual.”⁴² Male alcoholics, unlike

³⁸ *Oxford Dictionaries Online*, “Neurosis,” <http://oxforddictionaries.com/definition/english/neurosis> (visited on 2/26/2013).

³⁹ Maureen Honey, *Creating Rosie the Riveter: Class, Gender, and Propaganda During World War II*, (Amherst: University of Massachusetts Press, 1984).

⁴⁰ Lori Rotskoff, *Love on the Rocks*, 79-84; Michelle McClellan, “Lady Tiplers,” 290.

⁴¹ Michelle McClellan, *Lady Tiplers*, 275.

⁴² *Ibid.*, 272-274.

“normal” men who drank with friends, drank pathologically in response to their failure to adjust to traditional male roles in much the same way female alcoholics did, although for women the consequences of stepping outside of acceptable gendered drinking behavior had far greater implications in accessing treatment than it did for men. Male drinking behavior set the “standard,” a guide used to form “normal” views of alcohol use; no similar standard existed for drinking among women. Male alcoholics were “treatable,” seen as abnormal drinkers, although female excessive drinkers became abnormal women, an untreatable condition.⁴³

In his 1948 book, *The Alcoholic Woman*, Benjamin Karpman, M.D. reviewed the cases of three women treated in his practice; Elizabeth, Vera, and Frances. In the case of Elizabeth, “alcoholism made it easier for her to be promiscuous,” for Vera, “alcohol was an avenue of escape...an evasion of all responsibility,” and, for Frances, alcohol offered “a diminution of her distaste for men, as well as forgetfulness of her homosexual craving.”⁴⁴ For Dr. Karpman,

...alcoholic women are much more abnormal than alcoholic men...The reason for the difference probably lies in the fact that even in this sophisticated age women are still subject to more repressions than men...And it must be further stated that as alcoholic women are much more abnormal than alcoholic men, they are, by the same token, also more difficult to treat.⁴⁵

⁴³ Michelle McClellan, *Lady Tiplers*, 277.

⁴⁴ Benjamin Karpman, *The Alcoholic Woman*, 228.

⁴⁵ *Ibid.*, viii.

While Dr. Karpman admitted this work represented “an effort to learn something of the basic psychopathology of alcoholism in women...”⁴⁶ his interpretation presented common contemporary psychiatric opinion regarding women with alcoholism, a perception that persisted until Mann redirected thought on alcoholism combining her experience with emerging perspectives within the modern alcoholism movement.

The pervasiveness of psychiatric theory in defining “normal” as well as “abnormal” drinkers in highly gendered profiles proved significant in Mann’s recovery and her work. She did not trust psychiatry or psychoanalysis in addressing needs of the alcoholic, and did not believe psychiatry as a practice understood the alcoholic patient.⁴⁷ Mann knew her lack of medical education would make it impossible for her to “win” the argument if she were to take a public stand, but she did understand and have intimate knowledge of her own recovery and increasingly the recovery of others she met in A.A.. Mann used that experience to establish expertise within her career and stance on treating alcoholic patients.⁴⁸ As a professional, Mann took particular issue with relating alcoholism to gender dysfunction or any dysfunction related to individual characteristics. She understood alcoholism as a disease of primary origin, not an underlying symptom of neurosis that appeared in gendered disorders. Alcoholism was a disease that stood by itself, democratic in nature, and sparing no one predisposed to be its victim.⁴⁹

⁴⁶ Ibid., x.

⁴⁷ Marty Mann, *New Primer*, 149-156.

⁴⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 160-161.

⁴⁹ Marty Mann, *New Primer*, 10-11, 63.

Disease—psychiatric or otherwise ascertained—is not important in A.A., and perhaps for that reason, the medical definition and cause of alcoholism was not important to Mann. Disease was an aspect of the modern alcoholism movement that never truly gained scientific acceptance.⁵⁰ Mann thought the concept of disease helped reduce stigma and assisted the alcoholic, especially women, in being able to ask for and accept help. Mann used the *concept of disease* that arose within the modern alcoholism movement, although her concept was not the same disease treated in psychiatry. Mann defined an alcoholic as “*someone whose drinking causes a continuing problem in any department of his life,*”⁵¹ and in her perspective

Whether the doctor or the scientist labels it a disease, an illness, a sickness, an ailment, a disorder, or merely the symptom of an underlying personality disorder, the point is that they *have* labeled it, and placed it within their province.⁵²

Mann’s inclination toward A.A., the wisdom of experience passed down from one alcoholic to another, is obvious throughout her work.⁵³ Mann learned to doubt the benefit of psychiatric treatment through her experience searching for a treatment and never believed that as a professional practice, psychiatry alone offered much hope in the treatment of alcoholism.⁵⁴

⁵⁰ Ron Roizen, “How Does the Nation’s ‘Alcohol Problem’ Change from Era to Era? Stalking the Social Logic of Problem-Definition Transformations Since Repeal” in *Altering American Consciousness: The History of Alcohol and Drug Abuse in the United States, 1800–2000*, eds. Sarah W. Tracey and Caroline Jean Acker (Boston: University of Massachusetts Press, 2004), 65.

⁵¹ Marty Mann, *New Primer*, 66.

⁵² *Ibid.*, 16.

⁵³ Marty Mann, *New Primer*, 136-162; Marty Mann, *Marty Mann Answers Your Questions about Drinking and Alcoholism*, Rev. Edition (New York, NY: Holt, Rinehart and Winston, 1981, by the estate of Marty Mann), 90-91.

Mann developed personal and professional bonds with many psychiatrists over the years, including her psychiatrist at Blythewood, Harry Tiebout, a person Mann held in great respect and admiration, a relationship that may have toned down her writings on psychiatry and alcoholism treatment. Tiebout introduced Mann to A.A. and introduced the field of psychiatry to definitions of alcoholism and recovery that formed within the fellowship.⁵⁵ He believed the program of recovery offered in the fellowship of A.A. was therapeutic for people with alcoholism admitting his work with Mann was ineffective until he proofread *Alcoholics Anonymous* and, in a last ditch effort to help her, he insisted Mann attend.⁵⁶

Mann often weaved her own experience with psychiatrists into her narrative of recovery in a way that at times appeared condescending, although not mean spirited. Careful to include *at the time* when she wrote, “the profession had no understanding of the disease,⁵⁷” Mann told of an episode when she and other alcoholic patients accompanied a psychiatrist from New York City to the Adirondacks, where the psychiatrist hoped to gather the group’s opinion on a building he considered purchasing for the treatment of alcoholism. They all drove together in the doctor’s automobile, and “once there, the psychiatrist said something [to the group of patients] that made me

⁵⁴ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 76-77, 88.

⁵⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann* 271.; Alcoholics Anonymous, *AA Comes of Age*, 2-3.

⁵⁶ Alcoholics Anonymous, *AA Comes of Age*, 2-3.

⁵⁷ Marty Mann, “Marty Mann Tells Her Story at Arkansas State Convention, Little Rock, Arkansas August 1, 1965.” *Talks about NCA and Alcoholism, History of Recovery*. CD. nd.

realize he did not know a thing about alcoholics. He said he had to get back to the city quickly and was taking the train. Would we drive his car back? It took us nine days.”⁵⁸

Mann’s recitation of this story is a reflection of her belief in A.A., a belief that alcoholics understood alcoholism while most physicians, most others, did not. Who would ask a group of alcoholic patients to drive a car anywhere, unsupervised? Only someone who did not understand the “baffling” urgency of the alcoholic to drink, the powerlessness the alcoholic had over alcohol. Moreover, this story exemplifies the tension that existed between contemporary views of alcoholism in psychiatry and Mann’s view of alcoholism, which grew out of her recovery in A.A. In Mann’s perspective, A.A. formed a community, a community of recovery that united A.A.s in their experience and understanding of alcoholism.⁵⁹

Mann believed people arbitrarily defined differences and expressed prejudice in gendered expectations that formed images of alcoholic women different from those of alcoholic men, and that these images established greater barriers for women in attaining recovery.⁶⁰ Moreover, those differences existed only in how the patient experienced alcoholism, not in differences in the disease. In *New Primer*, Mann wrote of “the striking similarity of the signs and symptoms...both of which appear in identical forms in all kinds of highly differentiated individuals...and mark alcoholism for the disease it is.”⁶¹

⁵⁸ Marty Mann, “Marty Mann Tells Her Story at Arkansas State Convention, Little Rock, Arkansas August 1, 1965.” *Talks about NCA and Alcoholism, History of Recovery*. CD. nd.

⁵⁹ Marty Mann, *New Primer*, 169.

⁶⁰ *Ibid.*, 43-45.

⁶¹ *Ibid.*, 10.

Mann believed alcoholism, like all diseases, was democratic in character as it affected all afflicted in the same way.

In post-war America, psychiatric medical opinion converged on gender dysfunction as an explanation of excessive alcohol use among men *and* women, although no one actually considered that women's use of alcohol was anything like that of men's. Even in the face of growing medical interest, the goal of curtailing the excessive use of alcohol among either men or women remained elusive in psychiatric treatment. An aphorism that may have originated in A.A. stated that without sobriety, psychiatry appeared to produce "well-adjusted alcoholics."⁶² Mann conceded that psychiatry and psychoanalysis provided important therapeutic interventions for *some* victims of alcoholism, but only *after* they attained sobriety.⁶³

Mann spoke of alcoholism within modern concepts of the disorder as disease, not as a symptom of other psychiatric conditions, and emphasized a crucial distinction in her understanding of alcoholism as uncontrollable use, not uncontrolled or excessive use. The alcoholic did *not choose* to drink to excess; rather, the alcoholic *suffered from a yet explained compulsion* to drink in excess. For Mann, the loss of control established the difference between the heavy drinker and those who suffered from alcoholism.

Mann's experience proved, at least to her, that alcohol did not produce this compulsion in everyone with depression, or anxiety, or in every homosexual or heterosexual, or in all men or all women; she did not propose a cause of alcoholism. In *New Primer on Alcoholism*, Mann wrote

⁶² Unknown origin.

⁶³ Marty Mann, *New Primer*, 148-150.

Science in fact has found many possible causes of alcoholism; so many that one scientific paper makes the statement: “It would appear that alcoholism, like fever, is symptomatic of an almost limitless variety of causes.”⁶⁴

Moreover, Mann contended that “...the solution would be very much easier if there were a single, well-defined cause of alcoholism: a microbe, or a virus, for instance, or just the substance alcohol itself, or an identifiable physical deficiency...[although] alcoholism awaits further study and research before such enormously helpful conclusions can be made.”⁶⁵

It is impossible to recount Mann’s history and her experience of alcoholism without including the significance of A.A. in her life and in her work. She wrote about Alcoholics Anonymous that it “is neither an organization nor a society in the accepted sense of those words...Nor is it a semi-religious group, nor a ‘movement.’”⁶⁶ Mann and other A.A. participants of the era often referred to it “the fellowship” to underscore its message of a way of life lived without alcohol. While Mann met many barriers that impeded her recovery, including gender bias and lack of knowledge, she also faced financial barriers. At the time, A.A. provided the only free, accessible program of recovery.⁶⁷

A.A. designed to be a simple program,⁶⁸ in which one person with alcoholism shares his story with another and then willingly listens to that person’s story, which

⁶⁴ Marty Mann, *New Primer*, 14.

⁶⁵ *Ibid.*, 15.

⁶⁶ *Ibid.*, 163.

⁶⁷ William L. White, *Slaying the Dragon*, 149.

⁶⁸ *A.A. Comes of Age*, 214.

fosters an atmosphere of mutuality, did not suddenly occur. The fellowship emerged within a long history of “mutual aid” societies centered on alcohol use, including societies dating back to the early temperance and American Revolution eras.⁶⁹

Mutual Aid and the Emergence of Alcoholics Anonymous

The history of mutual aid, a concept defined in personal recovery movements as “one person in recovery helping another” and referred to contemporarily as “wounded healers,⁷⁰” is too lengthily to detail here, but is too significant to ignore. Influential movements, such as the Washingtonians, the Ribbon Reform Clubs, and Jacoby Clubs,⁷¹ organized around mutual aid, one man helping another maintain sobriety. The early associations formed around male sobriety, and many of the organizations had women’s auxiliaries for supporting sobriety among men.⁷² The Oxford Groups⁷³ were not a mutual aid society supporting recovery, although the Groups history is so intertwined with that of A.A., a brief history of the Oxfords is also presented.

The Washingtonian Society, the first mutual aid society to attract large numbers of members, reaching over 500,000 in the late 1840s, established a motto: “Let every

⁶⁹ A.A. *Comes of Age*, 5-8. E. M. Lender and K. M. Martin, *Drinking in America: A History* (New York: The Free Press, 1987), 64-122.

⁷⁰ Henri J. M. Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (New York, NY: Doubleday, 1972); William L. White, “The History of Recovered People as Wounded Healers: I. From Native America to the Rise of the Modern Alcoholism Movement,” *Alcoholism Treatment Quarterly* 18, no. 1 (2000): 1-23.

⁷¹ Leonard U. Blumberg and William L. Pittman, *Beware the First Drink! The Washington Temperance Movement and Alcoholics Anonymous* (Seattle, WA.: Glen Abbey Books, 1991); William L. White, “Alcoholic Mutual Aid Societies” in *Alcohol and Temperance in Modern History*, eds. J. Blocker and I. Tyrell (Santa Barbara, CA: ABC-CLIO, 2003), 24-27.

⁷² A.A. *Comes of Age*, 39, 58-59.

⁷³ The Layman with a Notebook, “What is the Oxford Group?” Foreword by L. W. Grensted, Oriel Professor of the Philosophy of the Christian Religion First electronic edition distributed by www.stepstudy.org with the permission of Oxford University Press.

man be present and every man bring a man.”⁷⁴ The motto set the tone of mutual aid and exemplified a distinction between reform movements and mutual aid societies in the attention of the latter to reforming individual drinkers, not engaging in social reform. The men took oaths, to abstain from alcohol and to refrain from drinking activities that took place in public saloons. Although large, the Washingtonian Society was a short-lived gospel revival movement, visible in 1842 and gone by 1847, and retained a strict focus on the individual while it stood clear of political or legislative initiatives focusing only on “helping the drunkard.”⁷⁵

Dr. Henry A. Reynolds, credited with introducing the “red ribbon” to symbolize the late nineteenth century (circa 1875) Red Ribbon Reform Club, spoke of his own recovery as inspired by listening to women Crusaders, some of whom “had suffered very much, as the result of having drunken husbands and sons.”⁷⁶ Like the Washingtonians, Ribbon Reformers focused on individual recovery, not social reform. Ribbon Reform Clubs organized differently than the earlier Washingtonians, not only in wearing ribbons so that others might recognize them in fellowship or need, but in allowing women to attend their business meetings, not only forming auxiliaries. The Ribbon Reform Clubs were not universally organized; some Ribbon Clubs restricted their attendance to men

⁷⁴ Milton A. Maxwell, “The Washingtonian Movement : The Baltimore Origins,” *Quarterly Journal of Studies on Alcohol* 2 (1950): 410-452.

⁷⁵ Mark E. Lender and James K. Martin, *Drinking in America*, 75.

⁷⁶ William Haven Daniels, *The Temperance Reform and Its Great Reformers* (New York: Published by Subscription: Nelson & Phillips, 1878), 379.

only, some clubs addressed topics restricted to temperance, and others opened discussion to broader topics.⁷⁷

The Red Ribbon Reformers' oath "declared my purpose to be to save men of whatever race, color, sect, or party. I have nothing to do with men's opinions or prejudices,"⁷⁸ an idea supported by Reynolds when he announced

You reformed men have enough business on your hands to take care of yourselves, without being made cat's-paws for politicians to pull their chestnuts out of the fire.⁷⁹

In 1906, the Episcopal Church-affiliated Emmanuel Method emerged as a non-medical aide in healing individuals with ailments, including addiction.⁸⁰ The Emmanuel Method, so named by the press and not the Church, came under intense scrutiny for its preponderance with concerns of the human psyche, faith healing, and channeling the spirit world. The Emmanuel Method, however, encouraged the outgrowth of the Jacoby Club, founded by Ernest Jacoby who was "a business man and member of the parish ...conceived the idea of establishing, as a part of the health work, a club for alcoholics."⁸¹ The Jacoby Club had a single purpose: to help recovering inebriates remain sober and "for men to help themselves by helping others."⁸² The Jacoby Club later left the umbrella

⁷⁷ William Haven Daniels, *The Temperance Reform*, 375.

⁷⁸ *Ibid.*, 395.

⁷⁹ *Ibid.*

⁸⁰ John Gardner Greene, "The Emmanuel Movement 1906-1929," *The New England Quarterly* 7, no. 3 (Sept. 1934): 494-532.

⁸¹ *Ibid.*, 526.

⁸² *Ibid.*

of the Emmanuel Method and incorporated independently, although the Church remained a referral source for new Jacoby Club members.⁸³

The Oxford Groups formed in the early 1930s, defined themselves as having “no membership list, subscriptions, badge, rules, or definite location...a group of people who, from every rank, profession, and trade, in many countries, have surrendered their lives to God and who are endeavoring to lead a spiritual quality of life under the guidance of the Holy Spirit.”⁸⁴ Distinct from the previous mutual aid societies the Oxford Groups had a Christian mission that did not focus solely on alcohol use, although individual reform played an important role in the group. The Oxfords wanted no association with a “movement” of any sort and “aspired only to serve Christ in “Absolute Honesty, Absolute Purity, Absolute Unselfishness, and Absolute Love.”⁸⁵

In the 1930s, people with serious drinking problems seemed drawn to the Oxford Groups, including A.A. co-founders, William Wilson, who associated with the Oxford Group in New York City, and Robert Smith in Akron, Ohio, who both later left the Oxford umbrella to focus solely on helping alcoholics.⁸⁶ In New York, Wilson began work with an Oxford friend attempting to encourage sobriety among alcoholics at an area Mission. Although initially unsuccessful in introducing other alcoholics to sobriety through the Oxfords, Wilson found a comforting community in his association with the group. Wilson, was neither homeless nor alone at the time he affiliated with the Oxfords,

⁸³ John Gardner Greene, “The Emmanuel Movement 1906-1929,” 526.

⁸⁴ The Layman with a Notebook, “What is the Oxford Group?” 6. http://www.orange-papers.org/What_Is_The_Oxford_Group.pdf (accessed January 15 - March 3, 2013).

⁸⁵ The Layman with a Notebook, “What is the Oxford Group?,” 8.

⁸⁶ A.A. *Comes of Age*, 64, 67.

although he was newly sober and eager to share his message of hope with others still struggling.⁸⁷

Wilson, married to Lois Burnham, worked quite successfully as a Wall Street speculator informing brokerage houses about the financial status of companies and filing information on prospects that investors used to make decisions. Even drinking heavily, Wilson provided information the brokerage houses could rely on and he remained well respected in his work until his drinking impaired his ability to function; the stock market crash would end his Wall Street position. The Wilsons lived in New York City, although William Wilson traveled frequently for work, trips Lois Wilson hoped would slow down his drinking, but to no avail.⁸⁸

While A.A. and the Oxford Groups never formed an alliance of any sort, the two groups shared members as A.A. formed into an organization. Many early A.A. members, before the fellowship had a name, found sobriety within the Oxford Groups and many of the Oxfords later came to be members of A.A. Both co-founders of A.A., William Wilson and Robert Smith, belonged to the Oxford Groups and believed their earlier Oxford Group experience helped guide the formation of A.A., and direct its independence, in teaching the fledgling organization both what it needed to do, and “what not to do.”⁸⁹

Although certainly the Oxfords found it in their mission to assist the alcoholic to reform and accept recovery, the Oxfords had far loftier goals than changing the alcoholic.

⁸⁷ A.A. *Comes of Age*, 64-65.

⁸⁸ Stepping Stones, The Historic Home of Bill and Lois Wilson, “Bill’s Story,” <http://www.steppingstones.org/billsstory.html> (accessed 2/28/2013).

⁸⁹ A.A. *Comes of Age*, 74.

Governed by scripture, their members attested that “to all of us in our different ways God gives His Challenge for a new world”;⁹⁰ a challenge the Oxfords took literally. The Oxford members perceived themselves as “Life Changers” in a far broader context than sobriety, enlisting four precepts as the “keys to spiritual life: Absolute Honesty, Absolute Purity, Absolute Unselfishness, and Absolute Love.”⁹¹ The four precepts influenced both Wilson and Smith, although the tenor of A.A. would move away from scripture maintaining a spiritual if not religious tone.

Wilson became associated with the Oxford groups through a friend of his, Ebby Thatcher, an alcoholic who found sobriety as an Oxford member. Wilson joined the Oxford Group Thatcher belonged to in an effort to reach other alcoholics after he became sober in treatment at the Towns Hospital.⁹² In 1937, when some Oxford members felt Wilson’s narrow focus on helping alcoholics distracted from the Oxford Groups larger goal of religious reform, the New York (not-yet-named) A.A. group “reluctantly parted company with these great friends.”⁹³ In 1939, after publication of *Alcoholics Anonymous*—the publication that also named the fellowship—the remaining A.A. groups detached from the Oxfords.⁹⁴ From the A.A. members’ perspective, Oxford members

⁹⁰ The Layman with a Notebook, “What is the Oxford Group?,” 74.

⁹¹ Ibid., 8.

⁹² William L. White, *Slaying the Dragon*, 129. Accounts of the number of times Wilson entered treatment at the Towns Hospital vary, although agree that he was hospitalized at least three, possibly four times.

⁹³ *A.A. Comes of Age*, 74.

⁹⁴ Ibid., 173.

took on too much; A.A. focused solely on the alcoholic with an honest desire to quit drinking and expressed no interest in social or religious reform.⁹⁵

Moreover, from the recovering alcoholic's point of view, the Oxfords seemed to be the antithesis of anonymity. Increasingly concerned about stigma, the sober fellowship believed they needed to protect their identity, remain anonymous. Some A.A. members viewed the Oxford Groups as "name droppers" as they increasingly used the names of prominent members to help disperse their message. Additionally, many in A.A. felt the four absolutes that formed the Oxford principles identified both the organization and the member, which intimidated the alcoholic in recovery and scared them away from participating.⁹⁶

The Hopeless Alcoholic

In the summer of 1934, physician William D. Silkworth informed William Wilson, a patient at the Towns Hospital on Central Park West, that he was a "hopeless" alcoholic, and that the hospital had little to offer Wilson except detoxification. Silkworth, who specialized in treating alcoholics, described Wilson's illness as an "obsession of the mind that compels us to drink and an allergy of the body that condemns us to go mad or die."⁹⁷ Silkworth, one of few physicians interested in treating patients with alcoholism, believed the alcoholic needed facts about their condition, although he recognized that facts did not always result in sobriety.⁹⁸

⁹⁵ *Alcoholics Anonymous*, 3rd ed. (Alcoholics Anonymous World Services, Inc., 1976), xiv.

⁹⁶ *A.A. Comes of Age*, 75.

⁹⁷ *Ibid.*, 13.

⁹⁸ *Ibid.*, 13.

Silkworth helped Wilson process an experience he had while still a patient at the Towns Hospital, which Wilson later called a spiritual awakening. Wilson described the experience to Silkworth as a bright light and a feeling of well being, an experience similar to an event his friend Thatcher told Wilson he experienced before gaining sobriety among the Oxfords.⁹⁹ Wilson, who thought at first he might be suffering hallucinations in withdrawal, listened to Silkworth who encouraged him to consider his experience a “psychological or spiritual event...a release.”¹⁰⁰ Wilson never drank again and credited his sobriety to his spiritual awakening that inspired him to help other alcoholics unable to stop drinking on their own.

After discharge from the hospital, Wilson attended the Oxford Group Thatcher told him of and the two men began reaching out to alcoholics at the Calvary Mission encouraging sobriety through telling their own stories. Silkworth, noting Wilson’s sobriety, endorsed the avocation and encouraged Wilson to extend his work with patients in the Towns Hospital. Both endeavors failed to produce sober men, although Wilson remained committed to the project, determined in his own ability to remain sober while engaged in this activity.¹⁰¹

In May of 1935, Wilson traveled to Akron, Ohio and met Robert Smith for the first time, a meeting that led to the founding of A.A. Wilson was in Akron on a rare job opportunity he picked up while visiting Wall Street.¹⁰² When the proposition soured,

⁹⁹ *A.A. Comes of Age*, 58.

¹⁰⁰ *Ibid.*, 62-63.

¹⁰¹ *Ibid.*, 64.

¹⁰² *Ibid.*, 65.

Wilson's business associates left him in Akron. Still sober, Wilson worried about drinking and paced the halls of his hotel until he thought about the fact that through his failed attempts to get other men sober, he remained sober. He thought he might stay sober if he found another alcoholic to talk to, someone with whom to share his current struggle. His thought led to him to an epiphany in which he recognized that a sober alcoholic needed to talk with another alcoholic as much as a drinking alcoholic did, the help was mutual.¹⁰³

Wilson made a series of telephone calls to churches that might know Oxford Groups in the area, to his surprise he found an Episcopal priest who gave him a list of names, the last being Henrietta Seiberling who arranged for Wilson to meet with acquaintances of hers at her home the next day, Anne and Robert Smith. Robert Smith, a physician in Akron known for his drinking, gave up a lucrative surgical career, and now struggled financially in a small private practice. Wilson met the Smith's at the Seiberling home the following evening and the two men talked until eleven. Although Wilson never relapsed to drinking as he feared he might, it was not Smith's last fling, an event that occurred only weeks later when he attended a medical convention in Atlantic City. Wilson, who had remained in Akron following through on unfinished business, helped Smith regain his sobriety when he returned from the convention, although this time, Wilson found that he received more than he gave when on the next day Smith resolved never to drink again, and he never did.¹⁰⁴ Wilson remembered the advice he received from Silkworth...you are preaching at these alcoholics. You are talking to them about the Oxford Groups precepts of being absolutely honest, absolutely pure, absolutely unselfish, and absolutely loving. This is a very big order. Then you top it off by harping on this mysterious spiritual experience of yours. No wonder they point their finger to their heads and go off and get drunk....give them the medical business...coming from another alcoholic, one alcoholic to another...maybe that will crack those tough egos deep down.¹⁰⁵

¹⁰³ A.A. Comes of Age, 66.

¹⁰⁴ Ibid., 70-71.

¹⁰⁵ Ibid., 68.

On June 10, 1935, when Smith drank his last alcoholic drink, he did so to steady his hand in order to be able to perform a surgical procedure, a procedure only he could perform. Following the successful surgery, Smith spent several hours travelling throughout Akron to make amends to creditors and others he had harmed in his years of drinking. The next day he and Wilson began to conceptualize a purpose, some way to help others through their own struggle, and informally settled on the notion of helping other alcoholics by spreading the word of sobriety, one alcoholic talking to another.¹⁰⁶

Even before Smith's last fling, Wilson realized that what he had been trying to do relied on the personal relationship developed between two alcoholics, not on his "awakening." Moreover, although Wilson retained a strong belief in spiritual growth, he turned his belief in forming A.A. toward the mutuality of the relationship, the give and take between two alcoholics. Accepting the responsibility as an alcoholic in recovery to help at least one other person struggling with alcoholism, turned out to be the catalyst that motivated Wilson and Smith. Mutual aid, one alcoholic helping another in reciprocated support of sobriety, "giving back," became central to A.A.¹⁰⁷

Silkworth was the first physician to support Wilson's idea of mutual aid, a process Silkworth referred to as "a fellowship of ex-alcoholic men and women banded together for mutual help....duty bound to assist alcoholic newcomers."¹⁰⁸ He wrote the introduction to the first edition of *Alcoholics Anonymous*, an introduction Wilson

¹⁰⁶ A.A. Comes of Age, 71.

¹⁰⁷ Ibid., 70.

¹⁰⁸ Ibid., 188.

promised to keep in future editions, personally donated and convinced Charles B. Towns to advance funds for the first volume.¹⁰⁹

In November of 1937, the fellowship claimed forty members and two groups: one group that met regularly in Akron, Ohio and the other in New York City. For the two founders, forty “cases” meant the program was working and offered hope. Their idea remained far from developed, and neither man had any inkling of forming a nationwide service organization.¹¹⁰

Before Wilson met Smith, he and Thatcher developed the original program from the Oxford Groups precepts, and talking with other alcoholics, they formed an association that purposefully lacked authoritative structure. The original program consisted of six precepts the men took from their Oxford work and used to introduce the program to initiates:

1. We admitted we were licked, that we were powerless over alcohol.
2. We made a moral inventory of our defects or sins.
3. We confessed or shared our shortcomings with another person in confidence.
4. We made restitution to all those we had harmed by our drinking.
5. We tried to help other alcoholics, with no thought of reward in money or prestige.
6. We prayed to whatever God we thought there was for power to practice these precepts.¹¹¹

¹⁰⁹ *A.A. Comes of Age*, 13.

¹¹⁰ *Ibid.*, 76-77.

¹¹¹ *Ibid.*, 160.

In addition to the precepts, the men also gathered evidence that supported their experience of recovery including medical information from Silkworth. Silkworth believed the alcoholic needed medical information about the dire consequences of alcoholism at a time of weakened defenses, a position A.A. later described as “hitting bottom.”¹¹² Thatcher and Wilson both claimed conversion through spiritual awakening at one of their lowest points and Thatcher, who experienced his conversion first, shared William James’ *Varieties of Religious Experience* with Wilson, a book that greatly influenced Wilson and his development of the program.¹¹³

The position James professed, that spiritual experience could transform people, an authentication of the experience, appealed to Wilson who looked at the process as one in which total hopelessness opened the possibility of change. Silkworth had told Wilson he was “a hopeless alcoholic,” gave up on his treatment and gave up on Wilson as a patient. After Wilson experienced his spiritual awakening and transformation, which William James’ writing explained to Wilson in a way he understood, he incorporated the concept into A.A.’s first step—admitting powerlessness over alcohol. An admission in more than mere words, “powerlessness over alcohol” established the foundation for an awakening, spiritual in nature although not necessarily religious, that could transform alcoholics into sober men.¹¹⁴

¹¹² Howard J. Clinebell, *Understanding and Counseling the Alcoholic through Religion and Psychology* (New York: Abingdon Press, 1956), 24.

¹¹³ *A.A. Comes of Age*, 58-59, 63-65.

¹¹⁴ *Twelve Steps and Twelve Traditions*, (New York: Alcoholics Anonymous World Services, Inc.), 21. A.A. has Twelve Steps and Twelve Traditions. The Traditions were established over time to ameliorate problems in the groups and were printed for the first time in 1946.

The name “Alcoholics Anonymous” came into common use at the time the group began developing the “Big Book,” entitled *Alcoholics Anonymous*, an endeavor that began as a means to both reach more alcoholics and financially support the fellowship.¹¹⁵ While co-existing with the Oxford Group, the fellowship literally referred to their group as a “nameless bunch of alcoholics.”¹¹⁶ In 1937, after twenty men experienced recovery in the group, Wilson met with Smith to discuss several options he felt the group might use to reach more alcoholics. He suggested initiating paid missionaries, funding hospitals, and perhaps writing a book to publicize the organization. Smith disliked the notion of creating a business and suggested that the two men meet with the Akron group to discuss what Wilson proposed.¹¹⁷

The Akron group agreed with Smith, believing that a business enterprise would “kill our good will with alcoholics,”¹¹⁸ although the group voted on the idea and, by a narrow margin, accepted the notion. Wilson went to New York to attempt to establish funding and following a series of failed attempts he went to the office of his brother-in-law who knew Willard Richardson, a man who worked in the offices of the John D. Rockefeller, Jr. Foundation. Wilson and his brother-in-law, Leonard Strong, met with officers of the Foundation in the private boardroom of the Foundation, who like the Akron group, questioned how money might influence the organization, “Won’t money

¹¹⁵ *A.A. Comes of Age*, 165.

¹¹⁶ *Ibid.*

¹¹⁷ *Ibid.*, 145.

¹¹⁸ *Ibid.*

create a professional class?” “Wouldn’t the professional members spoil the man-to-man approach that is now successful?”¹¹⁹

Wilson did not give up, and invited members of the Foundation Board to Akron to see the success of the fellowship. Following their visit, the Foundation members agreed to present a proposal to Rockefeller for his consideration totaling fifty thousand dollars. Rockefeller refused to fund the proposal. In spite of the fact that he liked the idea and the charitable nature of the organization appealed to him, he believed “money will spoil this thing.”¹²⁰ He agreed to give the organization five thousand dollars with the understanding that no future proposals requesting money from the Rockefeller Foundation be submitted, although members of the Foundation Board could help the organization raise funds.¹²¹

Disappointing at the time, the A.A. fellowship would come to view Rockefeller’s decision as saving them from the influence of money, a mainstay of the fellowship to this day. Although the organization does accept charitable contributions, they are anonymous and individual contributions are limited to an annual amount not allowing one-member control to influence the organization. The five thousand dollars received from the Rockefeller Foundation went to support current operations of the organization, a weekly stipend of thirty dollars for Wilson and Smith who operated all “business” aspects of the fellowship, until the money ran out. The money received was not nearly enough to

¹¹⁹ *A.A. Comes of Age*, 149.

¹²⁰ *Ibid.*, 150.

¹²¹ *Ibid.*, 151.

support the plans, but the group did decide to establish their own private foundation and employed the Rockefeller Foundation to assist development.¹²²

The Alcoholic Foundation Board members, established in 1938 to raise funds in support of the fellowship, first directed Wilson to publishers for support of the book, although later the Foundation would establish “Works Publishing, Inc.” the predecessor to “Alcoholics Anonymous World Services, Inc.,” the charitable foundation that today manages publishing and business operations of A.A. The first edition of *Alcoholics Anonymous*, published in April of 1939, proved to challenge the new foundation and the fellowship, although in 1941 the organization’s membership leapt from 2000 members to 8000, an increase the organization credited to an article in the *Saturday Evening Post* that increased circulation of the Big Book.¹²³

Writing and publishing the first edition of *Alcoholics Anonymous* gave the fellowship its name (A.A. took its name from the book, not the other way around) and the twelve-step program. The “twelve steps” became lifelines for the members as they defined the content of meetings and formed discussion; moreover, the steps formed an approach to recovery that dominated alcoholism treatment from the mid-1950s until the latter decades of the twentieth century.¹²⁴

Wilson wrote the “12 Steps” in 1938 finding it difficult to get his mind off problems in funding the proposed book and thinking the initial six precepts, borrowed from early work with the Oxford Groups, needed more substance and clarity if they were

¹²² A.A. *Comes of Age*, 151.

¹²³ 190-192.

¹²⁴ William L. White, *Slaying the Dragon*, 205.

to be published.¹²⁵ Although Wilson was exhausted when he took up the task to write the steps, something he decided to do on his own, getting the steps accepted by the fellowship proved far more difficult. The A.A. men became embroiled in a large debate and formed three separate factions, each with their own opinion. Wilson, at first defending his work, took a different approach as the argument intensified and sent the unapproved steps out for review and agreed to consider input from all members. The final decision was a compromise between what Wilson defined as the conservative opinion that wanted to retain Christian doctrinal reference, radicals who wanted no reference to God, and the liberals who voiced an opinion somewhere in between.¹²⁶

Wilson contends the liberal point of view saved the steps in compromise. The use of “God” in step two changed to “power greater than ourselves”; in step three God became “God, as we understand Him”; the expression “on our knees” was deleted; and instead of referring to “the steps” as absolutes, the lead-in changed to “Here are the steps we took *which are suggested* as a Program of Recovery.”¹²⁷

1. We admitted that we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God, *as we understand Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and another human being the exact nature of our wrongs.

¹²⁵ A.A. *Comes of Age*, 161.

¹²⁶ Ibid., 162.

¹²⁷ Ibid., 167.

6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people whenever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.¹²⁸

The twelve steps have individual meaning for the alcoholic, although the program as a way of life in recovery requires attendance to the steps as a whole. Step one, is considered foundational, and refers to admitting defeat, giving up the idea that drinking alcohol is possible, and accepting the hopelessness of maintaining any quality of life while drinking. Step one is considered the backbone of the program, being honest with oneself, looking at how alcohol use controlled one's life, and admitting that it is a substance neither you, your intellect, or your body can conquer. In the program, admitting defeat is the point at which the alcoholic is open to "spiritual awakening," although the steps are careful not to define what that means in relation to specific religious beliefs. Spiritual awakening in A.A. is the alcoholic's recognition that he or she is not the center of the universe.¹²⁹

¹²⁸ *A.A. Comes of Age*, 50.

¹²⁹ *Alcoholics Anonymous*, 3rd ed. (New York, NY: Alcoholics Anonymous World Services, Inc., 1976), 62.

Many in the fellowship believed the steps gave A.A. a program that assured the nonalcoholic world “our way of living has its advantages for all,”¹³⁰ a belief attested to in the Foreword to the first edition of *Alcoholics Anonymous*, published in 1939:

...We are not an organization in the conventional sense of the word. There are no fees or dues whatsoever. The only requirement for membership is an honest desire to stop drinking. We are not allied with any particular faith, sect, or denomination, nor do we oppose anyone. We simply wish to be helpful to those who are afflicted.¹³¹

In Silkworth’s introduction to *Alcoholics Anonymous* he presented the alcoholic as a person who “can never safely use alcohol in any form at all; and once having formed the habit and found they cannot break it, once having lost their self confidence, their reliance upon things human, their problems pile up on them and become astonishingly difficult to solve.”¹³² In his statement Silkworth addresses the need for people with alcoholism to rely on a “power greater than himself,” (Step Two) although it is also a reflection of Silkworth’s conversion to a belief in A.A. as a remedy. As a physician, Silkworth endorsed medical treatment although he admitted that abstinence seemed the only hope the physician offered and in the case of most chronic alcoholics, the physician offered no hope at all.¹³³

Alcoholics Anonymous did not promote or advocate the concept of medical treatment or in any way suggest that A.A. itself provided treatment. In fact, very early on A.A. advised members against presenting themselves as alcoholism professionals and not

¹³⁰ *Alcoholics Anonymous*, xiii.

¹³¹ *Ibid.*, xiii -xiv.

¹³² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 105.

¹³³ *Alcoholics Anonymous*, xxviii.

to attempt to diagnose or convince others that they may be alcoholic. The centerpiece of A.A. was attraction to the program, preferring that A.A. remain an avocation, not a profession, the “work” of A.A. members seen as the sharing of their *own* story with another who may then be attracted to the program.¹³⁴ This principle conflicted Mann’s work as she promoted a public health campaign that encouraged the acceptance of alcoholism as disease and access to treatment for all afflicted.¹³⁵

In 1939, the fellowship of A.A. consisted of a few small groups and a total association of about one hundred men.¹³⁶ Two groups met regularly, the Akron group and the New York Group, tied together by the co-founders, Robert Smith who lived in Akron, and William Wilson, who lived in New York. Men and women attended A.A. during this time, although that meant sober wives with alcoholic husbands.¹³⁷ A.A. remained the only recovery program specifically working toward recovery for the alcoholic, and by 1940, the organization estimated that 800 people, mostly men, had achieved recovery in the fellowship.¹³⁸

Mann and Alcoholics Anonymous

Mann is widely recognized as the first woman to gain lasting sobriety in A.A. and although she was not the first woman known to the fellowship, her allegiance to the program was pivotal in changing the gendered composition of A.A. Mann attended her

¹³⁴ Ibid., xiii.

¹³⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 10. Marty Mann, *New Primer*, 17.

¹³⁶ *A.A. Comes of Age*, vii.

¹³⁷ William L. White, *Slaying the Dragon*, 158.

¹³⁸ Ibid., 180, 199.

first A.A. meeting in 1939 after spending nearly two years receiving hospital and sanitarium care in New York City and Connecticut. At the time of her discharge from Blythewood Sanitarium in September 1939, Mann attended the A.A. group in New York City, where she met Lois and William Wilson. William Wilson became her sponsor in the fellowship, although both of the Wilsons remained long-term friends of Mann. The New York group was uprooted when the Wilsons' home, where the meeting was held, was foreclosed. Their meeting location moved from place to place for several months while the membership remained stable, initiating lasting friendships as each member grew in their own recovery. The group grew to approximately sixty members, although co-founders Wilson and Smith still considered A.A. to be reaching a very small number of alcoholics, and far too few women to please Mann.¹³⁹

In A.A.'s program of recovery, Mann adopted the twelve steps as "a way back to life, and then a design for living,"¹⁴⁰ and discovered as the second step advises, "something greater than" herself. She credited the twelve steps of A.A. with providing the spiritual growth she lacked.¹⁴¹ Mann referred to A.A. as "the miracle of sober life"¹⁴² and often said in the course of her public presentations, "We can't just be grateful in a closet by ourselves. We have to keep growing."¹⁴³

¹³⁹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 120-122.

¹⁴⁰ Marty Mann, *New Primer*, 163.

¹⁴¹ Step Two: Came to believe that a Power greater than ourselves could restore us to sanity.

¹⁴² Marty Mann, "Marty Mann Tells Her Story and Talks About Alcoholism at Charlotte, NC 8-15-1968," *History of Recovery*. CD. nd.

¹⁴³ *Ibid.*

Mann assumed the voice of women in A.A. out of need: there were few women in A.A., and most did not stay involved. She also knew from personal experience that women, like men, experienced alcoholism and believed A.A. offered people with alcoholism, man or woman, the best chance of recovery. She attempted to introduce A.A. to over 100 women during her first year of recovery in the program.¹⁴⁴ Most attempts were unsuccessful because women's alcoholism carried far greater stigma for them than alcoholism did for men. Women were judged by a double standard and were perceived differently than the men who experienced the same disease. Many did not believe women could be alcoholic in the same way the disease manifested itself in men. Even A.A. men within the closely-knit fellowship where Mann sought her own sobriety found the notion of "alcoholic" women resting on shaky ground, and viewed Mann as the exception.¹⁴⁵ In 1965, introducing herself as an alcoholic in recovery, Mann spoke about the increase in the number of women who found their sobriety in A.A. stating "there was a time when I was uncertain that this day would ever come. I know most of the men thought it would never come."¹⁴⁶

Mann also often expressed concern that so few doctors knew about alcoholism or where to refer people with the disease, especially women with alcoholism. At a speaking engagement in Hobbs, New Mexico, Mann reflected on her own experience in psychiatric care and of how fortunate she was in meeting Kennedy and Tiebout, and finally being introduced to A.A. Mann asked her listeners,

¹⁴⁴ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 122.

¹⁴⁵ *Ibid.*, 122.

¹⁴⁶ Marty Mann, "1965 A.A. International Convention, Toronto, Canada." *Talks About N.C.A. and Alcoholism, History of Recovery*. CD. nd.

Do you realize... how incredibly fortunate you are? I know you do at moments. Being here and being able to be here is still a miracle for me, and I mean that in an absolutely, literal sense...not as a figure of speech. I mean it literally and precisely and factually, those of us who have found recovery in A.A. and Alanon have found themselves a miracle.¹⁴⁷

From the beginning of her search for wellness, Mann expressed concern about the barriers women faced in finding recovery, including their acceptance into the tightly knit community of A.A. men. She subsequently enjoyed sharing the story of her first three “cases” as she referred to them, women who were recruited into the fellowship and who against all odds achieved lasting sobriety.¹⁴⁸ Nona, who Mann initially met at Blythewood; Bobby, sent to the meeting from an institution, and who Mann described as a younger woman that “looked pretty wild eyed”; and Ila, one of Bobby’s first twelve step calls.¹⁴⁹ Joining A.A. early on together formed a bond between the women that cemented Mann’s resolve to share the miracle of recovery with more women. Mann would introduce Priscilla Peck to A.A. in 1943,¹⁵⁰ but in 1939 progress in recruiting and sponsoring women into the New York group proved slow. The New York A.A. meeting counted five women among its regular members, and one-hundred members in the two existing groups.¹⁵¹

¹⁴⁷ Marty Mann, “Hobbs, New Mexico, February 1, 1964.” CD. nd.

¹⁴⁸ Marty Mann, “1965 A.A. International Convention, Toronto, Canada.” CD. nd.

¹⁴⁹ Ibid.

¹⁵⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 148.

¹⁵¹ *A.A. Comes of Age*, 180.

The fellowship itself reported substantial growth by 1941 while the gendered composition of A.A. remained heavily skewed toward men. Neither the public nor the A.A. community trusted that women's alcoholism was the same phenomenon as men's and for recovering men in A.A., women's presence in the group invited an unwelcome sexual tension. Early A.A. gatherings often included sober wives who attended to support their husband's recovery, who distrusted the purpose of mixed sex meetings, and who sometimes fidgeted through the narratives of alcoholic women, believing like most that women who drank were "different,"¹⁵² their nervousness reflecting common cultural perceptions of drinking women as sexual predators, no longer "fallen," on the prowl.¹⁵³ A.A. men and their wives questioned the women's motives in attending A.A. and "under every skirt is a slip" became an early A.A. colloquialism among the largely male fellowship indicating that sexual activity between A.A. men and A.A. women generally ended in a return to alcohol use.¹⁵⁴ In early A.A., many men felt a sexual tension within meetings where women invaded what began as a male world of recovery.¹⁵⁵

Ever cognizant of the greater difficulty for women to be successful in attaining recovery, Mann often spoke of her own persistence in spite of three relapses in the first eighteen months after leaving Blythewood, because she wanted other women to know the difficulty they faced in retaining recovery. An important part of Mann's story and her legacy is her dedication to assuring women in A.A. recognized they had a right to be members, and a responsibility, "it is not yet as easy for women as for men to get

¹⁵² *AA Comes of Age*, 199; Sally Brown and David R. Brown, *Mrs. Marty Mann*, 129.

¹⁵³ Lori Rotskoff, *Love on the Rocks*, 115-117; Michelle McClellan, *Lady Tipplers*, 286-289.

¹⁵⁴ Lori Rotskoff, *Love on the Rocks*, 118-119; William L. White, *Slaying the Dragon*, 158.

¹⁵⁵ *AA Comes of Age*, 24.

help...although for A.A. [members], remember it is our responsibility [to help other alcoholics],”¹⁵⁶ adding

...it is terribly important in these days when so many more women are seeking help to realize that this opportunity was not offered to us a few years ago...it was not that [women] could not make it or that they did not want to make it, it is just that the odds were stacked so heavily against them that they never really had a chance. The double standard...works against women in admitting this problem and in seeking help.¹⁵⁷

Mann’s contribution to *Alcoholics Anonymous*, the “Big Book,” told her story, entitled, “Women Suffer Too,” was included in the 1955 printing of the second edition.¹⁵⁸ In it, Mann wrote her narrative of recovery, a story she told across the nation on her mission to educate the public. In the first edition, printed in 1939, only Florence R.’s story appeared to document a narrative of women’s recovery; in the second edition, eleven women’s recovery narratives appeared.¹⁵⁹ Mann said of the first edition, “It was clearly a book about men written for men. Dr. Tiebout put an end to that...by sending me to a meeting,”¹⁶⁰

For years before finding recovery in A.A., Mann struggled to discover why her life seemed to spiral out of control. She and her doctors viewed her alcohol use as symptomatic of other problems: “insanity” as Mann stated, “Neurosis” in psychiatric

¹⁵⁶ Marty Mann, “1965 A.A. International Convention, Toronto, Canada.” CD. nd.

¹⁵⁷ Ibid.

¹⁵⁸ Marty Mann, “Women Suffer Too,” in *Alcoholics Anonymous*, 2nd ed. (New York, NY: Alcoholics Anonymous Publishing, Inc., 1955), 222-229.

¹⁵⁹ Lori Rotskoff, *Love on the Rocks*, 118. Also, see *Alcoholics Anonymous*, 2nd ed. (New York, NY: Alcoholics Anonymous Publishing, Inc., 1955).

¹⁶⁰ Marty Mann, “1965 A.A. International Convention, Toronto, Canada.” CD. nd.

language. Alcoholics Anonymous changed that for Mann, a program she later described as “first a way back to life, and then a design for living.”¹⁶¹ A.A. did not change years of social and cultural perspectives that viewed a woman’s drinking differently than a man’s drinking, not even within the fellowship.¹⁶²

While Mann’s experience in A.A. supported her conviction that all victims of alcoholism could recover and were deserving of care, she recognized that the fellowship could not act as a voice to educate the public about alcoholism, or act as a participant in advocating for services “lest problems of money, property, and prestige divert us from our primary purpose.”¹⁶³ A.A. existed expressly for those with an honest desire to quit drinking and based its “public relations policy on attraction, rather than promotion; we need always maintain personal anonymity at the level of the press, radio, and films”¹⁶⁴.

Although Mann found recovery in A.A., she believed the public needed information about alcoholism so friends, family, and physicians could take action to help people with alcoholism, interrupt the downward progression that accompanied alcoholic drinking as it did in her life. Mann thought that ignorance about alcoholism upheld prejudicial views and supported beliefs that stereotyped alcoholics in gendered and class-biased views that erected barriers to recovery. She believed one way to change perceptions of people with alcoholism was through public discussion, and another was to

¹⁶¹ Marty Mann, *New Primer*. 163.

¹⁶² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 113.

¹⁶³ *Twelve Steps and Twelve Traditions*, 155.

¹⁶⁴ *Ibid.*, 180.

provide help for people with the disease advocating for services, a responsibility she believed belonged to the public.¹⁶⁵

Life in Recovery: Mann forms her Mission

Following her relapse after leaving Blythewood, Mann regained her sobriety, went back to A.A., and returned to New York City where she found work in media and public relations. In 1940, she held the position of fashion publicity director for R. H. Macy's department stores. The position allowed Mann to resume use of her skills as a publicist and provided an opportunity to renew contacts in journalism and the arts. While employed at Macy's, Mann met chief copywriter, Priscilla Peck, who was also active within the New York gay community, and the two began an intimate relationship that lasted until Mann's death in 1980.¹⁶⁶

Some say Mann and Peck actually met earlier, sometime shortly after Mann left Blythewood. Peck may have assisted Mann in landing the job at Macy's Department Store. There is evidence that both women vacationed at Cherry Grove, Fire Island and may have met there; moreover, Cherry Grove became a special place for the two as their relationship matured. The couple later purchased a country home on the Island where they could spend time together in relative privacy, not afforded in the business atmosphere of New York City.¹⁶⁷

Mann's sexual orientation is remarkable for the lack of attention it received both during her life and in the study of her work. Evidence documents that her lesbianism,

¹⁶⁵ Marty Mann, *New Primer*, xi-xii.

¹⁶⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 138.

¹⁶⁷ *Ibid.*, 143-144.

although well known, never attracted the public attention that her work did. Somehow, it survived as a private and personal relationship even in the midst of an aggressive attack on personal life, evidenced in McCarthyism. The nature of the relationship between Mann and Peck surfaced only briefly in archival records and only in personal correspondence from Peck. Nonetheless, the story of Mann's life intertwined with her relationship with Peck, as is the case in most intimate relationships, such as Peck's involvement in A.A., her encouragement of Mann's writing, and her assisting Mann in the development of her mission to educate and inform the public about alcoholism.

Peck's drinking had not interfered with her ability to work or function, nor did she have a reputation as an excessive drinker, yet Mann introduced Peck to the "fellowship" of A.A. in 1943, near the beginning of their relationship. Some wondered if Peck ever had a drinking problem or suffered from alcoholism, but A.A. had no requirements in this regard. Mann may well have seen aspects of Peck's drinking that many did not, moreover, Peck had an alcoholic sister who showed all the signs of late stage alcoholism, signs that Mann knew well and may have prompted Mann to express her concern. Perhaps Mann wanted Peck to avoid the downward spiral, or perhaps Peck agreed that her drinking showed signs of trouble. Nevertheless, Peck entered the fellowship and recovery.¹⁶⁸

The only commitment to A.A.'s program required an honest desire to quit drinking, a tradition that developed over conflict surrounding the participation of a homosexual in an early Ohio group. It was the 1940s when Wilson received a letter from

¹⁶⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 138.

an A.A. group concerned that they had a “sexual deviate” who wished to attend.¹⁶⁹

Wilson asked only if the man wanted to stop drinking, and when the group responded that he did, the tradition was born. It was a program that had only one focus reflected in the first tradition, “our common welfare should come first; personal recovery depends on A.A. unity.”¹⁷⁰

Mann did not consider A.A. as “treatment” for alcoholism, or at least, not solely as treatment for alcoholism. Her chapter dedicated to the fellowship, in *Marty Mann’s New Primer*, described her experience of A.A. as “both a fellowship and a method of treatment, but it is also many other things so that neither word in itself is descriptive enough.”¹⁷¹ Peck’s drinking may have presented a threat to Mann’s newly regained sobriety, but it is more likely both women wanted a relationship that reflected mutual interests and values – including a sober life. They had many interests in common; both enjoyed the arts, both had a fondness for animals, and now both shared involvement in A.A.

Peck assisted Mann in developing her career in alcoholism advocacy and maintained significant interest in Mann’s work, evidenced by Mann’s 1950 dedication of her first book, *Primer on Alcoholism*: “To Peck who made me write it all down.”¹⁷² It was not that Peck had nothing else to do, she worked as the art editor, then art director, of *Vogue* magazine from 1947 until retirement in 1972, a position she loved and one that

¹⁶⁹ Sally Brown and David R. Brown, 145.

¹⁷⁰ *Twelve Steps and Twelve Traditions*, 129.

¹⁷¹ Marty Mann, *New Primer*, 163.

¹⁷² Marty Mann, *Primer on Alcoholism*, 1950.

paid well. She was well known in New York City's art world and well respected in her work and by no means living vicariously on Mann's vision.¹⁷³

In 1942, Mann left Macy's Department Store and took a position with the American Society of Composers, Artists, and Publishers (ASCAP) as a radio scriptwriter then later as research director.¹⁷⁴ Mann also intensified her avocation as a dedicated member of A.A. working to introduce women to recovery in A.A. Slowly more women joined the fellowship and stayed, although Mann still saw evidence of how the double standard, applied to women's alcoholism, influenced women's ability to accept their disease.¹⁷⁵

Frustrated with the relative silence of A.A., Mann began to develop her plan of action to break through the wall of ignorance that formed barriers to recovery for people with alcoholism, especially women. One February night of 1944 when she was unable to sleep, Mann drafted the first rendition of a proposal she submitted to the Research Council on the Problems of Alcohol (RCPA) and then to the Yale Center on Alcohol Studies. Her plan, to form a nationwide campaign to educate the public about alcoholism, would launch her next career.¹⁷⁶

Although Wilson agreed with Mann on the need for an educational campaign, he told Mann succinctly that she did not have the credentials or qualifications to carry out such a large task.¹⁷⁷ Moreover, while both Wilson and Mann believed alcoholism was

¹⁷³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 197.

¹⁷⁴ *Ibid.*, 152.

¹⁷⁵ Marty Mann, "1965 A.A. International Convention, Toronto, Canada." CD. nd.

¹⁷⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 156-157.

probably a disease, they only had their experiences, not scientific evidence to support the idea. Individuals within the fellowship sometimes referred to alcoholism as an illness, but A.A. stopped short of accepting alcoholism as a disease. Instead, A.A. preferred Dr. Tiebout's explanation of alcoholism as an allergy that caused different reactions to alcohol in normal drinkers and in alcoholics. Wilson's main objection to Mann's proposal, however, was not based in her understanding of alcoholism as a disease. He believed Mann's message violate the central principle of spreading hope and help from one alcoholic to another. While A.A. wanted nothing more than to reform the alcoholic, Mann wanted nothing less than social reform.¹⁷⁸

Wilson suggested Mann convene a planning group to both assist her in constructing her plan but also to help her plan an approach to attaining funding and support.. The planning group consisted of Dwight Anderson,¹⁷⁹ publicity director of the New York State Medical Society; Grace Allen Bangs from the New York Herald Tribune; Dr. Ruth Fox, a noted physician; Austin MacCormick, Osborne Association; and Priscilla Peck. Mann knew each member of the planning committee, many personal contacts, but all contacts that knew something about the developing field of alcoholism.¹⁸⁰

¹⁷⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 159.

¹⁷⁸ Board of Directors, Brown University Library, Special Collections Department, Manuscript Division, Collection Number A2002-42, NCADD – Mann Correspondence, Box 6.; Sally Brown and David R. Brown, *Mrs. Marty Mann*, 158-159.

¹⁷⁹ Dwight Anderson, "Alcohol and Public Opinion," *Quarterly Journal of Studies on Alcohol* 3 (1942): 376-392. Anderson's article contained four "kinetic ideas" that Mann would use in her proposal.

¹⁸⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 159.

Anderson, a consultant to the Research Council on the Problems of Alcohol (RCPA) suggested that Mann submit the proposal to the group for their consideration. The RCPA did not fully support the idea, hesitated on giving Mann an answer but finally declined. Fox and MacCormick suggested that Mann submit the proposal to Yale University's Center on Alcohol Studies, Fox had a personal connection with Haggard and Jellinek at the Yale Clinics where she had taken her husband for care. Alcohol studies were at the time a very small world.¹⁸¹

In 1941, Dr. Haggard at Yale had recruited members of the RCPA to complete research at the University when the Carnegie grant funding their research at the Council ended. Additionally, the University wanted their new staff, Drs. Jellinek, Keller, and Efron to found a section on alcohol studies within the Yale Laboratory of Applied Physiology, which they opened in 1943 as the Yale Center on Alcohol Studies (YSAC). The Center opened with a five-point plan on alcohol, including the development of alcohol education, making Mann's application timely. Fox and MacCormick suggested Mann talk to Drs. Jellinek and Haggard at the Yale Center, and in less than seventy-two hours, Mann received news that Dr. Jellinek accepted the plan.¹⁸² In a letter dated June 2, 1944, Mann wrote from her 48th Street address in New York City on lavender¹⁸³ stationery to Paul Kirby Hennesy, Esq. Man. [sic] Ave, N.W. Washington, D.C.:

¹⁸¹ Board of Directors, Brown University Library, Special Collections Department, Manuscript Division, Collection Number A2002-42, NCADD – Mann Correspondence, Box 6.; Sally Brown and David R. Brown, *Mrs. Marty Mann*, 158-159.

¹⁸² *Ibid.*, 160.

¹⁸³ A form of quartz, amethyst is a lavender-hued stone, believed in both early Greek and Roman cultures to protect its owner from drunkenness; and, the color Mann chose for the National Council on Alcoholism.

I don't remember whether I told you anything of my pet project when I was there - [inserting above the line] or you were here - making alcoholism respectable. In any case, I worked out a practical feasible place for beginning a campaign of education on a nation-wide scale. It needed scientific backing and it needed funds. Both have since been provided by Yale, where, as you probably know, Drs. Haggard & Jellinek of the Laboratory of Applied Physiology have established 1) a Section on Alcohol Studies, 2) a summer school of Studies in Alcohol, 3) the Quarterly Journal of Studies in Alcohol, 4) The Yale Plan – which has opened two free clinics, one in Hartford, one in New Haven, for alcoholics. Apparently, they were just getting ready for project no. 5 – an educational campaign – when my plan turned up, they accepted it – and me.¹⁸⁴

¹⁸⁴ Marty Mann, personal correspondence to Paul Hennessy, June 2, 1944 letter, Brown University Library, Special Collections Department, Manuscript Division, Collection Number A2002-42, NCADD – Mann Correspondence, Box 5.

Chapter Five

Mann and the National Committee for Education on Alcoholism: 1944-1950

In 1944, shortly after learning Yale University agreed to fund her proposal for the National Committee for Education on Alcoholism (NCEA), Mann resigned her position at the American Society of Composers, Authors, and Publishers (ASCAP) anxious to begin her new career. The University agreed to full funding for two years of operation and partial funding afterward until the organization was able to develop support from other sources.¹ The NCEA would operate within the Yale Center on Alcohol Studies (YCAS), headed by physician Howard Haggard and professor E. M. Jellinek. Opened in 1943, the YCAS conducted and published research, produced educational materials on alcoholism, operated a Summer School, and established treatment clinics that applied research conducted at the Center. Collectively the activities at the YCAS became the “Yale Plan,”² a plan that led the nation in defining alcoholism as disease.

Mann’s proposal for the NCEA was the last project initiated within the YCAS. In her proposal, Mann outlined a plan for a nationwide campaign that informed the public about alcoholism as a public health concern. The organization Mann envisioned established local committees in communities across the nation to help families and those Mann termed “concerned others” understand alcoholism and to provide a resource center where people with alcoholism could find help. Mann envisioned an organization that focused solely on educating the public to help people with alcoholism to direct them to

¹Sally Brown and David R. Brown, *A Biography of Mrs. Marty Mann: The First Lady of Alcoholics Anonymous* (Center City, MN: Hazelden Information & Educational Services, 2001), 164.

² William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington, IL: Chestnut Health Systems, 1998), 184-185.

the fellowship or to other developing resources for help. Mann planned a public health message that democratized alcoholism as disease, redefined people with alcoholism as patients, and established active outreach to guide and direct patients to recovery.³

Jellinek recommended Yale fund the proposed project after meeting with Mann and the planning group she formed in New York City, a meeting Wilson attended and observed, although he reportedly did not participate in the planning. Mann consulted with Wilson throughout the process; as her A.A. sponsor and mentor, his opinion mattered to her. In 1940, Mann and Wilson attended the third annual conference of the Research Council on Alcohol Problems, which they both considered instructive. For Mann, it ignited a quest. Mann's plan discussed that evening would change the way Americans viewed people with alcoholism.⁴

Jellinek looked at the proposed NCEA as a public relations arm of the YCAS, a way to disseminate research findings and publications, advertise the Summer School, and inform the public about the Yale Clinics.⁵ Jellinek liked the idea of a nationwide educational campaign and thought the NCEA presented an opportunity to “bridge the gap between scientific knowledge and public understanding.”⁶ Wilson initially thought Mann an unlikely candidate to direct the campaign having no scientific background, but Jellinek

³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 153.

⁴ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 153-154.; Ron Roizen, “How Does the Nation's ‘Alcohol Problem’ Change from Era to Era? Stalking the Social Logic of Problem-Definition Transformations Since Repeal” in *Altering American Consciousness: The History of Alcohol and Drug Abuse in the United States, 1800–2000*, eds. Sarah W. Tracey and Caroline Jean Acker (Boston: University of Massachusetts Press, 2004), 66.; William L. White, *Slaying the Dragon*, 187.

⁵ William L. White, *Slaying the Dragon*, 187.

⁶ *Ibid.*, 186.

recognized something in Mann that made him think otherwise. YCAS did not need a scientist or a physician; the Center needed public relations, a development specialist who could promote the work of the Center and raise funds at the same time.⁷

Government funding for research in medicine did not exist in 1943 when Yale established the Alcohol Studies Center. The United States Public Health Service (USPHS) would expand its research budget in the late 1940s; however, in spite of a growing interest in research on alcohol science that reappeared following National Repeal, securing long-term financial support was difficult. Funding for medical research at the time was largely private, obtained mostly through research foundations such as Carnegie and Rockefeller, funds the University used to support its departments. Large foundations often had broad interests in medicine that did not center on alcohol research alone, which limited funds for alcohol science to short-term projects.⁸

Pharmaceutical companies, one of the larger interests in medical research, employed their own research staff and rarely extended grants to others, although they were interested in finding pharmacological answers to the alcohol problem. The Mayo Clinic, the American Medical Association, and Metropolitan Life Insurance also established small, project grants for medical research, again not sustaining grants that supported research, study, or programs over the long run.⁹ The largest source of funding

⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 160.

⁸ Paul Starr, *The Social Transformation of American Medicine* (New York, NY: Basic Books, Inc., Publishers, 1982), 339.

⁹ *Ibid.*

for the Yale Center came from private donations directly to the University.¹⁰ Mann's proposal for the NCEA offered Yale an opportunity to raise funds through a private, voluntary organization that represented their research interests.¹¹

Before 1950, financial support for individual medical causes, such as tuberculosis or polio, commonly came from the voluntary sector, organizations that focused on a single health concern and raised public awareness and funding for medical research. For example, the National Association for the Study and Prevention of Tuberculosis (NASPT) began work in 1904-05 and organized the Christmas Seals campaign in 1907 that enlisted children in performing "hygienic chores," activities that improved health and sanitation, which were thought to increase resistance to tuberculosis. Funds from the early Christmas Seals campaigns supported health education designed to change individual health habits and the formation of tuberculosis clinics, although funding trends changed as medical research developed.¹²

By 1915, the Christmas Seals campaign had gained wide support and had raised enough funds to help the NASPT open over 500 clinics across the nation, increasing awareness of health principles known at the time to combat the disease. In 1918, the association changed its name to the National Tuberculosis Association (NTA), and in 1921, the NTA changed direction of the Christmas Seals campaign from support for

¹⁰ William L. White, *Slaying the Dragon*, 185. White contends: "When the center opened, its leaders held up as a sign of its scientific objectivity and independence the fact that the Center had sought no outside financial contributions from any organization. Ron Roizen's research into this period has revealed that Yale did in fact receive outside private and corporate philanthropy and that a portion of those funds came directly from a representative of the brewing industry." This is an issue beyond the scope of this dissertation. Yale University was the largest source of support for the Yale Center.

¹¹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 163.

¹² Paul Starr, *The Social Transformation of American Medicine*, 191-192.

individual health activities and care to medical research on finding a cure for tuberculosis.¹³ Funds from the Christmas Seals campaign supported medical research and development on tuberculosis that eventually produced a vaccine readily available to the public.¹⁴

Between 1900 and 1950, private voluntary health organizations were the major source of funding for medical research and had a successful history of raising money and raising awareness among the public. Mann, treated for tuberculosis as a teenager, and Yale must have considered this changing context as they developed the NCEA; in this new area of medical research on alcoholism, the NCEA was an idea that could follow the National Tuberculosis Association's (NTA) success.¹⁵ The Yale Center and Mann thought the NCEA was capable of building an alcoholism constituency where Mann could provide a voice for the cause, which she was interested in providing and which Yale must have considered in sponsoring the NCEA.

By the end of the decade, developing medical science marketed and sold expertise, which was the product YCAS expected Mann to promote through the NCEA, a misunderstanding of immense proportions that undermined the relationship between the two. The relationship between the Center and the NCEA formed so early there is room to consider that YCAS did not have this expectation when accepting Mann's plan for the NCEA. By 1949, however, it was obvious YCAS and the NCEA had very different outcomes in mind when furthering their work.

¹³ Paul Starr, *The Social Transformation of American Medicine*, 339.

¹⁴ National Network for Immunization Information, "Tuberculosis: Understanding the Disease," <http://www.immunizationinfo.org/vaccines/tuberculosis> (accessed March 7, /2013).

¹⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 34.

Planning a National Committee for Education on Alcoholism

Mann's plan included a national office that organized local Citizen's Committee activities and catalogued the activities of established citizens' committees in local communities. The national office provided information and educational materials to the local level committees in addition to coordinating speakers, providing bureau and consultation services for professionals, helping to conduct business, and addressing other interests local committees expressed. The national and local committees provided information and education to the public to increase awareness and reduce the stigma associated with alcoholism, a uniform message developed in the plan. Additionally, the national and local committees focused on early identification and referral to resources and advocated for expanded hospital services for the acutely ill and local diagnostic and treatment clinics for alcoholics and their families.¹⁶

There are conflicting accounts of where the notion of a nationwide organization on alcoholism education originated, although both scenarios credit Mann with implementing the idea and for the organization's success. Dwight Anderson, who assisted Mann on her planning committee, also had significant input into Mann's plan for the NCEA. Although unstated in the record, Anderson may have suggested or heard of a similar organizational plan as a consultant with the Research Council on the Problems of Alcohol (RCPA) the year before Mann submitted her proposal to the organization.¹⁷

¹⁶ Marty Mann, *Marty Mann's New Primer on Alcoholism: How People Drink, How to Recognize Alcoholics, and What to do About Them* (New York, NY: Holt, Rinehart and Winston, 1958), 158.

¹⁷ William L. White, *Slaying the Dragon*, 183.

In 1943, the RCPA considered a plan “partially through Dwight Anderson’s influence... [To] develop an alcoholism information center, model alcoholism clinics, and hospitals, and [establish] a national network of organizations whose purpose would be the development of local alcoholism treatment services.”¹⁸ The RCPA recommended funding for the plan through an excise tax on alcohol and a tax levy on the advertising budget of the liquor industry. Perhaps funding never materialized, or the RCPA moved in a different direction, but a nationwide educational campaign never coalesced under the auspices of the Council. It is interesting to consider if this plan Anderson proposed to the RCPA is the same plan Mann proposed in 1944.¹⁹

Mann’s biographers argue that Mann first envisioned her plan for the NCEA in 1944 “one cold February night...restive with insomnia,”²⁰ not influenced Anderson or the RCPA. Her biographers indicate that her work at ASCAP influenced her plan when at one point her position required her to examine the life and work of Dorthea Dix, a 19th century reformer who advocated on behalf of the mentally ill. In this rendition, the plan’s development reportedly rested on Dix’s precedent and sharpened Mann’s focus on her nationwide plan of action to help people with alcoholism.²¹

The developing medical and educational field on alcohol was small and tightly knit, and the histories of the RCPA, the Yale Center on Alcohol Studies (YCAS), and the NCEA intertwined and crossed throughout the period. The three organizations,

¹⁸ William L. White, *Slaying the Dragon*, 183.

¹⁹ Dwight Anderson, “Alcohol and Public Opinion,” *Quarterly Journal of Studies on Alcohol* 3, 1942: 376-392.

²⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 157.

²¹ *Ibid.*, 155-157.

considered the cornerstones of the modern alcoholism movement (1933-1965), represented a single interest: reintegrating alcohol into American culture while advancing scientific solutions to problem drinking. The “solution” that wielded the broadest explanatory scope, or perhaps the most public attention, within the parameter of reintegration turned out to be alcoholism.²²

The Research Council on the Problems of Alcohol (RCPA), Yale Center on Alcohol Studies (YCAS), and the National Committee for Education on Alcoholism (NCEA)

The Research Council on the Problems of Alcohol, founded in 1937, was an appointed committee of the American Association for the Advancement of Science (AAAS) and established scientific ownership of America’s alcohol problem. The “modern” scientific approach presented by the RCPA quashed the re-emergence of the wet-dry debate in an era that welcomed scientific advance.²³ The Research Council, originally established to address problems associated with alcohol, changed the direction of its work to alcoholism in response to the changing interests among its members, but also in an effort to attract funding from the alcohol industry that wanted nothing to do with associations between alcohol and problems.²⁴ In its twelve years of operation, the RCPA brought together many leading contemporary scientists from diverse areas of study, highlighting the need for a broad array of scientific research on alcoholism. Although many of the scientists involved in the RCPA continued research in alcohol

²² Ron Roizen, “How Does the Nation’s ‘Alcohol Problem’ Change from Era to Era?” 61-87.

²³ Ron Roizen, “Recalling the Birth of Alcohol Science,” *Journal of Studies on Alcohol* (Refereed), (1998), 629. Reports: The Research Council on Problems of Alcohol,” *Science*, 88, (1938): 329-332.

²⁴ William L. White, *Slaying the Dragon*, 182.

studies, some at Yale University, the association dissolved in 1949, unable to secure permanent funding.²⁵

The RCPA's interest in the etiology of alcoholism came into being as the result of physician Norman Jolliffe's frustration with his alcoholic patients' propensity to relapse. In the early 1930s, Jolliffe was among a handful of physicians working with alcoholic patients. Like other physicians in the field at the time, his work focused on biophysical aspects of alcohol use and the restoration of the body, treating the diseases alcohol caused, such as cirrhosis. Jolliffe held a research position at the New York University College of Medicine and gathered data from his practice with chronic alcoholics at Bellevue Hospital in New York City. Unable to get his patients restored to health before they resumed drinking he became involved with the RCPA in an attempt to gain understanding of alcoholism, the "appetite that fueled excessive drinking."²⁶

Research on alcohol competed for funding, a fact that established the need to collaborate efforts. For example, in 1940 physician Howard Haggard, who worked for Dr. Yandell Henderson (a founding member of the RCPA) at Yale University, proposed the *Quarterly Journal of Alcohol Studies* (QJSA) to circulate research findings from both Yale and the RCPA.²⁷ The Journal was the first such publication dedicated to intoxicant-related disease since the *Journal of Inebriety* went out of publication in 1914,²⁸ and became an internationally recognized journal still in publication in 2013.²⁹

²⁵ William L. White, *Slaying the Dragon*, 182.

²⁶ Ibid.

²⁷ E. M. Lender and K. M. Martin, *Drinking in America: A History* (New York: The Free Press, 1987), 185-186. William L. White, *Slaying the Dragon*, 182.

²⁸ William L. White, *Slaying the Dragon*, 182

In 1941, Haggard recruited Jellinek,³⁰ Mark Keller, and Vera Efron from the RCPA to complete research when the RCPA's Carnegie grant ended and to open the Yale Center of Alcohol Studies (YCAS).³¹ The YCAS developed out of research interests initiated within the University's Laboratory of Applied Physiology in the School of Medicine, a department "concerned largely with biological applications of physical chemistry."³² In the 1930s, Haggard worked in the Laboratory of Applied Physiology and began his alcohol study investigating alcohol metabolism, assuming that people who drank to excess had defects in metabolic process, unable to rid the body of poison. By the 1940s, physiology produced a number of findings that assisted understanding how alcohol interacted with the human body, but it did not answer questions about alcoholism.³³ In 1943, under the direction of Haggard and Jellinek, the Yale Center on Alcohol Studies opened with a new perspective that looked at alcoholism as a product of physiological, social, psychological, and historical attributes.³⁴

²⁹ Mark E. Lender and James K. Martin, *Drinking in America*, 186.

³⁰ Most often shortened to E. M. Jellinek, although he was commonly referred to as "Bunky" by friends and close associates.

³¹ William L. White, *Slaying the Dragon*, 183.

³² John F. Fulton, "Yale University School of Medicine Department of Physiology," received for publication October 8, 1931, reprinted from *Methods and Problems of Medical Education, twentieth series* (The Rockefeller Foundation, 1932), 2.

³³ Haven Emerson, *Alcohol and Man: The Effects of Alcohol on Man In Health and Disease* (New York, NY: The MacMillan Company, 1932) presents an early indication of changing notions regarding alcohol related health concerns. Schooled in physiology and clinical medicine, Emerson was one of the first physicians to dedicate his work to public health, not distinguished from medicine at the time. In 1917, he wrote "Alcohol-A Public Health Problem."

³⁴ William L. White, *Slaying the Dragon*, 183.

From 1943 to 1962,³⁵ the YCAS conducted research, published alcohol education materials, facilitated the Summer School of Alcohol Studies, initiated alcohol treatment clinics, and from 1944 to 1950 supported the NCEA, activities that collectively formed the “Yale Plan.”³⁶ The NCEA became independent of the University in 1950, although the early relationship Mann formed with Yale University and its scholars is significant in her history and in the history of the National Council on Alcoholism, a name adopted for the NCEA after splitting from Yale in 1949.³⁷

E. M. Jellinek and the Yale Plan

E. M. Jellinek originated the modern disease concept of alcoholism, which he depicted in progressive phases and sketched in a curve popularly known as the “Jellinek Curve,”³⁸ a depiction he later regretted and replaced with a typology of alcoholisms.³⁹ Addictive disorders, differently understood in contemporary medicine, began with concepts Jellinek and the YCAS scholars established. The medical classification of symptoms – what alcohol related “disease” looked like – began with Jellinek’s work, and was the first discussion of symptoms and disease that reached the public, easing stigma and lessening barriers to treatment.⁴⁰

³⁵ The Center relocated to Rutgers University in 1962.

³⁶ William L. White, *Slaying the Dragon*, 183-185.

³⁷ *Ibid.*, 187.

³⁸ E. M. Jellinek, “Phases in the Drinking History of Alcoholics: Analysis of a Survey Conducted by the Official Organ of Alcoholics Anonymous”, *Quarterly Journal of Studies on Alcohol*, 7, (1946): 1-88. <http://www.silkworth.net/sociology/Soc04OCR.pdf> (accessed March 5, 2013).

³⁹ E. M. Jellinek, *The Disease Concept of Alcoholism*, (New Haven, CT: College and University Press, 1960).

⁴⁰ “How Does the Nation’s ‘Alcohol Problem’ Change from Era to Era?,” 66.

Jellinek's phases of alcoholism evolved from research he conducted with Mann's help surveying A.A. members in the hope that "a study of drinking behavior may furnish criteria for the diagnosis of potential alcoholics. Admittedly, the personality study of alcoholics does not enable one to recognize the man or woman who might become an alcoholic."⁴¹ Jellinek's methodology, widely criticized, employed asking recovering alcoholics what age they were when specific signs appeared that they might have an alcohol problem. From this he projected a timeline (of sorts) in which he identified early, middle, and late warning signs. Although this timeline is discredited today, Jellinek's notion of "phases" formed early assessment tools used in diagnosing alcoholism.⁴²

In his later work, Jellinek argued against thinking of alcoholism as a single disease, reframing the concept of disease in a "species of alcoholisms and alcoholics."⁴³ He depicted drinking typologies in defining the alpha, beta, gamma, delta, and epsilon forms of alcoholism. Gamma alcoholics exhibited symptoms of increased tolerance, adaptive cell metabolism,⁴⁴ withdrawal, craving, and a loss of control once drinking began. Jellinek's gamma alcoholic often chose drinking over all other aspects of life and suffered negative consequences in loss of employment, divorce, and legal problems. Alpha and beta alcoholism, according to Jellinek, may develop into gamma alcoholism.

⁴¹ E. M. Jellinek, "Phases in the Drinking History of Alcoholics," 2.

⁴² William L. White, *Slaying the Dragon*, 213.

⁴³ *Ibid.*, 36.

⁴⁴ Cellular adaptation refers to a process wherein bodily functions, operating at the cellular level, adapt to the presence of alcohol and malfunction in its absence.

He referred to the gamma alcoholic as “what members of Alcoholics Anonymous recognize as alcoholism to the exclusion of all other species.”⁴⁵

Jellinek’s delta alcoholic did not display the same type of loss of control, as did the gamma type. The delta alcoholic displayed an inability to abstain, the daily drinker, although this drinker rarely suffered the negative social and psychological experiences of the gamma. Epsilon alcoholism, more commonly referred to as periodic, followed a pattern of binging and abstinence.⁴⁶ Jellinek recognized only the gamma and delta species of alcoholism as disease. He conceded that in his typology the distinction was arbitrary, used merely to “assure what the terms mean in the present study.”⁴⁷

Jellinek’s classification system did not receive the same attention among alcohol treatment professionals as did his phases of addiction. Both concepts are disregarded in clinical practice today. Jellinek’s conceptualization of alcoholism as a disease removed stigma from excessive drinking, assisted in forming notions of assessment and symptom identification, and opened concepts of “types” of substance related problems, including but not limited to disease. Jellinek’s conceptualization is the disease Mann spoke and wrote about in her work; a conceptualization brought out of the experience of recovering alcoholics in A.A.⁴⁸

The “Yale Plan” collectively referenced the activities of the YCAS that included research, publication, and education. Research at the YCAS focused on information

⁴⁵ E. M. Jellinek, *The Disease Concept*, 36-38.

⁴⁶ *Ibid.*, 38-39.

⁴⁷ *Ibid.*, 40-41.

⁴⁸ E. M. Jellinek, “Phases in the Drinking History of Alcoholics,” 3.

collection and synthesis and considered the dissemination of knowledge gained a primary goal. In addition to the *Quarterly Journal of Studies on Alcohol*, the Center published books, pamphlets, and newsletters; some publications educated patients and their families, some enhanced professional education, and some focused on business and industry. The Summer School of Alcohol Studies gathered faculty from a broad array of disciplines and students from within medicine, law, religion, and the recovering community “to discuss alcohol- and alcoholism-related education, research, and treatment issues.”⁴⁹

Along with research, publication, and education, the YCAS also operated the Yale Clinics, the first large scale outpatient treatment program for people with alcoholism. Yale clinicians educated patients and their families on the theory that if the patient understood the type of alcoholism they experienced, a therapeutic intervention could lead them to recognize that the problem was not alcohol, it was what alcohol has come to represent: a disease influenced by the patient’s psychological, sociological, cultural, and biological history. Psychiatrists initially interviewed patients to rule out psychopathology that made the patient inappropriate for alcoholism treatment services at the Clinic.⁵⁰

Late-stage alcoholism also needed consideration for detoxification, a medical procedure the Yale Plan Clinics could not provide on an outpatient basis. Following brief hospital care, however, the detoxified patient could resume treatment at the Clinic. The Yale Clinic offered the first care for alcoholism that did not rest on one treatment

⁴⁹ William L. White, *Slaying the Dragon*, 183.

⁵⁰ *Ibid.*, 184.

approach or even one professional area of practice, a process based on Jellinek's claim that "there is no one alcoholic."⁵¹

The NCEA was the last part of the Yale Plan implemented. In 1939, Dwight Anderson chaired the Committee on Public Relations for the RCPA and served as the Public Relations Director of the New York State Medical Society.⁵² Anderson formed the link between Mann, the RCPA, YCAS, and the NCEA. A publicist interested in forming relationships between the alcoholism field and the world of publicity, Anderson found help for his alcoholism in psychiatry before A.A. began.⁵³ In 1942, he published his seminal article "Alcohol and Public Opinion" in the *Quarterly Journal of Studies on Alcohol*, the article that greatly influenced Mann's public health message and may have been the foundation for her plan to form a nationwide organization to educate the public about alcoholism.⁵⁴

A point no one disagrees with is that Mann adapted the principles of her health message from Anderson's "kinetic ideas," although in one version Mann reduced Anderson's principles from four to three, and in another version, she expanded them from four to five.⁵⁵ Anderson's "kinetic ideas" presented in his 1942 article stated

1. That the problem drinker is a sick man, exceptionally reactive to alcohol.
2. That he can be helped.

⁵¹ William L. White, *Slaying the Dragon*, 184.

⁵² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 154.

⁵³ *Ibid.*, 155.

⁵⁴ *Ibid.*, 152.

⁵⁵ I Sally Brown and David R. Brown, *Mrs. Marty Mann*, 155-156; William L. White, *Slaying the Dragon*, 186.

3. That he is worth helping.
4. That the problem is therefore a responsibility of the healing professions, as well as of the established health authorities and the public generally.⁵⁶

The earliest printed version of Mann's public health message found in this investigation is the three-principle version, and it is the version used throughout this dissertation. Mann's message stated, "Alcoholism is a disease and the alcoholic is a sick person; The alcoholic can be helped and is worth helping; and, Alcoholism is a public health problem and therefore a public responsibility."⁵⁷ According to her biographers, the difference in Mann's adaptation of Anderson's principles is significant in that Mann used the words "alcoholism" and "alcoholic," concepts Anderson described as "problem drinker" and "sick man," a reference Mann thought maintained a stereotyped behavioral and gendered tone.⁵⁸

Mann employed her three-point public health message throughout her work to emphasize that alcoholism affected all victims in the same way. Her reference to the democratic nature of alcoholism also connected to her involvement in A.A., where from the first printing of *Alcoholics Anonymous*, the fellowship proclaimed itself to be composed of "men and women, who have recovered from a seemingly hopeless state of mind and body."⁵⁹ Mann, although accepted in her own A.A. group, did not believe this statement reflected most women's experience in A.A. Mann thought unspoken rules

⁵⁶ Dwight Anderson, "Alcohol and Public Opinion," *Quarterly Journal of Studies on Alcohol*, 3 (1942): 376-392, in William L. White, *Slaying the Dragon*, 183.

⁵⁷ Unspecified Document, 1947, Brown University Library, NCADD – Mann Box 6.

⁵⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 155.

⁵⁹ *Alcoholics Anonymous*, xiii.

formed a double standard in which women with alcoholism appeared as “unworthy,” not deserving of care, and provided the impetus for her to revise Anderson’s kinetic ideas in her own work. Mann often referred to the unwelcoming atmosphere in A.A. for women as resulting from this double standard, and employed her adaptation of Anderson’s principles to form a new message that democratized the disease.⁶⁰

Mann’s first obligation to the NCEA required her to complete an intensive study course at YCAS, an opportunity that she found daunting, yet exciting.⁶¹ Weekdays during the six months after she resigned her ASCAP position, she lived in New Haven, Connecticut as a student at the Yale Center of Alcohol Studies.⁶² She had no formal education in alcoholism—although not many people did since the Center offered the only formal education on the topic of alcoholism. While studying at the Center, Mann lived with Jellinek and his wife, unable to afford both her New York City residence and a residence in New Haven, which enhanced the mentor relationship Mann formed with Jellinek as they both studied the developing paradigm of alcoholism.⁶³

The Summer School, facilitated by Yale academic faculty and guest lecturers, operated seminars that seemed more like “think tanks” credited with forming “the core ideas of the modern alcoholism movement,”⁶⁴ and when Mann completed her formal course of study, she literally had as much information on alcoholism as anyone had at the

⁶⁰ Marty Mann, *New Primer*, 10-11.

⁶¹ William L. White, *Slaying the Dragon*, 183.

⁶² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 160.

⁶³ *Ibid.*

⁶⁴ *Ibid.*, 184.

time. Mann became a regular, and popular, lecturer at the school,⁶⁵ and by 1950, almost 1200 students completed the Summer School. Physicians, businesspeople, clergy, nurses, public health professionals, social workers, law enforcement professionals, and Yale students created an eclectic student body representing growing public interest in alcohol.⁶⁶ The YCAS created the modern alcohol studies paradigm, and conceptualized “medical” curriculum. Alcohol interests that developed had little to do with biophysical medicine;⁶⁷ the direction American medicine took as it separated from public health paradigms and located the medical epicenter in hospitals. Hospital growth, a development facilitated by the post-Depression era focus on the creation of new jobs, soared in the post-war years as veterans returned, and facilitated hospital-based medical treatment for alcoholism in the 1970s.⁶⁸

Mann relied on her own experience of alcoholism and recovery for understanding the disease, a fact she rarely kept to herself and one that, at times, provoked the ire of the Yale scholars. Edith Lisansky, a doctoral student in psychology at Yale during Mann’s study at the Center, found Mann’s presentation as an experiential “expert” annoying and exclusive. Lisansky, like many, did not believe personal experience necessarily made someone an expert on alcoholism. Moreover, Lisansky felt Mann excluded expert knowledge in favor of experience.⁶⁹ Lisansky moved on as a noted expert to lead the

⁶⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 161.

⁶⁶ William L. White, *Slaying the Dragon*, 184.

⁶⁷ Ron Roizen, “How Does the Nation’s ‘Alcohol Problem’ Change from Era to Era?,” 65-67.

⁶⁸ Paul Starr, *The Transformation of American Medicine*, 347-351.

⁶⁹ Sally Brown and David R. Brown, *A Biography of Mrs. Marty Mann*, 161.

professional field in research on women's alcoholism and drug use.⁷⁰ Between 1950 and 1970, recovering alcoholics dominated treatment of the disease, largely due to the success of A.A. in facilitating recovery.⁷¹

Mann studied conscientiously while attending the School, learned a considerable amount about alcoholism, and focused her interests on developing educational arguments to debunk negative images of people with alcoholism. To Mann, the prevailing, negative opinion of people with alcoholism presented the largest barrier to recovery. She believed the barrier resulted from both a lack of scientific information about alcoholism and history-bound prejudice about excessive drinkers and resolved to remove it, to shift public conceptions of people with alcoholism.⁷² In her later talks and presentations, Mann said, "One reason that alcoholics deny their disease is because we have called them weak willed, bums, and no good. Who would want to admit to that? This is what we were asking them to do. Why do you think Alcoholics Anonymous was anonymous?"⁷³

Mann recounted a story of attending an "assigned" A.A. meeting with her class:

AA was growing and we attended a very small group in New Haven that met in a loft. I was climbing the stairs behind the whole group of people from the school. One clergyman turned to another and said, "If I had it my way I would put them [people with alcoholism] all on a boat and I would sink it."⁷⁴

⁷⁰ Edith S. Lisansky Gomberg passed away in 2005. The following web page chronicles her noted career: <http://edithgomberg.com/career.html> (accessed on February 22, 2013).

⁷¹ William L. White, *Slaying the Dragon*, 187.

⁷² Marty Mann, *New Primer*, 3-16.

⁷³ Marty Mann, "Marty Mann at St. Louis, Missouri, March 22, 1972." *Talks about the N.C.A. at New Chapter Opening*. CD. nd.

⁷⁴ Marty Mann, "Marty Mann at Hobbs, New Mexico, February 1, 1964." *Talks about N.C.A. and Alcoholism*. CD. nd.

Mann stated that although she recoiled at the comment, it made her consider how attitudes form, at the time perceiving them as “the most planned prejudice.”⁷⁵ The event cemented her resolve to change people’s perceptions of the afflicted, especially women, to remove ignorance and replace it with a planned program of education.

The National Committee for Education on Alcohol

In October of 1944, Mann began her work as executive director of the National Committee for Education on Alcoholism (NCEA), and opened an office in the New York Academy of Medicine Building, on East 103rd Street in New York City. Mann opened the NCEA office with a secretary and herself on staff and first year funding from YCAS of thirteen thousand dollars.⁷⁶ Funding from Yale also covered expenses for an office in New Haven, one that Mann used when she was at the University, although she considered the NCEA’s office in New York City the organizational headquarters.⁷⁷

Mann thought educating the public, and organizing local alcoholism committees to raise public awareness would eventually increase funds to support research and development in treatment for people with alcoholism. The voluntary sector occupied a pivotal position in American health care that traditionally stayed away from conflicting interests, focused on a single cause, and advocated for those afflicted, the position Mann assumed with the NCEA on behalf of individuals with alcoholism. The NCEA, although separately incorporated, was not truly a voluntary health organization; the Committee belonged to Yale University.

⁷⁵ Marty Mann, “Marty Mann at Hobbs, New Mexico, February 1, 1964.”

⁷⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 164.

⁷⁷ *Ibid.*, 208.

The Articles of Incorporation of the National Committee for Education on Alcoholism, submitted in 1944, recorded the Committee's purpose as promoting "education and science by encouraging scientific research, studies, and investigations in all fields of learning with particular reference to the problems of alcoholism and alcohol addiction."⁷⁸ The Articles pointedly reflected Yale University's research interests—it was the school's project—although the Articles also mentioned education, the vehicle Mann proposed to promote her public health message. It was a good collaboration: Yale was in need of a public voice, and Mann was enthusiastic to educate the public about alcoholism. Mann appeared well suited to disseminate research findings of the YCAS, familiarize the public with work at the Yale Plan Clinics, and to solicit support for the NCEA.⁷⁹

As one of her first activities as executive director, Mann organized a press conference. The turnout astonished Mann, resulting in front page news stories across the country proclaiming the NCEA as a "sensible approach to an important problem."⁸⁰ An article in *Time Magazine* introduced

Mrs. Marty Mann, 39, a tall, smart looking blonde...last week became executive director of the newly established National Committee for Education on Alcoholism...Mrs. Mann's job is to lecture throughout the U.S. on the text: 'Alcoholism is a disease and the alcoholic a sick person; the alcoholic can be helped and is worth helping; and this is a public health problem.'⁸¹

⁷⁸"Articles of Incorporation," Brown University Library, NCADD – Mann Box 6.

⁷⁹ William L. White, *Slaying the Dragon*, 186.

⁸⁰ *Ibid.*, 164.

⁸¹ "Medicine: Help for Drunkards," *TIME Magazine*, October 23, 1944

Mann added her experience with alcoholism and recovery emphasizing that some people from within *all* groups among the population appeared vulnerable to alcoholism.⁸²

Mann's first year was a learning experience during which she took advantage of every opportunity and consulted with Dwight Anderson and Kendall Emerson, the executive director of the National Tuberculosis Association, both of whom had offices in the same building as the NCEA. She worked closely with the newly formed board of directors, mindful of the NCEA's mission to address and inform the public in communities and groups and of the individual alcoholic, she felt responsible to based on her recovery in A.A.⁸³

Emerson helped Mann become comfortable with the voluntary sector and warned her not to become disappointed if progress seemed slow, as did her mentor Jellinek. Both men suggested that true social reform took up to fifty years to actualize, a warning about expectations that Mann did not heed as she progressed with her agenda, and seldom allowed the thought to interrupt her resolve.⁸⁴ The founding year of the NCEA, Mann traveled 55,000 miles across twenty-two states and delivered her message about alcoholism within sixty communities,⁸⁵ including her hometown of Chicago where the *Tribune* printed her story entitled "Ex-Chicago Deb Tells Her Fight to Stop Drinking."⁸⁶ By early 1945, Mann had organized eleven local education committees that took up the

⁸² Marty Mann, *Primer*, 50; Marty Mann, *New Primer*, 63.

⁸³ *Ibid.*, 166.

⁸⁴ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 166.

⁸⁵ Marty Mann, "Marty Mann at St. Louis, Missouri, March 22, 1972." *Talks about the N.C.A. at New Chapter Opening*. CD. nd.

⁸⁶ "Ex-Chicago Deb Tells Her Fight to Stop Drinking," *Chicago Tribune*, October 5, 1944.

cause in their areas. Local committees had a difficult time maintaining momentum and in five years, of the original eleven only Pittsburgh and Boston remained active.⁸⁷

Mann also began an active public information bureau within the NCEA, reaching many avenues of publicity including *Stars and Stripes*, a military publication. Mann thought of *Stars and Stripes* because her younger brother, William, was in the Army, although stationed in the U.S. There was a growing concern regarding alcoholism in the military, a concern Mann thought warranted the NCEA's attention. She began the *NCEA Public Journal* (later changed to *Alcoholism, the National Magazine*), a nationwide monthly magazine, and arranged for an Associated Press interview with her and Mrs. Calvin of the WCTU, a student at Yale. The story ran in forty-two newspapers, indicating that Mrs. Calvin had endorsed the concept of alcoholism as disease, a story Mann took as reflective of a victory over the past, opening the public's mind to new ideas and new views of people with alcoholism.⁸⁸

In early 1945, as the NCEA began its first full calendar year of service, Mann proposed to the Board of Directors that the Committee issue a statement to remove itself from the previous controversy surrounding the wet-dry debate that ended in Prohibition. Mann recommended that the Board of Directors adopt an official statement on the matter. In September of 1946, a Director's Report to the Board included the following

...to guard against any diversion from the non-controversial and humanitarian aims of the National Committee. The clause, which has been universally adopted for this purpose, reads as follows "This organization is neither 'wet' nor 'dry.' It shall not engage itself in any

⁸⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 167.

⁸⁸ *Ibid.*, 164-166.

activities designed to promote or prevent the sale or consumption of alcoholic beverages.”⁸⁹

As Executive Director, Mann took sole responsibility to represent the Committee publicly, although the founding Board certainly assisted. Jellinek served as Board Chairman, Haggard as President, Edgar Lockwood as Treasurer, and Selden D. Bacon as Board Secretary, all of whom were faculty of the Yale Center on Alcohol Studies. Grace Allen Bangs, Edward G. Baird, and Austin G. MacCormick are also listed on the founding Board, all of whom were members of Mann’s planning committee as she wrote her proposal. Dwight Anderson also joined the founding Board of Directors, although he first appears on the Board roster in 1945.⁹⁰

At times Mann experienced conflict between her loyalty to the principle of anonymity in the program that supported her recovery and the public nature of her work with the NCEA. When Mann began her work at the NCEA, the concept of anonymity in A.A. as developing. She understood A.A.’s reluctance to publicize the fellowship, which was originally based on anxiety and fear because of public perception of the alcoholic. Mann chose to identify herself as a recovering woman, who recovered in A.A., and who was determined to reduce the stigma associated with alcoholism. Although Mann never intended to violate other recovering alcoholic’s anonymity, many within the fellowship thought her work with the NCEA threatened the fellowship’s unity

⁸⁹ “NCA Annual Reports,” Brown University Library, NCADD – Mann Correspondence, Box 4.

⁹⁰ “NCA Board of Directors 1944 – 1960,” Black Binder, Brown University Library, NCADD – Mann Box 6.

and single purpose. Mann received sharp criticism for her actions from within A.A., although it did not stop her work.⁹¹

Mann, motivated by her own struggle to find help, thought over and again about what might have removed some of the barriers she faced. Mann thought discussion about alcoholism needed to come out of hiding. People needed information, and once informed there needed to be some place for the concerned other and the alcoholic to get sustained help. Moreover, Mann thought that treatment for the woman alcoholic warranted public discussion, something she was certain would never happen if she did not reveal her own alcoholism.⁹²

As the NCEA celebrated its second year in 1946, Yale began to reduce funding to the organization and Mann launched a nationwide appeal for support. In her campaign, she repeatedly referred to A.A. and sent solicitation letters on NCEA letterhead that listed Wilson and Smith as members of the NCEA advisory committee. The mailing went to a wide audience that included A.A. groups and members, which confused some and angered others. The response from the A.A. community turned vicious, as it accused Mann of using A.A. and Wilson and Smith's names as endorsements of the NCEA. Wilson and Smith immediately withdrew their names from the advisory committee, and the Alcoholic Foundation, formed to handle A.A.'s business affairs, issued a statement that "Alcoholics Anonymous looks with disfavor on the unauthorized use of its name in any fund-raising activity."⁹³

⁹¹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 179-182.

⁹² *Ibid.*, 153.

⁹³ *Ibid.*, 185.

After the 1946 confrontation from the A.A. community, Mann decided to keep her personal affiliation with A.A. separate from her work with the NCEA, although she continued to guide people with alcoholism toward the fellowship. Her study at Yale provided a framework for her to promote alcoholism as disease, and Mann became a strong advocate for outpatient medical treatment. Mann's concept of recovery, however, extended well beyond the acute care medicine offered. Mann recognized alcoholism as a life-long disease that could be chronic if it was not supported in long-term care, the role she assigned to A.A. Mann thought medical care for what she termed the "chronic phase" of alcoholism was too expensive and unnecessary once the alcoholic accepted recovery in A.A.⁹⁴ Medical treatment assisted the alcoholic in gaining sobriety, A.A. supported recovery in learning to live a life without alcohol.

In 1947, Mann and the founding Board constructed parameters of the work within the NCEA formatted on a single page:

The National Committee for Education on Alcoholism

A DIVISION OF THE

Yale Plan on Alcoholism

1. *Alcoholism is a disease and the alcoholic a sick person.*
2. *The alcoholic can be helped and is worth helping.*
3. *Alcoholism is a public health problem and therefore a public responsibility.*

The National committee for Education on Alcoholism is established to aid in the education of the public in matters pertaining to alcoholism. It does not take sides in the Wet-Dry controversy. It sponsors and guides community groups in local education and in local action to meet this great social and medical problem. It discovers and inaugurates facilities for the rehabilitation of the alcoholic. It promotes prevention of alcoholism through education and rehabilitation.

⁹⁴ Marty Mann, *New Primer*, 184.

Board of Directors

Dwight Anderson	E. M. Jellinek
Selden D. Bacon, Secretary	Marion Kenworthy, M.D.
Edward G. Baird	Edgar Lockwood
Howard W. Haggard, M.D.	Austin H. MacCormick
Eric Hodgins	S. Bernard Wortis, M.D.
Mrs. Marty Mann, <i>Executive Director</i>	

The Committee solicits the financial support of those interested in its work of education, rehabilitation, and prevention. Contributions are deductible from income tax. Checks should be made out to the National Committee for Education on Alcoholism and mailed to the office of the *Secretary*.

Office of the Executive Director:
New York Academy of Medicine Bldg.
2 East 103 Street
New York 29, N.Y.

Office of the Secretary:
52 Hillhouse Avenue
Yale Station
New Haven, Conn.⁹⁵

The NCEA and Employee Assistance Programs

Interest in alcoholism within the workplace appeared very early within the NCEA. Mann often traveled on speaking tours with members of her board representing the School while she spoke of the value of local committees. One such case occurred in 1946, when Mann and Jellinek addressed the Economic Club of Detroit. Jellinek's address presented the first known projection of the monetary cost of alcoholism to employers.⁹⁶ Jellinek's formula, credited with convincing employers that treating the alcoholic promised to save companies money and restore lost productivity, encouraged employers to pursue workplace programs.⁹⁷

⁹⁵ Unspecified Document, dated "1947," Brown University Library, NCADD – Mann Box 6.

⁹⁶ Elvin M. Jellinek, "What Shall We Do About Alcoholism?," *Vital Speeches of the Day*, 13[8] (February 1947): 252-256. <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=4aac347-2944-4c2c-8db7-b7201c6bcd86%40sessionmgr15&vid=2&hid=18> (accessed March 22, 2013).

⁹⁷ William L. White, *Slaying the Dragon*, 189.

Mann's presentation followed Jellinek's, and represented the NCEA. Mann spoke to the group about the promise of recovery, in which she said that "there have always been alcoholics who got well by one means or another and walked among us as normal human beings, [although] they dared not mention what the nature of their illness had been."⁹⁸ Mann also emphasized that the public's lack of knowledge, lack of understanding created a social atmosphere that ranged from "utter ignorance through apathy and indifference, up to prejudice and active antagonism."⁹⁹ Mann set a very different tone in her address to the conference, a tone that focused on public understanding and on creating a social atmosphere in which people with alcoholism could ask for help. Her presentation also requested financial support:

My visit to Detroit has not been just to speak to you gentlemen, as great as that pleasure has been, and deeply as I feel the honor of appearing before you as a woman. I understand that is a very rare occasion here. The real purpose of my visit is to put a piece of dynamite under those who are already interested and to try to arouse interest in those of you to put into effect a program of community action....

I am convinced that we can have in Detroit our most effective Committee for Education on Alcoholism if all of you present will help.¹⁰⁰

The YCAS has special interest in the Detroit workplace as an industrial center that hired returning veterans, workers many thought may be in need of employee assistance. Mann perceived the workplace as simply another aspect of community life in which the NCEA might establish an outpost, a place to reach people with alcoholism. Her participation in A.A. may well have introduced her to the concept. After National

⁹⁸ Elvin M. Jellinek, "What Shall We Do About Alcoholism?", 254.

⁹⁹ Ibid.

¹⁰⁰ Ibid., 253-256.

Repeal, concern about alcohol and workplace efficiency resurfaced, and in the early 1940s, the recovering alcoholic in A.A. quietly took the lead in forming antecedents to the employee assistance program (EAP) in what has been termed industrial or occupational alcoholism programs (OAP).¹⁰¹

The OAP connected co-workers with the fellowship of A.A., not with other developing professional services or medical treatment and had no formal recognition within the workplace. Structurally invisible, OAP appeared in A.A. membership as a form of responsibility in service to the fellowship. The recovering volunteers perhaps appreciated the opportunity to “give back,” a sign of gratitude for their own recovery, although certainly not an assessment of their fellow co-workers’ alcohol use. A.A. did not assess another person’s drinking, nor did the fellowship sponsor or endorse workplace programs in gaining membership. The OAP belonged to the individual; calling the activity a “program” makes sense only in looking at the process as part of what A.A.’s refer to as “12-stepping.” The twelfth step speaks to this responsibility:

Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.¹⁰²

Early OAPs organized without official position within the company. Volunteers in the early programs, who risked identifying themselves as an A.A. member, did not act as agents of the organization. The volunteer A.A. member leveraged no authority within

¹⁰¹ William L. White, M.A., David Sharar, M.S., “*The Evolution of Employee Assistance: A Brief History and Trend Analysis*, <http://www.williamwhitepapers.com/pr/2003EAPhistorytrendsEAPDigest.pdf> (accessed on August 31, 2012).

¹⁰² *AA Comes of Age: A Brief History of A.A.*, (New York, N.Y.: Alcoholics Anonymous Publishing, Inc., 1957), 50.

which to convince fellow workers of the benefit of A.A. or of sobriety. Within the fellowship, the commitment to abstain came from within. In most cases, business and industry largely ignored the service although in some business settings the OAP appeared welcomed.¹⁰³ Early A.A. pioneers noted for their work in the OAP include David M. at Remington Arms (1940) and then at DuPont (1942), Warren T. at Kaiser Shipyards (1943), and Earl S. at North American Aviation (1944).¹⁰⁴

In 1947, Ralph “Lefty” Henderson took on the position of Assistant to Mann at the NCEA specifically to work toward building an employer constituency for employee assistance programs. It is likely Henderson learned of the position through his wife, who worked for Seldon Bacon at the Yale School. Like Mann, Henderson gained his recovery through A.A. and perhaps knew Mann through this association. Within the NCEA, Henderson traveled extensively and promoted the concept of formal alcoholism programs in industry. In forming a plan to professionalize and integrate the EAP, Henderson employed the concept of the “half man” that represented the alcoholic employee as “neither a whole man drunk, nor a whole man sober.”¹⁰⁵ As an employee of the NCEA, Henderson moved to integrate education and training for the administration of professional employee services into an authoritative position within the workplace.¹⁰⁶

¹⁰³ Steele, Ph.D. “Employee Assistance Programs,” 8, in William L. White, M.A., David Sharar, M.S., “The Evolution of Employee Assistance: A Brief History and Trend Analysis” *EAP Digest*, 2003, 1-11.

¹⁰⁴ William L. White, *Slaying the Dragon*, 189.

¹⁰⁵ William J. Sonnenstuhl, *Inside an Emotional Health Program: A Field Study of Workplace Assistance for Troubled Employees* (Ithaca, N. Y.: Cornell University, 1986), 19-20.

¹⁰⁶ Board Meeting minutes, September 28, 1948. Brown University Library, NCADD – Mann, Box 6; William L. White, *Slaying the Dragon*, 189-192.

The formal EAP provided a vehicle to integrate Yale's interests in treatment and education with the public health mission presented by the NCEA. Mann's interest in case finding – a public health keystone – fit well with establishing a new population within which to identify patients. Mann's experience with alcoholism revealed to her that the alcoholic lived unnoticed in all aspects of life; she had no doubt that hidden within the ranks of the employed existed many individuals worthy of attention. Mann noted to an associate

Current U.S. estimates on number of alcoholic employees are from 6% to 10% in any employer organization, with the total number of employed alcoholics approximately five million (5,000,000)...Many treatment facilities are oriented toward the indigent alcoholic. The need is for facilities, which are adequate to the needs of the *employed alcoholic* and acceptable to him as an individual.¹⁰⁷

Seldon D. Bacon, an NCEA Board member and sociologist from the Yale School thought employer-based services held great promise, and that “the Committee needs to provide more definite evidence of the cost to industrial management through alcoholism...if the idea is to secure lasting support.” The Board moved quickly to implement a plan. Bacon met with industrialists in Detroit, Michigan on October 6, 1948. Mid-October, Henderson met with the personnel heads of Allis-Chalmers in Milwaukee, Wisconsin. That same month, Yev Gardner, a recovering alcoholic came to the NCA as a volunteer and became Mann's new assistant director who replaced many of Henderson's “in office duties” as his work took him out of the office almost as often as Mann's work took her out of the office. In a small office, everyone shared opportunities,

¹⁰⁷ Undated letter to Mr. Pal Levitt, 895 Towner Park Rd., Brown University Library, NCADD – Mann, Box 5. Italics added.

and the same year Gardner joined the staff, he spoke at an Industrial Institute, in Rochester, New York on behalf of the NCEA.¹⁰⁸

At the December Board meeting, Gardner informed Board members that the NCEA office received an increased number of inquiries from business and industry due to activity in the area of employee assistance. He reported that the Industrial Institute presented by the Rochester Committee “was attended by representatives of many of the leading industries from several States and Canada.”¹⁰⁹ Gardner projected that the campaign itself would “produce very direct results in uncovering for rehabilitation enough alcoholics to show company officials a substantial saving in both jobs and money.”¹¹⁰

Henderson’s meeting with industrialists in Milwaukee also proved productive. He reported on the EAP that there was “widespread industrial interest in ...his territory as field representative for the National Committee.” He spoke of a growing awareness of alcohol problems within the industrial workplace and noted that the Allis-Chalmers plant in Milwaukee already established its own internal Committee on Alcoholism to handle the local situation. The Committee had representatives from “executive levels, division heads, department superintendents, and labor representatives.”¹¹¹

Shortly after Mr. Henderson’s visit, Allis-Chalmers sent a representative to New Haven to discuss a program of action on alcoholism. The meeting resulted in the

¹⁰⁸ Black Binder, “NCA Minutes 1948 – 1949,” Board Meeting minutes, September 28, 1948, Brown University Library, NCADD – Mann Box 6.

¹⁰⁹ Ibid.

¹¹⁰ Black Binder, Board Meeting minutes – December 16, 1948, Brown University Library, NCADD – Mann Box 6.

¹¹¹ Ibid.

formation of a “combined educational program and survey, the cost of which is to be borne by Allis-Chalmers, and three other smaller industries in the State, with half of the expense to be undertaken by the Wisconsin State Commission on Alcoholism.” In its first year, the Allis-Chalmers program reportedly intervened successfully in fifty-two cases of alcoholism among personnel.¹¹² In 1949, Henderson took a position as the Industrial Consultant for the Yale Center on Alcohol Studies.¹¹³

In his work, *The Disease Concept*, Jellinek wrote that early collaboration with business and industry provided an “important element in the over-all acceptance of [alcoholism as disease] by the public in general.”¹¹⁴ The EAP furthered Mann’s agenda to educate the public, although her work in the NCEA extended well beyond the EAP. In New York, Mann opened an information center disseminating literature on treatment, research, and clinic locations; developed a consultation practice for professional groups; organized a speakers’ bureau; and wrote a guide for local committees. Moreover, between 1947 and 1949 the number of local communities that hosted committees doubled, increasing from twenty-five to fifty in two years.¹¹⁵

Home Life

Although Mann’s career at the NCEA kept her busy, she also enjoyed a rich personal life. Priscilla Peck had become art director at Saks Fifth Avenue after leaving Macy’s Department Store, and began publishing her drawings in *Town and Country*

¹¹² Black Binder, Board Meeting minutes – December 16, 1948, Brown University Library, NCADD – Mann Box 6.

¹¹³ William L. White, *Slaying the Dragon*, 189.

¹¹⁴ Jellinek, *The Disease Concept*, 182.

¹¹⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 187.

Magazine. A cartoon Peck drew, “Professor Tarragon,” drew the attention of Alexander Liberman, art director of *Vogue* magazine, who hired her as art editor for *Vogue* in 1947. Peck became art director in 1957, and remained at the magazine until she retired in 1972.¹¹⁶

Peck’s career provided a substantial salary, and with both women working, they were able to move to a large apartment in Greenwich Village at 10 West Ninth Street. They entertained often in their new home, with a large bookshelf-lined living room with a fireplace, a rooftop patio, and two bedrooms and bath on a second level. Peck enjoyed the two-story studio room with an abundance of natural light where she could draw and play piano, and where the women hung the artwork they collected, including a Jackson Pollock drip painting (*Number 15, 1949*) they obtained in 1949. When they moved to the Greenwich apartment, they hired a housekeeper, who remained as part of the couple’s household until 1980.¹¹⁷

As Peck settled in to her new career, the NCEA also presented Mann with new opportunities. In 1948, Mann traveled to Lucerne, Switzerland as a member of the U.S. delegation to the International Conference on Alcoholism. Dr. A. V. Vestermark, who headed the delegation, administered funds appropriated under the Mental Health Act,¹¹⁸ legislation passed in 1946 that provided medical training and research and supported the 1949 opening of the National Institute of Mental Health. The Mental Health Act passed largely due to a group of lobbyists organized by the Public Health Service (PHS), a group

¹¹⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 196.

¹¹⁷ *Ibid.*, 201.

¹¹⁸ *Ibid.*

that included Mary Lasker who engineered the reorganization of the American Society for the Control of Cancer,¹¹⁹ and was a founding member on Mann's Women's Organizing Committee for the NCEA.¹²⁰ Lasker likely connected Mann to the delegation.

Additional events in 1948 made the year notable for Mann and the NCEA. Following her trip to Europe, Mann traveled to Mexico City where she spoke before the American Society of Mexico. The trip resulted in the formation of a local committee, the first recorded outside of the United States.

Nineteen forty-eight was an exceptionally productive year for the NCEA, although Mann had yet to secure permanent funding for the organization in spite of growing awareness of the organization and a growing constituency. Moreover, there were rumblings among board members representing Yale that Mann not only failed to find funding for the NCEA, she also failed to promote the YCAS and Yale Clinics. Rumblings about Mann's work that warranted special attention on her part as Seldon Bacon replaced her friend and colleague Jellinek as director of the YCAS. Bacon, unlike Jellinek, did not agree with Mann on her experiential approach to alcoholism through public health. A noted sociologist, Bacon proposed a comprehensive, multi-disciplinary team approach to alcoholism that focused not on the public, but on the individual patient. Although not mentioned, there seemed to be concern that Mann promoted her public health message far more often than she did the business of the YCAS, and that perhaps she needed to attend more closely to business, Yale's business. Yale University wanted

¹¹⁹ Paul Starr, *The Social Transformation of American Medicine*, 342-346.

¹²⁰ "Set-Up of the Committee," *Grapevine*, 1, no. 5, October, 1944.

research dollars, clinics in new communities, and publicity for their work, results Mann had not produced and as the year preceded tension built.¹²¹

Mann relied heavily on Gardner who not only provided coverage in business areas away from the office, but also took on the lion's share of daily operational duties Mann could no longer attend to with her travel schedule. Gardner stayed with Mann for twenty-five years, during which time Gardner would become part of the paid NCA staff. Mann and Gardner developed a relationship in which Gardner became very protective of Mann often filling in gaps in her duties, becoming what she termed her "alter ego."¹²²

Amidst this growing tension, near the end of the year, Mann learned she had advanced skin cancer requiring surgery and up to six months of recovery.¹²³ Everyone was deeply concerned, and being out of the office for extended recovery did not bode well for improving relationships between YCAS and the NCEA. There certainly was no "good time" for Mann in hearing of her illness, but she too wondered about how her absence might affect the future of her mission.¹²⁴ Following successful surgery, Mann remained in the hospital for only one month, and although her physicians recommended convalescence at home, she returned to the NCEA almost immediately. For the next year, Yale and the NCEA remained at loggerheads regarding their association.¹²⁵

¹²¹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 207.

¹²² *Ibid.*, 201.

¹²³ *Ibid.*, 203.

¹²⁴ *Ibid.* 204.

¹²⁵ *Ibid.*, 203-207.

Ending the Association and Defining the Philosophical Divide

There was concern about finances, including the ability of the organization to pay back debt it accumulated, keep itself afloat, and bring resources into the Yale Center. More significant than a disagreement about finances, YCAS executive director and NCEA board member Selden Bacon took issue with the direction Mann had taken the Committee, a direction he insisted veered away from the original agreement and Articles of Incorporation.¹²⁶

In the meeting minutes, Bacon asserted Yale lived up to the original agreement to fund the NCEA for two years and that the YCAS provided funding well beyond that date. From these notes, it can be inferred that communications between YCAS and Mann failed regarding the expected outcome of the financial agreement. Bacon held fast to his understanding that the NCEA was to “teach, conduct research, and to raise money for the center through public awareness and education.”¹²⁷ Mann maintained that her proposal introduced a program that helped reduce stigma through public health education about disease that attracted people with alcoholism to recovery, which for Mann meant educating the public about alcoholism and encouraging a public response to the disease.¹²⁸ It was a view divided by who held the expertise in alcoholism and who controlled the purse strings.

Yale’s decision to end the financial support of the NCEA, apparently made during Mann’s convalescence from cancer, seemed sudden despite the hints it was on the

¹²⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 207.

¹²⁷ Ibid.

¹²⁸ Ibid.

horizon. No one faulted Mann's commitment to the organization or her desire to help people with alcoholism, but clearly not everyone—especially Bacon—agreed with the way Mann approached her work. The University wanted support for the Yale Plan, not Mann's plan for the NCEA, which is reflected in the September 28, 1948 board minutes by Bacon.

Begun by research men and teachers, and aided by public spirited citizens and individuals with special interest in the problem of alcoholism, the National Committee now has a definite need for the guidance of business leaders...the Committee is now reaching a point in its organization a development which is bringing many new problems to light, such as growing governmental and industrial needs and plans, expanding services, as well as the need for stabilizing its activities.¹²⁹

Additionally, the fact that Mann was a recovering woman may have influenced the disagreement, although neither Mann's womanhood nor recovery were ever mentioned by either side. Mann presented herself as a recovering woman, a unique position that supported her view that alcoholism was a democratic disease that could affect anyone. The uniqueness of her position, however, may have concerned Yale in their increased emphasis on the workplace. There had been a return to domesticity in the years following the war, women left men's work and returned home while returning veterans increasingly took back "men's" jobs surrendered to the war effort.¹³⁰

Moreover, Mann's sexual orientation may have influenced the decision. Although documented as a well-kept secret, certainly some people knew. In the escalating cold-war atmosphere of the post-WWII era, Mann's lesbianism may have

¹²⁹ Board Meeting minutes, September 28, 1948. Brown University Library, NCADD – Mann, Box 6.

¹³⁰ Maureen Honey, *Creating Rosie the Riveter: Class, Gender, and Propaganda During World War II* (Boston, MA: The University of Massachusetts Press, 1984), 170.

become an issue for Yale, something the YCAS administrator Bacon did not want to confront, or an issue he did not want associated with a new, highly visible and still unknown, medical treatment, an association he did not think the YCAS could withstand.

Unlike Bacon, Mann did not see the Yale Plan and her plan as necessarily mutually exclusive; she performed her work as if the YCAS and the NCEA operated within the unified interest of understanding alcoholism. The YCAS, however, with its rich history and institutionalized mission, operated in the interest of science. Alcoholism was an interest at Yale in helping to support scientific methodology and thought, a modern approach to understanding the world. Mann hoped to benefit the health of the public, inform, educate, and mobilize public action she had no allegiance to science or medicine. Differences between Mann and the YCAS represented a fundamental divide in the explanatory value of science, similar to the divide formed between the Oxford Groups and A.A. in the explanatory value of faith. The Oxfords employed faith to help change the world and A.A. employed faith in the hope to change the alcoholic. Mann believed there were many ways alcoholics could recover, although Yale only wanted her to mention one, the Yale Clinics.

Mann was not interested in building a reputation for YCAS and had little knowledge or background in science, although she thought research into new and innovative ways to approach alcoholism were important. Work at the YCAS offered hope of new developments, more ways to reach the public and encourage concerned others to help the people afflicted through earlier and earlier identification, before they reached the need for extensive treatment. A.A. relied on recognition of the disorder by the alcoholic, a willingness to change drinking behavior, an intervention Mann thought

often came later than it needed to. Her method proposed that the public needed awareness, information, and resources that would make it possible for concerned others to intervene earlier and with more success.

Mann was disillusioned about medicine as a product of her own experience with alcoholism in which not one physician out of many could define her malady or knew how to help her. Moreover, not one friend or family member knew what to do except to get her involved in medical treatment, which at the time consisted of custodial care. Mann looked to medical science to remove the stigma attached to alcoholism, help the public accept and want to help people with alcoholism, and possibly develop interventions that helped those afflicted. Most divergent from newly forming medical views was that Mann did not believe alcoholism was a disease that only affected individual health; she thought it a disease that affected the health of the public the meaning of which was lost to the new science of medicine as it narrowed its scope to biomedicine, leaving the public health behind.

Mann's work was a product of her life, something she did not include in her original proposal, and certainly something Bacon, or other readers of her proposal never thought to discuss. She was unapologetically a recovered woman in A.A. and the champion of a cause for a group of people whose disease had been buried under what Mann viewed as one hundred and fifty years of social prejudice and public ignorance.

By 1949 Yale wanted a perceptive publicist to promote their scientific work on alcoholism, and Bacon appeared to have no interest in convincing the American public that people with alcoholism were worthy of care. YCAS wanted patients in their clinics, students in their classrooms, and public dollars supporting their medical research. It was

a difference reflected in Bacon's statement at the dissolution of the agreement: "Yale educates college students and does not bear the responsibility of carrying out nation-wide health campaigns."¹³¹ More than a disagreement on means to an end, the disagreement actually lay within the meaning of public; a definition that changed as the voluntary health sector lost authority in the new meaning of public support. When Bacon spoke of public support, he meant the government; Mann's public responsibility referred to the American people.

Mann maintained her public health perspective on alcoholism even as scientific research in American medicine began to separate from the discipline as mid-century approached. Public health was not a profession or studied discipline for Mann; she often referred to her approach as "practical." The public health approach Mann established regarding recovery from alcoholism developed within her personal experience. Public health combined with medicine defined patient care in Mann's experience, a connection she made in the voluntary health sector. To Mann, the major difference between her practical "public health" approach and the YCAS's developing medical approach boiled down to who held the expertise that people with alcoholism needed to recover. Bacon, on the other hand, looked at who held the purse strings.

When proposed, the NCEA as a voluntary health organization represented the most efficient way to raise funds to support the YCAS in a long established relationship between medicine and the public, a relationship where people who represented health needs organized and raised funds for categorical medical research, like the National

¹³¹ Minutes of the NCEA Board, December 28, 1949, Brown University Library, NCADD – Mann, Box 6.

Tuberculosis Association and The March of Dimes. By 1949, however, government had become increasingly involved in alcoholism interests largely through federal grants established within the PHS to benefit returning veterans. The Connecticut legislature, dependent on consultation from YCAS, enacted law in 1945 establishing the Connecticut Commission on Alcoholism, the “largest of the state governmental programs in the United States, providing treatment, education, and research.”¹³² Although certainly not immediately replacing the legitimacy of organizations such as the NCEA, state alcoholism programs changed the role of the voluntary health sector in representing needs of people with alcoholism.

Mann faced an uphill battle in requesting additional time to raise funds to support the NCEA because YCAS simply was not interested. With Mann recently returning from cancer surgery, and exhausted, her insistence that she be present to conduct business only prolonged her recovery and increased tension between the NCEA and Yale.¹³³ It would be a serious mistake to assume that either board members or Mann were consciously aware of the reasons the two had grown so far apart. The new understanding of authority in health had not fully formed, although the relationship even at this early stage was neither an extension of the voluntary health sector nor a middle ground between the voluntary sector and private business. Nor was there a complete, professional division between public health and medicine. In many ways, government interest in alcoholism

¹³² Ernest A. Shepherd, “Current Resources for Therapy, Education, and Research,” *The Annals of the American Academy of Political and Social Science*, 315 (January 1958): 141.

¹³³ *Ibid.*, 208.

represented a “new public” in medicine taking on some roles of the voluntary sector and some previously assumed by private medicine.

The split between Yale and the NCEA formally occurred December 31, 1949, characterized by an angry battle of wills Mann described as “a knock-down-drag-out fight.”¹³⁴ The fact that it was not presented as such in the minutes of the Board, likely reflected the relationship Mann had developed with many of the directors, as well as, the vagueness that surrounded their present relationship. Mann described the event in a letter to Franklin Huston, a close friend and representative of the NCEA.

All hell broke loose at our Nov. 18 Board meeting, when the Board finally got its chance to reply to the long peroration Selden [Bacon] had drowned them in the previous meeting. Led by Austin MacCormick and Dwight Anderson, seconded by Tiebout, Powdermaker, Lois Knowlson and even the usually silent Col. Dougherty, they questioned everything, starting at the budget itself, and going from there to the repayment of old debts and the schedule for that, up to and at great length about the true functions of the NCEA, the lack of necessity for two offices and the question of where the one should be, New Haven or New York. Unanimously the Board went on record that the Committee work as conducted out of the NY office was of paramount importance, and that shutting that office would in their opinion be tantamount to killing the NCEA. There was considerable discussion as to the “two underlying philosophies” (Selden’s phrase) regarding the proper function of the NCEA—quite, honestly he made out a pretty poor case for his (or Haggard’s or Yale’s or whosoever it really is) and was told so by each and every member of the Board....

Selden was thoroughly ruffled—in fact good and sore—by the end of the meeting, and I wasn’t surprised at finding messages to call the New Haven operator when I got home the next evening....[A call completed the next day]...[it] boiled down to an ultimatum: either go along with their original plan, which actually meant an early closing of the NY office, preferably by Dec. 15, or cut free of Yale and let those “irresponsible big-talking Board members” really take over. And, get those who had talked the most...to meet with him in the next few days to discuss which it should be if they really meant what they had said.

...Mulcahy [an attorney representing Dwight Anderson at the arranged meeting] knocked the props out of any tough talk from Yale by

¹³⁴ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 210.

announcing that under our present Articles of Incorporation and By-Laws, every member of the Board of Directors was automatically a member of the [Yale] Corporation, thus giving the Board the real power by possessing a majority vote in any important decisions as to the future of the NCEA.¹³⁵

Mann ended her letter describing how Mulcahy's statement orchestrated an amicable end to the battle, with the Board taking a stand that they

“would rather go down on our own and for reasons we couldn't help, than be throttled to death by Yale...for the first time I feel we have a real Board of Directors who care and are willing to work for the NCEA as we of the staff have done. And that is a good feeling.”¹³⁶

The NCEA remained formally tied to Yale until January 1, 1950. At a meeting held on December 28, 1949 the NCEA Board voted to dissolve the relationship. Yale and the NCEA agreed that materials bearing witness to the relationship could remain in use by the NCEA until July 1, 1950. The NCEA had not garnered independent support, although it certainly had grown in influence, both situations that increasingly concerned Yale. Three years past the end of initial funding the NCEA remained dependent on the YCAS, although undoubtedly had gained national recognition. For Bacon, the NCEA commanded more resources from the YCAS than he wanted to, or agreed to, provide. Board Minutes reported that the University's decision recognized the NCEA's nationwide appeal, although it did not remedy the financial drain the Committee placed on the University. The deciding vote apparently came from Yale; the University stated that their

¹³⁵ Letter to Franklin Huston, 8 December 1949, Mrs. Marty Mann papers, Box 2, Personal Correspondence, 1949-1950, quoted in Sally Brown and David R. Brown, *Mrs. Marty Mann*, 211-212.

¹³⁶ Ibid.

mission involved educating college students and “does not bear the responsibility of carrying out nation-wide health campaigns.”¹³⁷

When the NCEA left the umbrella of Yale University, directors Mann considered friends, some still fellow members of A.A., and founding members of the organization left the Committee. It was an uncomfortable and formal parting of ways, but the dissolution did not destroy what the partnership built or what it represented, a promising new way to look at excessive drinking. Although uncertain, the organizations that formed the activities of the modern alcoholism movement—the RCPA and the YCAS—actually formed a third investigative branch when the NCEA left Yale, a branch that relied on experience and the voice of recovering people.

For Mann, alcoholism’s status as a medical disease had little meaning beyond its ability to remove stigma, although in this regard, the disease of alcoholism worked. The YCAS, to the contrary, found increasing problems with early definitions of the disease, and had shied away from the research findings Mann incorporated into work. Yale found Mann’s construction of alcoholism as disease too far-reaching and detached from medical science, a persistent tension between scientific, intellectual knowledge and public benefit from such knowledge that represented the difference between Mann’s ideas and those of the Yale School on Alcoholism Studies. Mann believed alcoholism needed consideration as a concern to the health of the public. Yale believed it belonged in the domain of medical science. Ultimately, the split symbolized a philosophical divide. The two were at odds, Yale representing knowledge gained from scientific research and Mann

¹³⁷ Minutes of the NCEA Board, December 28, 1949, Brown University Library, NCADD – Mann, Box 6.

representing knowledge gained from experience. The organizational parting of ways was in effect an agreement that retained the integrity of both Yale and the NCEA.¹³⁸

¹³⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 213.

Chapter Six
Mann and the National Council on Alcoholism: A New Disease and a New Organization Take Shape, 1950–1960

Mann stuck to a public health perspective on alcoholism even as scientific research in American medicine began to separate from the discipline as mid-century approached. Public health was not a profession or studied discipline for Mann; she often referred to her approach as “practical.” The public health approach Mann established regarding recovery from alcoholism developed within her personal experience. Public health methods combined with medicine defined patient care in Mann’s experience with sickness and were how she understood health care. To Mann, the major difference between her practical “public health” approach and the YCAS’s developing medical approach boiled down to who held the expertise that people with alcoholism needed to recover. Mann thought people with alcoholism could “heal” themselves given health information, careful medical detoxification (sobriety), and the support of A.A. Although she never voiced this difference in direct confrontation, Mann’s perspective on the newly developing clinics at YCAS downplayed the value of expert “healers” or therapists who helped ferret out the underlying cause of drinking behavior, something Mann thought everyone agreed was an unknown at the time.

Mann formulated “treatment” in three simple steps; first, stop drinking; then get out of environments that fostered drinking; and, most importantly, stop feeling sorry for one self and move on from not being able to drink and start living. The healing aspect of A.A. that the community in recovery understood reformed the drinking alcoholic’s self-centeredness and focused the recovering alcoholic’s attention toward helping others. In a public health perspective, physical, behavioral, and environmental factors define disease,

it is an approach Mann “formalized” through her personal experience struggling with and ultimately finding recovery, not through education. Mann viewed the drinker as a victim of his or her *biology* that could not change, drinking as the *behavior* that could and must change, and American drinking culture as the *environment* that the alcoholic must learn to live within without drinking.¹

Mann’s public health message assumed a mutual responsibility for health. Both doctor and patient, to Mann, were responsible for individual health: however, the public also played an important role. Mann considered the American drinking culture as encouraging drink, which was an aspect of the environment she did not believe necessarily needed to change, people with alcoholism needed to learn to live in that environment. She thought the American drinking culture, as an environment within which the alcoholic lived, needed to accept and understand that even “good” people might need to abstain from drinking for health reasons.

Mann professed that alcoholism was a disease that not only affected individuals but also the community they lived in. She looked at the public as responsible for understanding alcoholism in order that they might act as early interventionists, identifying alcoholism before the late, chronic behavioral aspects of the disease created additional problems, problems that affected the health of the public. Moreover, she saw the public as deserving of information on alcohol and alcoholism, public health information about a disease that could affect anyone, information that empowered the public to arrest this disease.

¹ Marty Mann, *Marty Mann’s New Primer on Alcoholism: How People Drink, How to Recognize Alcoholics, and What to do About Them* (New York, NY: Holt, Rinehart and Winston, 1958), 136.

In the individual, Mann viewed alcoholism as a primary disease, not as a symptom of other underlying disorders as early psychiatric views saw the disease. For example, Mann did not think alcoholism was a sign of gender confusion, anxiety, or depression. Therefore, she thought psychiatric care that focused on understanding the underlying disorder delayed treatment, delayed the reality of alcoholism and appropriate treatment, which to her meant no alcohol. Mann did view psychiatry as a valuable tool in understanding psychiatric disorders, which might accompany alcoholism and that once the alcoholic attained sobriety, additional treatment might be necessary to address such disorders.

The failure of psychiatry to imbue sobriety was no surprise to Mann, she thought the practice overanalyzed the disease. To Mann, psychiatric care made it appear as if all “normal” people could drink alcohol, as if the goal of treatment was to be able to resume drinking. Mann understood this, as she had believed that if she were normal she would be able to drink too, until introduced to A.A. Where she learned that some normal people could not drink alcohol, they have alcoholism. In mid-century, as psychiatry changed its direction, co-opted the principles of A.A. in treating alcoholics, Mann accepted that occurrence as validation of her message.

The Great Divide

The NCEA, well known across the nation by 1949 with the development of fifty local committees, had a large following but failed to bring in revenue to support itself or the YCAS. The constituency Mann developed in establishing local committees came mostly from recovering alcoholics within the A.A. community, people Mann felt comfortable with in addressing the need for advocacy, public education, outreach, and the

referral services she believed people with alcoholism and communities needed. Mann kept no secrets as to her allegiance to the A.A. fellowship. Interviewed in the 1944 October issue of *The Grapevine*, A.A.'s monthly journal, she stated "All the research that's been done, all that Yale is doing, all that A.A. is doing, adds up to this: *now* there are plenty of real facts to tell people. Perhaps most valuable of all these, from the human point of view, is A.A. *For A.A. has proved that great numbers of alcoholics can get well.*"²

In November of 1946, when Mann accompanied Jellinek to participate as a presenter before the Economic Club of Detroit, her presentation appeared as an adjunct to Jellinek's presentation. Perhaps the first stirring of a problem, Jellinek approached alcoholism from a strictly business perspective, carefully delineated in dollars and cents. Mann addressed the need for public education and understanding. Mann's name did not appear as an author even though her presentation occupied three and one-half pages of the five-page article printed in *Vital Speeches of the Day* the following year.³ While it could have been a possible oversight, it was more likely a result of the philosophical divide between Mann's experience and the voice of Yale's science, and it appeared prominently in the tenor of the presenters' prominent points.⁴

² "Marty Interviewed on Committee," *The Grapevine*, 1, no. 5, (October 1944): 3, 8, italics original.

³ Elvin M. Jellinek, "What Shall We Do About Alcoholism?," *Vital Speeches of the Day*, 13 no. 8 (February 1947): 252-256.

⁴ Elvin M. Jellinek, "What Shall We Do About Alcoholism?," *Vital Speeches of the Day*, 13[8] (February 1947) : 252-256. Mann's speech begins on page 253 under the title "Alcoholics Anonymous," by Mrs. Marty Mann, New York, N.Y., Executive Director, National Committee for Education of Alcoholism, Sponsored by the Yale Plan for Alcohol Studies.

Jellinek spoke directly to the group of men about the concern they expressed interest in: the economic cost of alcohol to business, industry, and government. He formulated the number of days lost to industry through inebriety of the workforce and estimated that it was far less expensive to rehabilitate people with alcoholism, a cost of \$80 to \$100 invested per employee “through guidance at a clinic center,”⁵ far less than lost days of productivity over the long run. Jellinek’s was a valuable message, viewed as having “stimulated discussion in business circles, particularly regarding his reference to the 29,700,000 work days estimated to be lost each year to alcoholism-related problems.”⁶

Mann, in a very different tone, looked at the cost of alcoholism on the quality of human life and spoke in a far broader sense citing her public health message. “The alcoholic can be helped and is worth helping...a statement that could not have been made even ten years ago.” She went on to talk about the difference public knowledge and understanding made in facilitating recovery informing the business audience that “these recovered alcoholics might have jeopardized their whole future—their jobs, their family relationships, their place in society, everything that makes life most dear...until the creation of Alcoholics Anonymous twelve years ago.” In her speech, Mann never mentioned the value of clinics, or the savings to business.

In 1949, YCAS redirected the NCEA’s role in employee assistance work, undoubtedly related to Bacon’s disappointment in the progress made within the NCEA.

⁵ Elvin M. Jellinek, “What Shall We Do About Alcoholism?,” 253.

⁶ William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington, IL: Chestnut Health Systems, 1998), 189.

Henderson, Mann's former assistant, took a position at Yale as an Industrial Consultant for the YCAS sometime either just before or just after the official relationship dissolved. Henderson "spearheaded the Yale Plan for Business and Industry in 1950 and traveled throughout the United States promoting Yale's industrial alcoholism program model."⁷

The largest concern regarding the NCEA voiced most pointedly by Selden Bacon was the fact that Mann did not raise enough funds to support the NCEA or the YCAS. He looked at the collapse as the result of her failing to update and modernize her message to follow new research Yale scholars and others produced, research that did not always fit her public health message. Yale's research increasingly looked at problems alcoholism caused, specifically problems for business, moving away from recovery-oriented disease. Concepts of alcoholism like those presented in A.A. troubled medical scholars, and at the time, no one expected that the field of psychiatry would find the recovery program valuable.⁸

Henderson and the EAP promised to bring more attention to the YCAS and to develop financial relationships in support of the Yale Clinics, thus when the opportunity presented itself Yale positioned him to take over their industrial program. Unwavering in her public health message, Mann remained strictly tied to educating the public, and saw the NCEA's role in the EAP as providing education, training for supervisors, and gathering resources for the EAP to use in referring employees to services.⁹

Fundraising

⁷ William L. White, *Slaying the Dragon*, 189-190.

⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 196.

⁹ *Ibid.*, 190.

Mann's approach to fundraising, conventional in many respects and familiar to those who worked in the voluntary health sector, was unsuccessful in raising sustaining support. Mann had an early plan for women in the NCEA, a plan that began in 1944 as a way to develop relationships in the community and connect with families who could afford to lend financial support. That same year, the NCEA originated the Women's Organizing Committee, chaired by Mrs. Grace Allen Bangs.¹⁰ Bangs was Director of the Club Women's Service Bureau of the *New York Herald-Tribune* and encouraged Mann to establish a Woman's Division of the NCEA to raise money for the organization and to educate more women about alcoholism.¹¹

Mann and Bangs became friends when Bangs sought Mann's counsel regarding a family member she thought had a drinking problem.¹² Bangs convinced Mann to form the committee of clubwomen and agreed to chair the division. Mann believed clubwomen comprised one of the best audiences for her message since they were well aware of problems that sometimes occurred in upper-class homes. Perhaps thinking back on her own participation with the Chicago Junior League, Mann knew clubwomen had social connections that could aid in supporting the NCEA's mission.¹³

In what appeared to be the beginning of a promotional piece for the NCEA or a history of the Women's Division Mann wrote

¹⁰ "Marty Interviewed on Committee," *Grapevine*, October 1944, 1, no. 5: 8.

¹¹ *Ibid.*, 3.

¹² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 156.

¹³ "The National Committee for Education on Alcoholism by Marty Mann, Executive Director," Brown University Library, – Mann, Box 4.

Mrs. Bangs had an alcoholic problem in her family, about which she consulted Mrs. Mann. In the course of time, Mrs. Bangs learned much about alcoholism, and stated that she felt she had been very ignorant on the subject before, and had therefore made many wrong moves in her efforts to solve her family problem. She further stated that no one she knew had any sound knowledge of the subject, and that in her long career of dealing with millions of club women, arranging Institutes for them, and supplying them with speakers on vital subjects, she had never heard of any talk being given, or indeed of any speaker being available to give talks on alcoholism. She felt strongly that sound unbiased information should be made available, particularly to the women of America. There must, she felt, be thousands of women like herself, who were still groping the dark in what might perhaps be their most serious family problem. Why shouldn't a program be worked out for them? Here was a great need, which was not being met by any organization. Mrs. Bangs urged Mrs. Mann to develop such a program, and offered every possible cooperation.¹⁴

The voluntary health sector often employed “real life stories” to illuminate their missions and this is a particularly good example that illuminates the mission Mann envisioned for the NCEA. The “patient” Mann identified in this example, Mrs. Bangs was a concerned member of the public who recognized a problem, tried to address the concern; however, nothing she did seemed to help. Consulting with the NCEA, Mrs. Bangs received information that empowered her to resolve the “alcoholic problem” in her family.

Mann did not propose the NCEA provide treatment for people *with* alcoholism; she proposed to improve public understanding *of* alcoholism. The successful outcome of work within the NCEA and local committees was measured in their ability to encourage families and concerned others to inform and assist people they knew (friends, spouses, employees) to find the help they needed; a solution that addressed the health of the public *and* the individual patient with an alcohol problem. Moreover, in the story Mann

¹⁴ “The National Committee for Education on Alcoholism by Marty Mann, Executive Director,” January 1949, Brown University Library, NCADD – Mann, Box 6.

portrayed, Mrs. Bangs, the identified patient, promised support for programs of the type that benefited her, the programs offered by the NCEA and local committees.

In February of 1949, when the disagreement between Yale and the NCEA surfaced and intensified, the Women's Division initiated a fundraising campaign in New York City called "A-Day." A take off on D-Day, A-Day was "the device by which the National Committee for Education on Alcoholism hoped to place alcoholism, the National Committee for Education on Alcoholism, and its work before the New York public on the broadest possible scale, and, to raise sufficient funds to insure the continuity and expansion of this vital public health movement."¹⁵

The "A-Day" campaign asked "every man and woman in New York who drinks, to give the price of at least one drink toward the furtherance of our work on behalf of the victims of alcoholism."¹⁶ A-Day was a canister campaign that placed coin-collecting cans in bars imprinted with "You Can Drink. Help the Alcoholic Who Can't. Alcoholism is a Disease."¹⁷ In spite of endorsement from the Women's Division, including that of the widow Eleanor Roosevelt,¹⁸ the campaign lost \$1,351.56.¹⁹ In June of 1949, Mann sent a request to members of the advisory board for personal contributions, hoping to raise \$5000 to keep the organization afloat. It is not known how

¹⁵ Board of Directors, Minutes, February 24, 1949. Brown University Library, NCADD – Mann, Box 6.

¹⁶ Ibid.

¹⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 209.

¹⁸ Eleanor Roosevelt, "My Day," April 18, 1949. http://www.gwu.edu/~erpapers/myday/displaydoc.cfm?_y=1949&_f=md001256 (accessed March 29, 2013).

¹⁹ "Board of Directors, Minutes, February 24, 1949," Brown University Library, NCADD – Mann, Box 6.; Sally Brown and David R. Brown, *Mrs. Marty Mann*, 209.

much, or if any funds were raised through Mann's appeal, although the office remained open.

Mann's forte was public education, not fundraising, and the NCEA as an organization remained largely unsuccessful in raising funds to sustain its mission. In the 1950s, philanthropic giving was largely an activity of the wealthy, families who donated large sums of money to charitable foundations, such as the Rockefeller Foundation that funded various projects of the YCAS. Organizations such as the NTA did remarkably well in canister campaigns, neighborhood envelope collections, charitable events, and year-end letters of request. Although, the NCEA came late to the arena of charitable giving and in the midst of an institutional change in funding for medical research, the NCEA faced additional social challenges.

Charitable giving in the post-war years became the subject of government suspicion and public paranoia with the fear that large charitable contributions might be going to un-American causes, although explaining large private donations was hardly the NCEA's problem.²⁰ Until the NCEA left its association with Yale, however, the organization faced two philanthropic challenges. First, the large foundations did give money to Yale University and were unlikely to give a second donation to a voluntary health organization under University administration and funding. The second challenge is more difficult to explain and is connected to the public Mann attended to, a public that limited monetary contributions purposefully, had a tradition of giving back in time and effort, rather than in money. Mann had no problem finding recovering volunteers to

²⁰ Robert H. Bremner, *American Philanthropy* (Chicago, IL: The University of Chicago Press, 1988), 165-167.

educate the public, run the office, and establish committees in local communities, but those volunteers often came from the fellowship, the recovering community in A.A., and in the mid-1940s, *if* they had money to donate they often gave it to the community that helped them heal.

Following the unsuccessful A-Day campaign, Mann worked only part-time until February of 1950, resuming her convalescence from cancer surgery that she disrupted while attending to disagreements at the NCEA. In February of 1950, Mann took full-time leave and presumably left the country to rest on Whale Key at the retreat home of her good friend Joe Carstairs. Mann returned to the NCEA in April of 1950 and began full time work forming a new organization.²¹

Finding the Bridge that Spans all Divides

In 1950, when the NCEA could no longer use materials associated with YCAS, the organization changed its name to the National Committee on Alcoholism (NCA) and in 1956, still under Mann's directorship, the name changed again to the National Council on Alcoholism (keeping the acronym NCA).²² Mann believed that the term "council" gave the organization more permanence than did the term "committee" and she determined that the organization needed a solid foundation.²³ Local citizen's committees later became "council affiliates"; however, the organization did not change its structure as a nationwide affiliated network, or change its mission to

²¹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 209.

²² Board of Directors, Minutes, June 12, 1956, Brown University Library, NCADD – Mann, Box 6.

²³ Board Minutes June 12, 1956, Brown University Library, NCADD – Mann, Box 6.

aid in the education of the public in matters pertaining to alcoholism...discover and inaugurate facilities for the rehabilitation of the alcoholic...sponsor and guide community groups in local education and in local action to meet this great social and medical problem...and promote prevention of alcoholism through education and rehabilitation.²⁴

There is an important distinction between what Mann began as an affiliated network of citizen's committees and the network that developed composed of council affiliates, a distinction that did not become apparent until much later. Mann's influence remained evident, in defining affiliate councils as "a voluntary (non-governmental) health agency...composed of citizens who volunteer their time to a program of education, advocacy, information and referral, and the development of community resources and services, aimed at the prevention and reduction of alcoholism."²⁵ However, by 1976, affiliates "supported by a variety of sources including private gifts, contributions, foundation grants, government grants, and government contracts" were encouraged to "join the National Council on Alcoholism and the State Voluntary Alcoholism Association in its state."²⁶ An affiliation less organized around the expressed need of the public, and more organized around government funding of services. In 1990, a decade after Mann's death, the National Council on Alcoholism changed its name again, to the National Council on Alcoholism and Drug Dependence (NCADD).²⁷

²⁴ "The National Committee for Alcoholism Education," 1947, Brown University Library, NCADD – Mann, Box 6.

²⁵ "Community Organization Workbook," Department of Community Development and Field Services, The National Council on Alcoholism, Inc., (September 1976), 3.

²⁶ Ibid.

²⁷ "NCA Board of Directors 1944 – 1960" Brown University Library, NCADD – Mann, Box 6. And, http://www.ncadd.org/images/stories/PDF/history_charts_60_years_1944_2004.pdf (accessed on December 30, 2011).

The NCA's 1950 Annual Report, documenting the first year of the organization's independence from Yale, listed its twenty-two member Board of Directors along with an Advisory Board of almost forty members. New members of the board included Robert H. Felix, director of the National Institute on Mental Health and Karl Bowman, former director of the RCPA. Additionally, the Board roster named Harry Woodburn Chase, Chancellor of New York University; Mrs. Lois V. Knowlson, who spoke of her own recovery on behalf of the NCA; William C. Menninger, of the Menninger Clinics; and Harry Tiebout, who introduced Mann to A.A.²⁸

The “New Public:” Government and Health Finance

Prior to the post-WWII era, the government had relatively little to do with financing American medicine, although there were government funds set aside to operate large scale public health programs such as in the case of tuberculosis or other epidemic breakout of disease. Thus, prior to 1950, the U. S. Public Health Service (USPHS), a conglomeration of federal health care initiatives targeting infectious and chronic disease, maintained hegemony in administering government sponsored medical research and training grants. This changed at mid-century when reorganization of the National Institutes of Health (NIH) consolidated the olio of USPHS programs. Reorganized by Congress in 1950, the NIH operated under authority of the Surgeon General who, during the consolidation, was empowered to organize “research institutes as he saw fit.”²⁹

The reorganization of the USPHS initiated a sea change in funding strategy that

²⁸ “1950 Annual Report,” Brown University Library, NCADD – Mann, Box 6.; Mann, *New Primer on Alcoholism*, 189.

²⁹ Paul Starr, *Social Transformation of American Medicine*, 342-343.

encouraged medical researchers to solicit directly from Congress rather than through the public voluntary health organization, the people's health lobby, or a unified health service such as the United Way.³⁰ Before reorganization, public advocacy groups such as those representing tuberculosis, polio, heart disease, and cancer not only raised most of the dollars available for medical research but they formed important citizens lobbies that exerted direct influence in forming research interests funded through the Public Health Service. Voluntary health organizations and the public interest groups they formed maintained influence for some years following the USPHS reorganization, although as public spending on medical research increased, the public lobby had less influence than private medical research interests, hospital research programs, and medical schools, did.³¹

The National Institute of Mental Health (NIMH), first established in 1949 as part of the USPHS, and directed by Dr. Robert H. Felix,³² was the largest and fastest growing institute under the NIH umbrella during the years he served on the NCA board of directors. The newly formed institute inherited the responsibility for revamping the mental health care system following WWII, a reorganization credited with revitalizing the rise in authority of psychiatry in the post-war years. The NIMH also carried responsibility for administering programs for people with alcoholism and for those with drug addiction, which took place in the federal prison system.³³ The incarceration of

³⁰ Paul Starr, *Social Transformation of American Medicine*, 343.

³¹ *Ibid.*, 347.

³² Thomas Insel, "A Decade of Perspective," November 5, 2012, <http://www.nimh.nih.gov/about/director/2012/a-decade-of-perspective.shtml> (accessed March 15, 2013).

³³ Paul Starr, *Social Transformation of American Medicine*, 342-345.

chronic alcoholics³⁴ stopped when National Prohibition ended, although the federal prisons continued programs for drug addicts, a fact that influenced Mann's decision to focus her work solely on alcoholism. Mann thought the added stigma of criminality threatened her resolve to remove stigma from people with alcoholism. Moreover, Mann contended alcohol addiction was not a choice the widespread use and acceptance of alcohol made it part of American social life in a way that other drugs were not. As psychiatry rose in influence and medical research received more government funding, interest in alcoholism treatment and research also increased, although in psychiatry alcoholism appeared as a symptom of neuroses, not as an illness with its own etiology.³⁵

In the 1940s and 1950s, the field of psychiatry had little success in treating alcoholism and fewer private psychiatrists opened their practice to people afflicted with the disease.³⁶ A.A., on the other hand, experienced monumental growth, something Wilson often credited to Mann and her work within the NCA.³⁷ In 1941, the fellowship reported its first noticeable growth spurt initiated by an article in the *Saturday Evening Post*, where membership increased from 2,000 to 8,000, and by 1957, A.A. reported 7,000 groups in 70 countries with a total membership of 200,000.³⁸ An unexpected twist, perhaps, psychiatrists who were interested in alcoholism began to look to A.A. for

³⁴ Public intoxication remained an ordinance offense, although not a federal crime. People with alcoholism who committed crimes other than chronic intoxication still went to prison. Moreover, public intoxication most often resulted in jailing, not hospitalization until the 1970s.

³⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 217.

³⁶ Ruth Fox and Peter Lyon, *Alcoholism: Its Scope, Cause, and Treatment* (New York, NY: Random House, 1955), 166-167.

³⁷ Ron Roizen, "How Does the Nation's 'Alcohol Problem' Change from Era to Era?," 67-68.

³⁸ *AA Comes of Age* (New York, NY: Alcoholics Anonymous Publishing, Inc., 1957), 190-191, 77.

answers to their patients' concerns. The integration of 12-Step philosophy into alcoholism treatment programs was an occurrence that diverted care for people with alcoholism from strictly psychiatric or biomedical treatment and encouraged the development of multidisciplinary approaches that recognized the experience of recovering alcoholics as part of the treatment team.³⁹

Between 1950 and 1954, NCA Board minutes report "a steady increase in income over the past three years," and Board Treasurer Donald Francisco expressed concern over the proportion of income coming from large gifts.⁴⁰ Although the minutes do not disclose the donors, others on the board also appear concerned that the NCA was becoming too dependent on single, large donations, and more, too dependent on single large donors. It is interesting to note how "well connected" Mann remained, meaning that her personal poverty did not erase her ability to call on friends, those like Carstairs who she knew from her years in Europe, and a host of knew connections Mann made as a result of her relationship with Peck. Moreover, her recovery in A.A. appeared to benefit her ability to form a network of families and individuals willing and able to contribute to her cause, although anonymously.

Francisco, an advertising and public relations executive, worked with the J. Walter Thompson Agency in New York where he served as vice president and director until his retirement in 1956. Francisco also served as a consultant on national broadcasting to the U.S. State Department and was on the Mass Media Committee of

³⁹ Ruth Fox and Peter Lyon, *Alcoholism: Its Scope, Cause, and Treatment*, 169.

⁴⁰ "Board Minutes of Feb 3, 1954, Treasurers Report," Brown University Library, NCADD–Mann, Box 6.

ENESCO, as well as being a visiting lecturer at Michigan State University, his alma mater.⁴¹ Mann could have met Francisco through many avenues, although most likely through connections on the NCA Advisory Committee, and there through Mrs. Albert D. Lasker who headed the National Committee on Mental Hygiene. Albert Lasker is listed as “correspondent of interest,” in Francisco’s papers held at Syracuse University, as is Nelson Rockefeller. Another connection from the Advisory Committee might well have been Jane Tiffany Wagner, who headed the Women’s War Activities Department of the National Broadcasting Company during WWII. Wagner may have known Francisco through his activities in broadcasting with the State Department.⁴²

Recovery and Treatment: Paradigmatic Sleight of Hand

The “Minnesota Model” of alcoholism treatment emerged in the mid-1950s,⁴³ likely in response to the dearth of existing treatments effective in addressing the needs of people with alcoholism. The Model, best known for its implementation at Hazelden, a well respected treatment facility still in operation, although the Minnesota Model did not originate in one facility and took its name from the State of Minnesota where a recognizable program developed over time and in several different venues. In the Minnesota Model

treatment is based on two kinds of knowing. You need the knowledge of science, but you also need the knowledge of wisdom and experience. The latter is where you get into the spiritual dimensions that recovered alcoholics bring to the mix. You have to mesh these two kinds of

⁴¹ Syracuse University Finding Aids, Don Francisco Papers, http://library.syr.edu/digital/guides/f/francisco_d.htm#top (accessed April 6, 2013).

⁴² “Advisory Committee Roster,” Brown University Library, NCADD – Mann, Box 6.

⁴³ Ibid., 246.

knowledge together. The choices are a dynamic integration or a self-destructive polarization.⁴⁴

The steps of A. A. were fundamental to the treatment approach in the Minnesota Model, which was undeniably a spiritual approach, but also a behavioral approach that relied on a multidisciplinary team including nurses, physicians, clergy, psychologists, social workers, and experiential counselors.⁴⁵

The treatment approach out of Minnesota was not the first approach to care for people with alcoholism that attempted to integrate A.A. into practice, or practice into A.A. Both Mann and Wilson played significant roles in an earlier, failed attempt at, High Watch Farm in Kent, Connecticut. High Watch originated as a religious retreat founded in the 1920s by the Ministry of the High Watch, a group associated with the teachings of Emma Curtis Hopkins.⁴⁶ When Mann and Wilson became involved with the Farm, Sister Francis (who was not a Catholic nun but was self-named in her affinity for the work of St. Francis), a reputed former student of Hopkins,⁴⁷ operated the property as “Joy Farm,” a financially troubled spiritual retreat. Nona, an early “case” Mann met at Blythewood and introduced to A.A., had stayed at the retreat and who acquainted Mann with the Farm. Mann in turn introduced the location to Wilson.⁴⁸

⁴⁴ William L. White, *Slaying the Dragon*, 204.

⁴⁵ Ibid.

⁴⁶ Gail M. Harley, *Emma Curtis Hopkins: Forgotten Founder of New Thought* (Syracuse, NY: Syracuse University Press, 2002), 130-132.

⁴⁷ Ibid.

⁴⁸ William L. White, *Slaying the Dragon*, 171.

Taken with the A.A. approach, Sister Francis offered the property to Wilson in 1940 to operate as a retreat solely for individuals recovered in A.A. Refusing the property as a personal gift, Wilson established a board to manage the facility, and the board hired Ray C. to operate a program of recovery. The board renamed the retreat “High Watch” after the founding movement and established fees for retreat participants during which Ray C., a paid staff member, presented a series of lectures that comprised the therapeutic component of the program. After several months of operation, A.A., considered by the board foundational in operating the retreat program, appeared secondary to Ray C.’s lecture series. Mann, who served on the founding board from 1940 through the summer of 1941 when she tendered her resignation, stated she could “no longer endorse the principle”⁴⁹ under which Ray C. operated High Watch. Sister Francis and Mann both thought Ray C. was too directive and attempted to be too psychological in his approach. Mann was particularly irritated with Ray C. for operating what she viewed as a “retreat” center like a hospital.⁵⁰

In Mann’s resignation from the board, she stated

At Blythewood, a particular method of treatment, psychiatry, was used by one man, Dr. Tiebout, to help me get well. At the Farm, now, a particular method of treatment...is being used by one man, Ray C____, to help others get well. I repeat: I have nothing against either method of treatment. But they belong in one classification; and the Farm as it used to be, and A.A. as it is, belong in another...In my opinion the Farm contains enough within itself, IF its traditions are followed; and the A.A. steps and general principles contain enough within themselves, IF the alcoholic wishes to follow them, to make any further specialized treatment unnecessary...People who do not wish to avail themselves of what these

⁴⁹ William L. White, *Slaying the Dragon*, 173.

⁵⁰ Ibid.

two things have to offer need not stay at the Farm and should be no concern of ours.⁵¹

Following a series of communications between the board, Ray C., and Sister Francis, the decision to operate the Farm as an A.A. spiritual—not psychological—retreat prevailed. A.A. steps and traditions would form the only guidelines for those who stayed at the retreat and there would be no lecture series, and no interpretation of the meaning of the twelve steps. Ray C. resigned his position following the decision and Sister Francis assumed temporary financial management of High Watch.⁵² Mann did not believe the recovered alcoholic needed additional treatment, only the support of other nondrinkers and the guidance of the fellowship.

The mid-century, Minnesota Model evolved in quite different circumstances than High Watch Farm. Originating at Pioneer House in Minneapolis, a home for men on public relief, over several years the model program spread to services at Hazelden, a nearby farmhouse retreat, and the Wilmar State Hospital, one of seven existing state mental health hospitals in Minnesota.⁵³ The new program design proposed to pay wages to emerging “alcoholism counselors,” a group composed of individuals experienced in recovery through A.A., although not necessarily formally educated in any of the helping professions.⁵⁴

⁵¹ Marty M.’s Resignation Letter from the High Watch Board, July 5, 1941, in William L. White, *Slaying the Dragon*, 174.

⁵² William L. White, *Slaying the Dragon*, 174.

⁵³ *Ibid.*, 202.

⁵⁴ *Ibid.*, 200.

The lack of formal education did not pose a concern since the counselors were paid to share their experience, act as coach and mentor, not as health care professionals planning a course of treatment for disease. No educational requirements or programs existed at the time to address counseling people with alcoholism. For A.A. members, however, accepting wages to help another alcoholic appeared to be the basest of violations in A.A. service, essentially making the avocation of A.A. twelve-step work a paid profession. Consulted on the possible conflict, Wilson supported recovering alcoholics in paid positions as long as they did not present themselves as A.A. members or state that the position was in any way affiliated with the fellowship.⁵⁵

Initially, the new treatment programs rested almost entirely on the twelve steps of A.A. and the formation of a mutually respectful, mentoring relationship developed between recovering staff and patients. A.A. members working as trained mentors initiated training programs, many in colleges and universities, that educated, tested, and certified alcoholism counselors whose treatment methodology moved away from a single approach through psychiatric medicine toward the integrated, multidisciplinary, twelve-step approach, changing the field of alcoholism treatment for decades to come.⁵⁶

At mid-century, perceptions of women as alcoholics were just beginning to change, although treatment centers, including those in Minnesota, did not yet accept women as patients. While women were entering A.A. in greater numbers, they comprised only fifteen percent of A.A. membership in 1951. The willingness of Mann to speak publicly of her recovery from alcoholism, recognized by women who entered the

⁵⁵ William L. White, *Slaying the Dragon*, 204.

⁵⁶ *Ibid.*, 209.

fellowship as encouraging them to seek recovery in A.A.,⁵⁷ although alcoholism among women continued to carry more social stigma than did alcoholism among men.⁵⁸

In 1956, Hazelden opened Dia Linn,⁵⁹ the earliest known treatment program for women with alcoholism, based on the Minnesota Model. The structure of Dia Linn reflected both the growing awareness of alcoholism among women and the gendered difference that lingered in defining the alcoholic. Dia Linn promoted a program of treatment designed to treat the more “difficult problems” alcoholism presented in women. Purposely separated from the Hazelden campus where treatment programs for men were located, Dia Linn was situated in a tranquil rural setting, similar to sanatoria settings, and looked more like a home than an institution. The program cost \$400 for the month and provided staff on site twenty-four hours a day, including the director who lived at the facility. Staff at Dia Linn reported curiosity seekers sometimes drove past the women’s facility in “hopes of seeing wild women drinkers,”⁶⁰ reflecting that although treatment professionals and other recovering alcoholics had begun to recognize the need for women’s treatment programs, the public had not.

Initiators of the Minnesota Model believed prevailing psychiatric views envisioned alcoholism as a hopeless condition reflective of the moral inferiority of the patient, a milieu in which most alcoholics failed to recover. The recovering counselor-

⁵⁷ *AA Comes of Age*, 199.

⁵⁸ William L. White, “Women, Addiction, and Recovery: A Historical Review,” *Counselor*, 3 no. 4 (2002): 52-54. <http://www.williamwhitepapers.com/pr/2002WomenAddictionandRecovery.pdf> (accessed March 28, 2013).

⁵⁹ Dia Linn is Irish for “God Bless You.”

⁶⁰ William L. White, *Slaying the Dragon*, 160.

mentor relationship developed in the Minnesota Model proposed to produce a different dynamic between the patient and the counselor. Unlike contemporary psychiatry, the Minnesota Model assumed alcoholism *was* the disease and excessive drinking the symptom, shifting the focus from “uncovering psychopathology” to teaching daily living skills that produced sobriety. A.A. provided long-term relapse prevention and recovery support.⁶¹

The NCA did not officially endorse specific treatment services of any kind, including A.A., although most early directors of local affiliates had personal ties to the fellowship. Both the NCA and the growing affiliate network appreciated and cataloged all resources in referral directories to assist families who looked to them for answers. Many NCA affiliates developed training programs for emerging recovering alcoholism counselors, programs for which the affiliates charged fees, a method of financial support that increasingly sustained their mission.

Additionally, the NCA produced educational information used in the programs, provided speakers from within local committee bureaus, and connected returning patients to A.A. in their local communities. There were so few programs that most patients traveled quite a distance to attend treatment—very early on only available *in* Minnesota—and local affiliates of the NCA often provided services to the family while the family member with alcoholism completed treatment. As significant as the Minnesota Model proved to be as a welcome resource to add to the NCA list, the work generated provided no supporting revenue for operation of the NCA. Treatment was not the NCA’s mission,

⁶¹ William L. White, *Slaying the Dragon*, 160.

although treatment providers often coordinated services for their patients with local affiliates, it was an NCA affiliate service to the community.⁶²

In the late 1940s, with resources for the NCA dwindling, Peck urged Mann to write her experience with recovery into a book. Her idea was for Mann to turn her experience into a source of income that could support her work and function as a resource to reach others concerned about alcoholism. The project provided a moderate income for the NCA, and saved the organization from insolvency. For Mann, writing *Marty Mann's Primer on Alcoholism* was not only a way to save the organization from financial ruin, it was a method to reach thousands more individuals than she could ever hope to reach in person and between 1950 and 1958, 80,000 copies sold.⁶³

Mann completed *Primer on Alcoholism* in 1950. Published in the United States by Rinehart and Company, and reissued two years later by Victor Gollanz Ltd. in London, England, *Primer* provided basic knowledge and practical information about alcoholism in the hope that “millions more alcoholics could recover.”⁶⁴ In the foreword of the English edition, T. Ferguson Rodger of Glasgow University wrote

...The reader will not fail to notice, in spite of careful editing for this country that this book by Mrs. Marty Mann was written for Americans and that in subtle as well as obvious ways the drinking habits of Americans are different from our own. As far as we can determine, the incidence of alcoholism in this country is only about one-sixteenth of what it is in the U.S.A., but it is still large. There are approximately 1,000,000 people, alcoholics, and their near relatives, for whom alcoholism is a very grave concern.

⁶² William L. White, *Slaying the Dragon*, 210-211.

⁶³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 219-220.

⁶⁴ Marty Mann, *Primer on Alcoholism* (London, UK: Victor Gollanz Ltd., 1952), 12.

This book should be read by everyone who is, or who thinks he may be, an alcoholic. I recommend it particularly to any medical colleagues and to all those such as social workers, magistrates, clergymen and personnel officers who in their professional lives may have to handle these problems.⁶⁵

Discussed in an article in the October 1950 *Book of the Month Club News*,⁶⁶ *Primer* was revised and published in 1958. *Marty Mann's New Primer on Alcoholism* sells today as a collector's item.⁶⁷ A third edition of *New Primer*, published in 1978, was also translated in Spanish, Japanese, Finnish, and Afrikaans.⁶⁸

Mann's publication of *Primer* and *New Primer* began a new onslaught of criticism from the A.A. community regarding the use of her full name on a book that described the *Alcoholics Anonymous* fellowship in such detail. Mann never disclosed her relationship to A.A. in either edition, nor did she speak of her personal experience of alcoholism, although she used many examples of what alcoholism looked like in real life, referring only to first names with surname initials, a custom in the fellowship. Nonetheless, objections persisted, creating a philosophical divide between some groups within the A.A. community and the NCA. Many A.A. members thought Mann was on an "ego" trip, glorifying her own recovery, endangering the anonymity A.A. promised a sentiment

⁶⁵ Marty Mann, *Primer*, 9-10.

⁶⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 220. Also listed in Syracuse University Finding Aids, "Marty Mann Papers,". Box 14, http://library.syr.edu/digital/guides/m/mann_m.htm (visited on April 11, 2013).

⁶⁷ Amazon, "Marty Mann's New Primer on Alcoholism," http://www.amazon.com/s/ref=nb_sb_ss_i_0_13?url=search-alias%3Dstripbooks&field-keywords=marty+mamm%27s+new+primer+on+alcoholism&srefix=Marty+Mann%27s+%2Cstripbooks%2C287 (accessed on April 3, 2013).

⁶⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 220.

among the fellowship that created an aura of distrust between some groups within the A.A. community and the NCA.⁶⁹

If nothing else, Mann's published works proved Bacon was right in asserting that the YCAS and Mann based their work on "two [different] underlying philosophies."⁷⁰ Even though YCAS moved away from Jellinek's early work, Mann continued to emphasize alcoholism as a disease that progressed in phases and that was fatal if not arrested. Jellinek based his "phase" description of the disease on self-reported survey data from recovering alcoholics exploring the ages at which they perceived changes in their drinking, a description of their experience. Mann's understanding of alcoholism reflected her experience, a "condition involving one's body, mind, and emotions, soul, and personal relations."⁷¹ Moreover, Mann's writing demonstrated her dedication to the concept of recovery, not cure, something medical treatment never seemed to understand. Although Mann thought some people with alcoholism also benefited from treatment, her experience taught her that A.A. provided long-term recovery, a way of life without alcohol.⁷²

Problems with the NCA and her health were not Mann's only concerns during the early 1950s. Her mother, now living in New York, suffered serious bouts of depression that concerned Mann, although there was little she could do to help. Lillian Mann also faced an unexpected eviction when the apartment building she lived in was to be

⁶⁹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 220.

⁷⁰ *Ibid.*

⁷¹ *Ibid.*, 194.

⁷² *Ibid.*, 163.

remodeled for retail office space. In the midst of a housing crisis in New York, her mother had to relocate, a seemingly impossible situation with housing in New York at such a premium. Angered by the short eviction notice, Mann placed the responsibility to find a suitable apartment on her mother's current property owner. Much to her surprise and relief, he did find an apartment, only one block away from the apartment Mann shared with Peck.⁷³

Mann also strayed from her relationship with Peck. Between 1950 and 1954, she had two affairs with married women she and Peck knew as a couple. While only the latter affair was serious for Mann, both situations deeply hurt Peck. In the first affair, Carson McCullers may have been the pursuer, and the "affair" may have been little more than wishful thinking on her part. Jane Bowles, on the other hand, was a more serious relationship for Mann. In the end, Mann ended the affair with Bowles and renewed her commitment to Peck, who accepted her back. Although the relationship between Mann and Peck suffered, they somehow worked through Mann's infidelity. To those who knew the couple, their relationship did not sustain lasting visible damage.⁷⁴

In 1951, while actively involved with Bowles, Mann participated as an invited guest speaker at South Africa's first national conference on alcoholism. Members within A.A. who were already organized in South Africa prompted the invitation and provided a welcoming group eager to establish local affiliates. The trip, paid for by the South African conference organizers, included traveling to thirteen cities where Mann helped organize local committees. Jane Bowles and her husband, author, and musical composer,

⁷³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 221.

⁷⁴ *Ibid.*, 222-225.

Paul Bowles, lived in Tangiers, Morocco, although they frequently spent time in New York. Mann arranged to spend time with the couple in Tangiers on her trip to Africa.⁷⁵

The Bowles' marriage included extramarital affairs before Mann and Jane Bowles became involved. In fact, both of the Bowles' reportedly engaged in same-sex relationships over the years of their marriage, a union referred to as "unconventional."⁷⁶ Mann's visit, however, apparently convinced Jane Bowles that she was moving her work and the organization to Europe so they could spend more time together. True or not, the move never happened. Many believe that the Bowles both suffered from alcoholism, a factor that may have influenced Mann to end the affair.⁷⁷

Mann's invitation to speak in South Africa was no doubt the result of A.A.'s previous relationship with the African nation. An interesting story of a sometimes-recovering alcoholic nicknamed "Johnny Appleseed" for his propensity to get drunk and sober up on his business travels, leaving A.A. literature behind. Appleseed, a wealthy business executive who traveled worldwide, could not remain sober, although he proved to be a benefit to the NCA when on one of his business ventures he visited South Africa, seeding A.A. groups in the African Nation and prompting an interest in Mann's work and the establishment of local councils.⁷⁸

⁷⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 224.

⁷⁶ Allen Hibbard, "Paul Bowles Biography: A Biographical Essay," <http://www.paulbowles.org/bowlesbiography.html> (accessed April 6, 2013).

⁷⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 224-225.

⁷⁸ *Ibid.*, 224.

R. Brinkley Smithers

Even with the modest income generated from Mann's book, the NCA continued to have serious financial problems and in summer 1954, the organization was unable to pay salaries or keep up with costs of operating the office. Mann's assistant Yev Gardener, who was generally optimistic, seemed defeated as the year progressed. Mann, exhausting all solutions said somewhat jokingly, "Yev, there is a rich drunk out there somewhere who will get sober and help us."⁷⁹

Calls from Towns Hospital to see patients were routine at the NCA by this time. Hospital visits by recovering NCA staff introduced patients to A.A. and helped hospitals plan discharge when patients completed treatment. Although Mann advocated that hospitals prepare to readily accept the alcoholic patient, few did. Although, by this time many more hospitals contacted the NCA to have one of the organization's representatives talk with patients in medical detoxification programs. Towns Hospitals contacted the NCA frequently even though their purpose was to treat the disease. Being where Wilson began his recovery, the Towns Hospital long recognized that sobriety alone did not guarantee long-term recovery.⁸⁰

On one such call, Gardner spoke with a patient who reportedly had been in treatment at Towns and other hospitals over fifty times and was not able to maintain sobriety. The patient had given up on himself, and hospitals for that matter, and informed Gardner that he decided to try A.A. because he wanted to get sober. Gardner, as he did

⁷⁹ Walter J. Murphy, "A Tribute to Mrs. Marty Mann" (speech delivered at the fiftieth anniversary celebration of NCADD, Washington, D.C., 28 October 1994), in Sally Brown and David L. Brown, *Mrs. Marty Mann*, 232.

⁸⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 233.

on all 12-step calls, explained alcoholism, and the NCA's mission to educate America about the disease. The patient, surprised not to have heard of the NCA asked, "Why haven't you made more progress in ten years?" Gardner informed the patient that the NCA simply did not have the money. The patient, as the story goes, replied, "Now you do."⁸¹ The patient was R. Brinkley Smithers, the son of International Business Machines' (IBM) cofounder Christopher D. Smithers.

Smithers' drinking cost him his dream of becoming a physician when his father, tired of paying tuition for a party-going son, made him quit college and enter IBM's sales force. The elder Smithers thought work might help his son settle down, become productive, and provide motivation to continue his studies, or at least cut down on his drinking. Four years after starting work at IBM, Brinkley Smithers closed the largest sale in the history of the company, supplying IBM equipment to the newly formed Social Security Board. Almost immediately afterward, indicating that his work disrupted his drinking, Smithers resigned. He drank solidly for the next seventeen years, although unlike Mann, Smithers could afford restorative care; Smithers reportedly never sold one share of the half million shares he inherited of original IBM stock.⁸² Subsequently, when he became ill, he checked in to the hospital, often the Towns Hospital.⁸³

Shortly after meeting Smithers in the hospital, Gardner introduced him to Mann and several of the NCA's board members. Smithers considered his meeting Mann second

⁸¹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 232.

⁸² *Ibid.* 34.

⁸³ *Ibid.*

in importance only to his meeting Bill Wilson and Robert Smith,⁸⁴ likely a testimony to the influence of A.A., not intended to disrespect Mann, who might well have said the same about Smithers. Mann and Smithers became close friends and fellow members of A.A., a relationship within which the Smithers Foundation became the financial savior of the NCA and “financial cornerstone of the professional alcoholism movement.”⁸⁵

In 1952 while still drinking, Smithers established the Christopher D. Smithers Foundation in memory of his late father, to continue the charitable work his father began. Four years later, he changed the mission of the Foundation to

educating the public that alcoholism is a respectable, treatable disease from which people can and do recover; encouraging prevention programs and activities, with an emphasis on high risk populations; and continually fighting to reduce and eliminate the stigma that is associated with the disease of alcoholism.⁸⁶

Smithers changed the mission of the Foundation with a sense of gratitude for recovery, something he thought he would not have achieved without A.A. or the twelve-step call Gardner paid to him when a patient at the Towns Hospital. When Smithers changed the Foundation’s mission, he had been in recovery for nearly two years, and active on the NCA board of directors for most of that time. In contrast to the NCA, A.A. did not accept large donations, a tradition born to protect the unity of the group, the sameness of each member so that no one member directs the course of the fellowship.

⁸⁴ Photo Caption, The Christopher D. Smithers Foundation, Inc., <http://www.smithersfoundation.org/> (accessed 3/16/2013).

⁸⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 234.

⁸⁶ “Mission,” The Christopher D. Smithers Foundation, Inc., <http://www.smithersfoundation.org/> (accessed March 16, 2013).

Smithers turned out to be the private charitable donor Mann sought for years, although he also became a mentor, business associate, and friend. Smithers, a devoted NCA advocate, would leave a legacy that extended to the entire field of alcoholism study. Smithers and the Foundation contributed nearly forty million dollars to alcoholism, twenty-five million of which came from Smithers himself. In the meantime, Smithers' identification as "one of the recovering" supported Mann's mission, his support proved nothing less than a godsend.

Less than one year after Mann and Smithers met, at the January 10, 1955 NCA Board meeting, the minutes document Smithers' nomination to the Board,⁸⁷ a relationship that not only salvaged Mann's mission, but procured the NCA's place in the overall history of alcoholism in America.⁸⁸ He spent his first year on the NCA board learning, sharing his knowledge of business practices, and examining opportunities for supporting the work of the NCA. New in recovery, Smithers sat on the NCA Board among a bevy of physicians with a practice in alcoholism, perhaps a reminder of his past aspirations and as a way of keeping close to medicine, alcoholism, and recovery.

At the time, physician members included Board President and psychiatrist Harold W. Lovell, who published *Hope and Help for the Alcoholic* in 1951,⁸⁹ and physician John Norris, who started one of the first employee assistance programs for the care and treatment of alcoholic employees in 1943 as a physician at Eastman Kodak Company in

⁸⁷ "1955 Board Minutes," Black Binder, Brown University Library, NCADD – Mann, Box 6.

⁸⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 234. William L. White, *Slaying the Dragon*, 193.

⁸⁹ Harold W. Lovell, *Hope and Help for the Alcoholic*, (New York, NY: Doubleday, 1951).

Rochester, New York.⁹⁰ Dr. Marvin A. Block, among the first physicians to treat alcoholism as an illness, who chaired the American Medical Association's subcommittee on alcoholism and founded the New York State Council of Committees on Alcoholism, also served.⁹¹ In 1955, board member Dr. Ruth Fox authored *Alcoholism: Its Scope, Cause, and Treatment*, a work that prominently featured Mann's definition of alcoholism and perspective on the value of A.A.⁹² Fox founded the American Medical Society on Alcoholism and Other Drug Dependencies in 1954, today known as the American Society of Addiction Medicine.⁹³

At some point early in his association with the NCA, Smithers awarded the organization a grant of \$10, 000 and proceeded to work with the Board of Directors to build permanent funding. The June 14, 1955 Board Minutes proposed to increase its fundraising capacity in an amendment by increasing its number of members.⁹⁴ Most voluntary health organizations depended on their boards for direct financial support, and the NCA was no different. Smithers' board service greatly added to the security of board support, although his goal was to assist the organization in building a diversified base of

⁹⁰ "John L. Norris Addiction Treatment Center," New York State Office of Alcoholism and Substance Abuse Services, <http://www.oasas.ny.gov/atc/norris/general.cfm> (accessed March 17, 2013).

⁹¹ "Marvin A. Block, 86, Expert on Alcoholism,," Obituaries, *The New York Times*, March 3, 1989, <http://www.nytimes.com/1989/03/03/obituaries/marvin-a-block-86-expert-on-alcoholism.html> (accessed March 17, 2013).

⁹² Ruth Fox and Peter Lyon, *Alcoholism: Its Scope, Cause, and Treatment* (New York, NY: Random House, 1955).

⁹³ "Ruth Fox, 93, Dies; Psychoanalyst Pioneered in Treating Alcoholism,," Obituaries, *The New York Times*, March 3, 1989, <http://www.nytimes.com/1989/03/28/obituaries/ruth-fox-93-dies-psychoanalyst-pioneered-in-treating-alcoholism.html> (accessed March 17, 2013).

⁹⁴ "Section 1 Article III of the By-Laws Amendment," 1955 Board Minutes, Black Binder, Brown University Library, NCADD – Mann, Box 6.

constituents, both for funding and for advocacy rather than to create an organization dependent on one man.⁹⁵

At that same meeting, the board accepted an invitation to join the National Health Council, an invitation that validated Mann's premise that presented alcoholism as a primary disease and a concern to the health of the public. Founded in 1920, the National Health Council (NHC) presented its mission as providing a united voice for people with chronic disease and disability, and recognized family members as caregivers. The NHC formed a patient advocacy organization and included membership from medical associations, voluntary health organizations, and family care advocates.⁹⁶

Like Mann, Smithers was an avid believer in the disease concept of alcoholism and worked tirelessly to develop relationships that he believed would further support for the mission of the NCA. He employed a business model he thought made the NCA a sought-after partner in forming nationwide health coalitions. Moreover, new coalition formed as the backbone of the NCA, whose affiliated network reached out to people with alcoholism in places that the NCA alone could not reach.⁹⁷

The July 12, 1955 Board Minutes discussed information Mann received through the press regarding the formation of an organization named the Alcoholism and Addictive Diseases Foundation located at 135 East 44th Street in New York City.⁹⁸ Through her

⁹⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 234.

⁹⁶ National Health Council, "About the National Health Council," <http://www.nationalhealthcouncil.org/pages/page-content.php?pageid=53> (accessed March 15, 2013).

⁹⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 235.

⁹⁸ "July 12, 1955 Board Minutes," Black Binder, Brown University Library, NCADD – Mann, Box 6.

inquiries, Mann learned that this group proposed to conduct research, education, treatment, and rehabilitation of both alcoholics and drug addicts. Many of the board members expressed concern “relative to the wisdom of combining alcoholism and drug addiction in one project,” something Mann objected to vehemently. Dr. Lovell, informed the board that “no approach had been made to the National Committee on Alcoholism by the Board or Executive of the Alcoholism and Addictive Diseases Foundation, prior to the inauguration of the new group; nor had any effort been made, to his knowledge, to determine possible duplication of the work of N.C.A.”⁹⁹

To Mann and some of the Board members the new organization presented a threat on two fronts: undoing progress in removing stigma from people with alcoholism with the association to street drugs, and perhaps more salient at this point in the NCA’s history, competing locally for funds. The Board directed Mann to reach out to the new group, although no mention of her efforts or of the organization appeared in future minutes.¹⁰⁰

In September of 1955, affiliates received a letter from the NCA regarding its financial situation, perhaps to reassure them that the National office was still in operation, but more likely to assuage their fears that the NCA would launch a nationwide fundraising campaign. National affiliates paid dues to establish their association with the work of the NCA, and local directors often worried that they might someday be in direct

⁹⁹ “July 12, 1955 Board Minutes,” Black Binder, Brown University Library, NCADD – Mann, Box 6.

¹⁰⁰ Ibid.

competition with the National office in fundraising, a situation they thought unfair since their dues already contributed local funds to the National office. Mann wrote

For several years, the staff and the Board of Directors of the National Committee on Alcoholism have been increasingly aware of the need for direct consultation with our affiliates on the problems of financing our work.

Some of you are now supported by your local Community Chests or United funds. But, many of you are raising your budget yourselves. For us there is no alternative, save raising money through our own efforts, since there is no national fundraising organization comparable to either the Chest or the Fund.¹⁰¹

Although the letter did not indicate that Smithers had “bailed out” the organization the intent was likely to put affiliates at ease, let them know their affiliation dues were secure and that the National office remained strong.

The affiliates connected with local resources available to treat alcoholism in their community and acted locally as advocates to increase awareness of alcoholism and services for the alcoholic. Communities supported their alcohol information centers with referrals and with funds; most affiliates received contributions from individuals and families they assisted, local charitable foundations, and national voluntary organizations such as the United Way. The NCA office found it more difficult to fundraise as local donors did not want to support nationwide organizations. Nationwide fundraising organizations, aware of their support base, launched each of their campaigns as a local campaign. The NCA, represented local affiliates, but did not provide local services, eliminating consideration of funding for the NCA by many unified funding drives, a

¹⁰¹ Untitled Letter, September 25, 1955, Brown University Library, NCADD – Mann, Box 6.

consideration that made affiliate dues to the national organization a concern of great importance. Additionally, local affiliates receiving funds often received warning that funds provided were for local services, not national affiliation dues, a situation that reinforced citizen involvement in affiliate councils as dues paying members; dues that could be spent on their affiliation with the NCA.

In December of 1955, Mann asked the board of directors to review the possibility of developing a local alcoholism committee, an affiliate of the NCA in New York City. Over the years, many efforts to organize a committee in New York City had failed. At a board meeting in June of 1955, concerned about what appeared to be a competing organization developing in New York City, Mann explained the difficulties of trying to operate a community organization in an area that comprised literally hundreds of communities.¹⁰² She detailed how efforts to organize citizens' committees, based on collaboration with the Health and Welfare Council and other groups, to undertake a community action program in New York City had also failed. Mann recognized that the NCA "would have to organize and to sponsor a program for New York City, if there were to be one,"¹⁰³ a statement that reflected both her concern about the competing organization, as well as, her ambivalence about establishing a local affiliate.

Advantages in forming a New York City affiliate included the ability of the National office to gain valuable experience in establishing and operating a local committee, running local programs, and modeling development for other local groups in

¹⁰² June 14, 1955 Board Minutes, Black Binder, Brown University Library, NCADD – Mann, Box 6.

¹⁰³ December 7, 1955, Board Minutes, Black Binder, Brown University Library, NCADD – Mann, Box 6.

New York City's diverse community. On the downside, the separate local council would fundraise in New York City as the national council did. This single identified downside of the idea was remedied when later the NCA received public dollars to work with recovering families, dollars that supported staff, many volunteer staff, to work within a local community.¹⁰⁴

In 1956, Smithers attended the Yale Summer School on Alcoholism, eager to learn as much as he could about the science of alcoholism.¹⁰⁵ The early work of the NCA in industrial alcoholism programs affiliated with Yale University captivated him, especially regarding the possibilities he saw in workplace programs reaching people with alcoholism. Smithers thought the NCA provided the perfect vehicle for educating men of business and industry about alcoholism, and for providing intervention and referral services to employees. Perhaps because of his recovery in A.A., or his relationship with Mann and the NCA, Smithers was also an avid believer in alcoholism as “a respectable disease, from which people can and do recover.”¹⁰⁶

That same year, the NIMH emphasized the need for additional training of medical personnel in alcoholism treatment. Robert Felix – seated on the Board of Directors of the NCA in 1950¹⁰⁷ – specifically listed alcoholism as a research and treatment need, and

¹⁰⁴ December 7, 1955, Board Minutes, Black Binder, Brown University Library, NCADD – Mann, Box 6.

¹⁰⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 235.

¹⁰⁶ “Welcome,” The Christopher D. Smithers Foundation, Inc., <http://www.smithersfoundation.org/> (accessed March 16, 2013).

¹⁰⁷ “1950 Annual Report,” Brown University Library, Special Collections Department, NCADD – Mann, Box 6.

outlined the Institute's proposal in relation to chronic alcoholism.¹⁰⁸ It began an era in which social inequity would present the greatest challenge to American medicine, how to assure that all people received equal access to health care. During this era, the "skid row" alcoholic transformed to "alcoholism among the homeless," although in many ways, Mann thought government funded programs for the poor worked against her mission to "re-class" and "gender" people with alcoholism, a responsibility she thought belonged to the people, not the government. Mann's emphasis was on re-educating the public that most alcoholics were quite ordinary, "people like you and me."¹⁰⁹

Mann's public health message focused on early intervention, not waiting until the disease had already reached the chronic stage. Chronic alcoholism was something Mann thought the concerned other, the public, could *prevent* if properly informed, educated, and financially supportive of such efforts including access to resources for treatment. Mann believed that had she understood that her drinking *was* the problem, had a resource like A.A. been available to her, she would not have suffered the loss of a budding career, and not have spent years of nomadic, homelessness herself. Mann recognized her homelessness as the result of her alcoholism, not the cause, something that preventable within an informed public. Moreover, although the homeless person might be more visible within the public, Mann did not believe more alcoholism existed among the

¹⁰⁸ Ernest A. Shepherd, "Current Resources for Therapy, Education, and Research," *The Annals of the American Academy of Political and Social Science*, 315 (January 1958): 141.

¹⁰⁹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 246.

homeless than among the public generally,¹¹⁰ something she thought hidden by the focus on the homeless alcoholic.

Mann thought the focus of government programs on the homeless alcoholic, in addition to upholding stereotypes, kept women's alcoholism separate from that of men's alcoholism: the majority of public dollars focused on male veterans and returning men to the workplace. The NCA, recognized as contemporary experts in professional education on alcoholism and certainly not wanting to look as though alcoholism did not occur among the poor, organized the National Committee for the Homeless and Institutional Alcoholic in 1956, and presented an annual conference for the next three years.¹¹¹ The institute became a successful forum that brought "different groups together...to discuss the legal aspects of alcoholism and the rights of the alcoholic," a forum Mann employed to provide more "factual education to communities so they would see the need for more enlightened responses."¹¹²

At the May 14, 1957 Executive Committee meeting, Mann reported that the Women's Committee pursued a "large special mailing of personal solicitations to several thousand key women in the New York area. Mrs. Smithers and Mrs. Pauline Pratt (Mr. Marshall Dodge's sister) led this campaign and planned "three special luncheons at each of which it is hoped that 40 women will be enlisted to write personal, long-hand letters to

¹¹⁰ Marty Mann, *New Primer on Alcoholism*, 10-11.

¹¹¹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 246.

¹¹² *Ibid.*

those on the lists whom they know. A special speaker will address each of the three luncheon meetings.”¹¹³

At one luncheon held in 1959, Wyman Z. Fuller, Associate Director of Development, reported, that 200 women attended the event held at the St. Regis on November 10, where Mrs. John C. Wood acted as Luncheon Chair. The luncheon generated interest among the attendees to help with fundraising, and on this occasion “we have...20 to 25 prominent ladies who are interested in forming a permanent committee...this committee will start solicitation of individuals, both men and women in Greater New York. The goal for the committee will be to raise funds for the support of the New York City Information Center, or approximately \$50,000.”

Mrs. John C. Wood, whose husband headed Brooks Brothers and chaired the Board of Directors for the Better Business Bureau of New York City, hosted several events for the NCA between 1958 and 1961. The reason for Mrs. Wood’s involvement is unknown, although she may well have had a personal or a social interest in alcoholism. Neither she nor her husband appeared on the record as Board or Committee members of the NCA. Bangs, who did occupy an NCA Board position, more than likely knew or met Mrs. Wood through her work with the Club Women’s Bureau. Society women in post-War America often spent their time in public support of charitable causes.

Alcoholism: The NCA and Medical Precedent for Disease

¹¹³ Executive Committee meeting May 14, 1957, Brown University Library, NCADD – Mann Box 6.

In the 1960s, the NCA Board would lead the call for a medical diagnosis that reflected alcoholism as a disease unto itself, not symptomatic of other disease, democratic in nature, with an identifiable, progressive, pattern of symptoms, basing its definition on the pattern Jellinek defined early in his research career and on Mann's explanation of alcohol as disease.

Alcoholism is a disease, which manifests itself chiefly by the uncontrollable drinking of the victim, who is known as an alcoholic. It is a progressive disease, which, if left untreated grows more virulent year by year, driving its victims further and further from the normal world, and deeper and deeper into an abyss which has only two outlets: insanity or death. Alcoholism, therefore, is a progressive, and often fatal, disease...if it is not treated and arrested. But it can be arrested.¹¹⁴

Mann's definition from the opening paragraph of her 1950 publication, *Primer on Alcoholism*, laid the groundwork for definitions of alcoholism and its treatment for the next fifty years, in spite of conflicting findings.

The NCA was the first to come up with a list of criteria used to diagnose alcoholism, although the list would not be widely distributed until the 1970s.¹¹⁵ Mann also had a practical definition of the patient as "someone whose drinking causes a continuing problem in any department of his life." This practical definition was used along with phases of alcoholism to form the NCA criteria for alcoholism,¹¹⁶ which reflected the accumulated outcome of many years of work from many individuals who served as experts on the Medical Research Committee of the NCA. In April of 1957, the Medical Subcommittee of the Board of Directors organized the NCA's first Medical

¹¹⁴ Marty Mann, *Primer*, 13.

¹¹⁵ C. Ringer, H. Kiifner, K. Antons and W. Feuerlein, "The N.C.A. Criteria for the Diagnosis of Alcoholism: An Empirical Evaluation Study," *Journal of Studies on Alcohol*, 35, no. 7 (1977): 1259-1273.

¹¹⁶ Marty Mann, *Primer*, 53.

Research Committee and named Lovell as Chairman. Drs. Francis J. Braceland and Godfrey Lincoln also served as medical experts and laypersons Marshall J. Dodge, Jr., John A. Blum, and Chester G. Gifford rounded off the committee, with Henry Blanchard of the NCA as staff liaison.¹¹⁷ Although its membership changed over the years, the Medical Research Committee of the NCA became a driving force in defining alcoholism and in promoting diagnostic criteria.¹¹⁸

The World Health Organization was the first large-scale medical association to recognize alcoholism a disease. Jellinek, a consulting member to the “Expert Committee on Mental Health” of the World Health Organization (WHO),¹¹⁹ provided research data at the Committee’s request in their consideration of alcoholism a disease, and participated as an expert advisor to the WHO.¹²⁰ Among other things, the WHO report emphasized “the importance of alcoholism as a disease and a social problem....the prevention and treatment of which public-health services could make extensive contributions.”¹²¹

As to treatment of the disease, the WHO opined that

to treat cases of alcoholism in their earliest stages, outpatient dispensary services are necessary and that such services can, in the early states of the disorder, produce a high proportion of successful results. Such a dispensary is probably best situated in a well-equipped general hospital, or alternatively, may exist in an independent institution. It is very doubtful,

¹¹⁷ Attachment to April Board Minutes, Black Binder, Brown University Library, NCADD – Mann, Box 6.

¹¹⁸ C. Ringer, H. Kiifner, K. Antons and W. Feuerlein, “The N.C.A. Criteria for the Diagnosis of Alcoholism,” 1259.

¹¹⁹ Jellinek was not able to attend the subcommittee discussion due to illness.

¹²⁰ Expert Committee on Mental Health, Report on the First Session of the Alcoholism Subcommittee, World Health Organization Technical Report Series, no. 42, Geneva, December 11-16, 1950, 1-24.

¹²¹ Ibid., 4.

however, whether it is ever desirable to associate an alcoholic dispensary for early cases with a psychiatric hospital predominantly concerned with the care of the psychoses...

Although lay societies advocating abstinence have been active for many years, the founding of "Alcoholics Anonymous" in the USA created the prototype of an organization, which differs markedly from the "temperance" societies, as they had previously existed. The membership of Alcoholics Anonymous is restricted to alcoholics who have been able to become, or are attempting to become abstinent, and secondly that the alcoholics best hope of remaining abstinent lies in helping others to achieve that state.¹²²

The Department of Health Education in conjunction with the American Medical Association published a pamphlet in 1972 in which they noted

The key agency in many communities is the Alcoholism Information Center, which supplies facts about alcoholism through literature, films, and other educational devices. In many cases, the center also attempts to identify various local resources and helps coordinate them so that they don't overlap.

Many of these centers are affiliated with the National Council on Alcoholism. Members of the Council are voluntary groups free to develop new and broad-range programs as determined by local needs. Services of the Alcoholism Information Center usually are available to individuals, families, lay or professional groups, and industry.¹²³

Mann's disease concept became *the* disease, one that defined the alcoholic simply as "someone whose drinking causes a continuing problem in any department of his life."¹²⁴ In 1972, American medicine relied on mostly recovering advocates within the

¹²² Expert Committee on Mental Health, Report on the First Session of the Alcoholism Subcommittee, World Health Organization Technical Report Series, no. 42, Geneva, December 11-16, 1950, 12.

¹²³ "The Illness Called Alcoholism," pamphlet, Department of Health Education, Division of Scientific Activities, American Medical Association, 1977.

¹²⁴ Marty Mann, *New Primer*, 66.

NCA affiliate network to advise concerned others and inform potential patients about early warning signs of the disease.¹²⁵

Addiction medicine as a specialty field of practice also grew from within the interests of the NCA. Dr. Ruth Fox appeared on the roster of Board members of the NCEA in January of 1955 as the 2nd Vice President, the same year she published *Alcoholism: Its Scope, Cause, and Treatment*.¹²⁶ Fox met Mann sometime earlier when she asked Mann for information about how to address a family member's drinking. Impressed with Mann's practical approach, Fox included Mann's definition of an alcoholic in her own work

Marty Mann...gives a simple, practical definition... 'An alcoholic is someone whose drinking causes a continuing problem in any department of his life...the reasoning behind this definition is as simple as the definition itself: if drinking is causing a continual problem in a normal drinkers life, he will either cut down or cut out the drinking.'¹²⁷

The year before joining the Board, Dr. Fox and two of her colleagues founded the New York City Medical Society on Alcoholism. The small society set an example of professional recognition of addiction as disease and promoted the special practice of addictionology within the emergent American Society of Addiction Medicine.¹²⁸

In October of 1957, with the NCA still struggling for supporting revenue, the Christopher D. Smithers Foundation set aside \$300,000 for the NCA reserve. Smithers,

¹²⁵ Marty Mann, *New Primer*, 79.

¹²⁶ Ruth Fox and Peter Lyon, *Alcoholism: Its Scope, Cause, and Treatment* (New York, NY: Random House, 1955).

¹²⁷ *Ibid.*, 79.

¹²⁸ "NCADD History," National Council on Alcoholism and Drug Dependence, http://www.ncadd.org/images/stories/PDF/history_charts_60_years_1944_2004.pdf (accessed November 29, 2011).

elected as Chair of the Fundraising committee, began a campaign to bring in \$500,000 in contributions annually.¹²⁹ It was a challenge Smithers sent out to everyone on the board, including himself. Smithers was generous to the NCA, both personally and from the Foundation and had no problem contacting his many associates to join him in giving to the NCA. In 1958, Smithers was elected to the position of Board President.¹³⁰

Smithers' interest in EAP continued to grow and he extended his interests to his considerable network of business associates. He thought the NCA had benefits to offer the business world and reinvested NCA resources in developing occupational programs. In 1959, staff presented an outline of services proposed for the workplace at the Board's request. The outlined suggested consultations, special materials for use in the orientation and education of key personnel, communication with successful existing industrial programs on alcoholism, information about local community programs and resources, and the development of special materials for use on company racks if needed as part of program procedure.¹³¹

The plan presented is in draft form, although it clearly defines a program of education stressing early intervention rather than treatment, an interest Mann presented in her public health message. Mann viewed the NCA's role in employer-based programs similarly to the relationship between the organization and local affiliates, a relationship that she defined as Smithers' interests in the EAP began to emerge

¹²⁹ Board Minutes October 8, 1957, Black Binder, Brown University Library, NCADD – Mann, Box 6.

¹³⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 251.

¹³¹ Blue mimeograph order, March 12, 1959, Brown University Library, NCADD – Mann Box 4.

Industry, as a part of the community should support a community program. But, within it, it should not need to do anything more than set up company procedures. NCA can help here by supplying information.¹³²

Mann focused on early identification as a key factor in arresting alcoholism and thought workplace programs offered the best avenue for successful early intervention. Smithers' business connections and interest in EAP could not have been a better match for the NCA. Industry often supported local community affiliates that in turn could supply training and education for businesses and staff, and education and referrals for employees in their communities. Mann informed her board that the NCA, combined with "tools [such] as those derived from Dr. Arnold Pfeffer's clinic...should not need to do anything more than set up company procedures."¹³³

In January of 1960, Robert B. Dickie, the NCA Director of Development, reported on plans to form a "National Corporations Committee with a membership to include industrial representation from key cities across the country, as well as for the broader representation from diversified industries in the New York area."¹³⁴ The Committee planned to concentrate on the 500 key companies in the U.S. listed in *Fortune* magazine to gather "greater representation of each industry and to gain their financial backing."¹³⁵ Additionally, the committee planned a program in cooperation with Dr. Fox

¹³² Executive Committee Minutes October 8, 1956, Brown University Library, NCADD – Mann Box 6.

¹³³ Executive Committee Minutes October 8, 1956, Brown University Library, Special Collections Department, NCADD – Mann, Box 6.

¹³⁴ Board of Directors Minutes, January 14, 1960, Brown University Library, NCADD – Mann, Box 6.

¹³⁵ Ibid.

to approach more medical directors of corporations to gain their interest in selling NCA to their chief executives.”¹³⁶

At the Annual Meeting on March 25, 1960, held at the Statler-Hilton Hotel in New York City, Board President Smithers addressed the NCA membership

As we shall hear a little later on from our distinguished principal speaker, that all-important component of the American way of life – business and industry – has displayed a deep and growing interest in the problem of alcoholism. Perhaps most inspiring of all, however, is the fact that the general public now widely accepts the most crucial of all concepts in alcoholism: that alcoholism is a disease....As with prohibition years ago and integration right now, we cannot legislate into being the fact that alcoholism is a major disease which must be curtailed. Legislation can provide tax support for research and treatment but the big job of the voluntary agency remains: we must educate the American public into action to work with us. This requires a constant hammering on the public consciousness. It cannot be done overnight; it is a slow and tedious job....The good public or private school employs excellent teachers and pays them for their work in order that students may be taught the facts of life and properly use these facts in later life. So must the National Council on Alcoholism maintain an efficient staff to educate the public about alcoholism and the means of its prevention.”¹³⁷

The speaker at the event, Harrison M. Trice, assistant professor at the School of Industrial and Labor Relations of Cornell University, focused on alcoholism in the workplace. In a newspaper article about the meeting, Trice claimed that approximately 3% of the workforce suffered from alcoholism. Representatives from industrial medical programs at Consolidated Edison Company and E. I. DuPont de Nemours & Co. stressed that the best approach in ameliorating alcoholism in the workplace is to establish programs that focus on early detection of the alcoholic on the job. In the post-War era,

¹³⁶ Board of Directors Minutes, January 14, 1960, Brown University Library, NCADD – Mann, Box 6.

¹³⁷ Board of Directors Minutes, March 25, 1960, Brown University Library, NCADD – Mann, Box 6.

many companies had industrial nurses and physicians on staff, and physicians at DuPont de Nemours & Co. indicated a 66% recovery rate in their program, although they do not mention how they measured “success.”¹³⁸ No quote from or mention of Mann appeared in the *New York Times* article that chronicled the NCA annual meeting.¹³⁹

In the early 1960s, the NCA formalized its industrial programs and working in conjunction with Yale University, developed training for supervisory management in early identification and referral.¹⁴⁰ By this time, the Allis-Chalmers program was one among many including Eastman Kodak, du Pont, Standard Oil, International Harvester, New England Telephone and Telegraph, Western Electric, Boeing Airplane, California General Petroleum, and Norton Company. Clifford Hood, President of U. S. Steel, joined Yale and the NCA in promoting occupational alcoholism programs. In 1961, an Industrial Advisory committee formed “as a unit of the National Council on Alcoholism.”¹⁴¹

Sometime after the Industrial Advisory committee formed, Mann sent a letter to Mr. Pal Levitt on which she handwrote

Current U.S. estimates on number of alcoholic employees are from 6% to 10% in any employer organization, with the total number of employed alcoholics approximately five million (5,000,000)...Many treatment facilities are oriented

¹³⁸ Emma Harrison, “3% OF WORK FORCE HELD ALCOHOLICS: Incidence Among Executives Is Reported Very High,” *New York Times*, 26 March 1960, 22.

¹³⁹ Ibid.

¹⁴⁰ “Plan of Action for Industrial Services,” National Council on Alcoholism, 1965 – 1969, Brown University Library, NCADD – Mann Box 4.

¹⁴¹ Jellinek, *The Disease Concept*, 180; 1962 President’s Speech at the NCA Annual Meeting, Brown University Library, NCADD – Mann Box 4.

toward the indigent alcoholic. The need is for facilities, which are adequate to the needs of the employed alcoholic and acceptable to him as an individual.¹⁴²

Mann thought the treatment of alcoholics in most facilities, especially hospitals, often reflected prejudicial attitudes about people with alcoholism; crowded, poorly staffed with professionals who knew little about alcoholism and had no regard for the patient. Her legitimate concern, that working people would not accept the conditions present in most alcohol programs, really asked that all alcohol treatment should occur in pleasant, healthful settings. A second message, perhaps one she considered most important, is that most alcoholics were employed, not indigent bums seeking assistance, but patients with disease.

The financial revitalization of the NCA and its mission since Smithers joined the organization, did not stop Mann from growing impatient with the progress of her organization to change perceptions of people with alcoholism and increase resources available to help *all* people with the disease. Alcoholism treatment services were still at a premium; many hospitals still refused to admit intoxicated people unless they were patients brought in by ambulance or the police. On two occasions, individuals that Mann tried to get into the hospital for detoxification died of withdrawal in taxicabs on the way.¹⁴³

Moreover, although more women with alcoholism joined A.A., Mann thought that little had changed in perceptions of women with alcoholism outside of A.A., and saw even less progress in providing services to help women understand and address their

¹⁴² Night Letter to Mr. Pal Levitt, Brown University Library, NCADD – Mann Box 5.

¹⁴³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 250.

alcoholism. Her experience taught her that alcoholic women, ashamed and afraid, seldom admitted even to themselves that they drank too much, and husbands of married women frequently failed to notice their wives' problem – a cover-up steeped in denial. Moreover, when husbands did notice a problem, they often left or divorced their alcoholic wives, a practice supported by social stigma attached to drinking women.¹⁴⁴

By 1958, there was scientific concern that more women drank than had previously been thought, a realization that there may be more women with alcoholism than previously thought. Research at the YCAS suggested more women hid their drinking than men because “intoxication in women is invariably disapproved of...a double standard that exists in all of us and we need to be aware of it.”¹⁴⁵ The term “hidden alcoholism” also appeared in the study, and the study suggested that there was more hidden alcoholism among women than among men, although it occurred in both. Many think of hidden alcoholism and hidden drinking as the same thing, as drinking in secret, but in newly emerging medical views hidden alcoholism meant early stage alcoholism, alcoholism without the symptoms seen in later stages.

Based on her own drinking, Mann thought women were more at risk for alcoholism *because* they hid their drinking until later stages, when they could no longer hide the fact of their disease. She believed husbands and wives, as concerned others, needed to pay more attention to the way their spouses drank, and that husbands needed to be as informed about alcoholism in women as wives were about alcoholism in men.

¹⁴⁴ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 304-305; Marty Mann, *New Primer*, 213

¹⁴⁵ Edith S. Lisansky, “The Woman Alcoholic,” *The Annals of the American Academy of Political and Social Science*, 315 (January 1958): 73.

Moreover, she believed the double-standard women faced in alcohol use promoted hidden drinking among women and called for concerted efforts to inform and educate the public that alcoholism is the same disease among women as it is among men, hopeful that reducing stigma would remove the double standard applied to women's drinking.¹⁴⁶

Mann, Psychiatry, and Alcoholics Anonymous

Mann championed her cause in an era that championed causes, especially those that offered an opportunity for scientific advance. Throughout the 1950s, American medicine amassed considerable social authority and consequently exerted palpable power over growing scientific research interests. By the 1960s, universities, whose mission it was to advance knowledge, served as support organizations for regional medical centers as they sponsored research and training of medical personnel for the multitude of new opportunities in the expanding medical field.¹⁴⁷

Between 1940 and 1950, psychiatry was *the* field of medicine that treated people with alcoholism, based on the idea that excessive drinking was a symptom of underlying neurosis. Newly emerging models of alcoholism as disease, in the 1950s and 1960s, looked at alcoholism as a primary disorder, a disease unto itself. Set adrift from its primary field of scientific research, defining alcoholism in a new model of disease was comparable to the parable of "The Blind Men and the Elephant," as professionals within many areas of medicine and human behavior joined the area of interest.¹⁴⁸

¹⁴⁶ Marty Mann, *New Primer*, 206-217.

¹⁴⁷ Paul Starr, *Social Transformation of American Medicine*, 361.

¹⁴⁸ Ron Roizen, Ron Roizen, "How Does the Nation's 'Alcohol Problem' Change from Era to Era?", 67.

The Minnesota Model and Yale Clinics exerted influence on treatment as each employed multidisciplinary teams that addressed the large number of variables identified as significant in treating the alcoholic patient. The multitude of disciplines interested in alcoholism formed a diverse and not always harmonious body of research, although with the exception of A.A., all explanations focused on the conceptualization of a disease, a body of symptoms that defined the person with alcoholism.¹⁴⁹

Before WWII, psychiatry appeared as a necessary practice to care for those who could not care for themselves, chronic alcoholics among them. Custodial in nature, the practice of psychiatry focused on mental illness. Psychiatry experienced an amazing turnabout in the 1950s, as it became a practice focused on ameliorating social problems through enhancing mental health. The new approach reflected both the public outrage with conditions in mental institutions and the belief that medicine was indeed capable of controlling American social problems through science. Community-based and preventive in its new orientation, emerging psychiatric practice as characterized by an “evangelistic fervor...[in which] politics and professionalism were at work together...[an era in which] social reformers increasingly appropriated the language of clinical medicine.”¹⁵⁰

In 1958, NCA board member and psychiatrist Ruth Fox became the NCA’s first medical director, a position that chaired the scientific advisory committee of the Board of Directors.¹⁵¹ Fox, an acquaintance who became a close friend of Mann, had turned her

¹⁴⁹ The table of contents in Understanding Alcoholism, *The Annals of the American Academy of Political and Social Science*, 315 (January 1958), is representative of the diverse interests that surrounded defining the alcohol problem in the 1950s-1960s.

¹⁵⁰ Paul Starr, *Social Transformation of American Medicine*, 337.

¹⁵¹ William L. White, *Slaying the Dragon*, 272.

expertise toward treating alcoholism sometime after the two met and became a noted expert on the psychiatric treatment of people with alcoholism, and the first American physician to employ pharmaceuticals specifically designed to treat alcoholism.¹⁵²

Alcoholism in Mid-twentieth Century America

Mid-century alcoholism became a phenomenon not only in medicine, but among popular culture as well,¹⁵³ bringing a sense of accomplishment to many of those who worked toward finding remedies following National Repeal, including Wilson. In 1955, Wilson who worked to build A.A. with Smith, resigned his position with the fellowship, stating that the royalties from “the Big Book has made our headquarters possible...[and] provided Lois and me with a home where we have seen more than 3000 of you over the years.” At the twentieth anniversary Conference, Wilson handed over the leadership of A.A., a “movement” as he called it when he resigned, saying

This kind of association among us is wonderful, and free, and simple and joyous....But we have found this is not enough. When we had to go into action—to function as groups—we found that we had become a democracy. As old-timers retired, we began to elect our servants by majority vote. Each group in this sense became a town-democracy meeting.¹⁵⁴

On July 1, 1955, the fellowship unanimously passed a resolution, declaring, “Our Fellowship has now come of age, and is entirely ready to assume full and permanent possession of the Three Legacies of our A.A. inheritance—the Legacies of Recovery,

¹⁵² William L. White, *Slaying the Dragon*, 226.

¹⁵³ Sil Wickware, “Liquor: Current Studies in Alcoholism and Psychiatry are Brining Enlightenment to the 30,000-Year-Old Problem of Drinking,” *Life Magazine*, (May 1946), 66.

¹⁵⁴ *AA Comes of Age*, 235.

Unity, and Service.”¹⁵⁵ It was a declaration with a history of its own, although certainly also a defining history within the modern alcoholism movement generally.

Also at the Twentieth Anniversary Conference, Wilson noted how the fellowship diversified over the years

...In the beginning, we could not sober up women. They were different, they said. But when they saw other women get well, they slowly followed suit. The derelict, the rich man, the socialite—all these once thought A.A. was not for them. So did certain people of other races and tongues and creeds. But when they clearly saw the alcoholic tragedy for which they were headed, they could forget their differences and join A.A.

As these new trends came into view, we were overjoyed. Today, more than half of A.A.’s membership consists of mild cases and those who once thought they were “different.”¹⁵⁶

Wilson recognized that A.A.’s success in reaching a diverse population benefited greatly from the work of many, particularly that of Mann. He wrote that she “pioneered a group in Greenwich so early in 1939 that some folks now think this [meeting] should carry the rating of A.A.’s Group Number Three,”¹⁵⁷ referring to the fact that only two groups existed when Mann began her recovery, she “spread the word” by establishing the third group at Blythewood. Wilson also recognized Mann as having broken new ground in education and rehabilitation services without mentioning the NCA by name and referring to Mann simply as “Marty.”¹⁵⁸ He sponsored Mann in A.A. and recalled her telling him that after her first A.A. meeting “she returned to Blythewood carrying this classic message to a fellow patient in the sanitarium: ‘Grennie, we aren’t alone any

¹⁵⁵ *AA Comes of Age*, 226.

¹⁵⁶ *Ibid.*, 199-200.

¹⁵⁷ *Ibid.*, 18.

¹⁵⁸ *Ibid.*

more.’”¹⁵⁹ A message to her friend and others who had not benefited from long-term psychiatric care, that they now had a fellowship of others to help guide their health and return to normal living.¹⁶⁰

A.A. represented more than a sober fellowship and an accomplishment for Wilson and Smith promoted by Mann and the NCA, and by mid-century psychiatric treatment for alcoholism had co-opted A.A., and designed programs around patient’s willingness to participate in the fellowship. The practice of psychiatry appeared enamored of the success of A.A. in rehabilitating people with alcoholism. So much so, that by the end of the 1950s the field appeared willing to reframe the “wisdom” of A.A. and repackage it as medical science. This medicalization of the twelve-step approach to alcoholism is perhaps the result of a simple process of elimination, psychiatric intervention seemed not to affect alcoholic drinking among patients, and A.A. did.

Diagnosing and Treating Alcoholism in Mid-century America

Psychiatric medicine, unable to secure sobriety among people with alcoholism, benefited greatly from adding A.A. to their therapeutic repertoire addressing the disease, although the science did not abandon medical all perspectives. Fox pointed to problems in medicalizing alcoholism as the propensity to “classify alcoholism as a disease that is in some way physiological...a dysfunction of metabolism, or of heredity, or of nutrition, or of the endocrine glands, or of this, that, or the other constitutional factor.”¹⁶¹ She referred to the quest to “fit” alcoholism into a narrow biomedical perspective as delusion,

¹⁵⁹ Sally Brown and David R Brown, *Mrs. Marty Mann*, 118.

¹⁶⁰ *AA Comes of Age*, 77.

¹⁶¹ Ruth Fox and Peter Lyon, *Alcoholism: Its Scope, Cause, and Treatment*, 73.

although a delusion she thought alcoholics themselves abided, some looking for a miracle cure. Fox abruptly dismissed biomedical models stating, “For delusion it is. Alcoholism is a neurosis,”¹⁶² a disease that belonged to psychiatry.

Psychiatric diagnosis of alcoholism in the post-War years focused on “a special predilection of defense mechanisms,”¹⁶³ a group consisting of “denial,” “projection,” and “rationalization,” all defense mechanisms seen as normal and used by most people in everyday life. In the person with alcoholism, however, these defense mechanisms were seen to provide an internal understanding of one’s alcohol use that departed significantly from observations made by others. “Denial” allowed the person with alcoholism to believe that alcoholic drinking was similar to everyone’s drinking, “projection” allowed excessive drinking to be the fault of someone or something other than the drinker, and “rationalization” allowed the drinker to minimize excessive use, or explain away why excessive use occurred.¹⁶⁴

Psychiatrists described how these defense mechanisms might become exaggerated in the case of alcoholism as a process of psychological conflict resolution that in psychiatry are often

sexual in origin or more general....Among other psychological conflicts are those concerning lack of self-esteem, lack of self-assertion, depression, various guilt, anxiety, forbidden feelings, and insecurity stemming from early unhappy family constellations.¹⁶⁵

¹⁶² Ruth Fox and Peter Lyon, *Alcoholism: Its Scope, Cause, and Treatment*, 73.

¹⁶³ Sidney Vogel, “Psychiatric Treatment of Alcoholism,” *The Annals of the American Academy of Political and Social Science*, 315 (January 1958): 102.

¹⁶⁴ *Ibid.*

¹⁶⁵ *Ibid.*, 103.

In consideration of all conflicts patients might face, psychiatry looked at motivation as the greatest conflict of all, a “basic therapeutic aspect of any character disorder, neurosis, or emotional illness.”¹⁶⁶ For people with alcoholism, motivation comprised a force seen as working in opposite directions: one direction to abstain and resolve the conflict and the other to continue drinking and not address the conflict. Psychiatric resolution of motivation in cases of patients with alcoholism unfortunately did not resolve or address “craving,” what many people experiencing alcoholism described as the need to continue drinking in spite of its negative consequences. “As a result,” Vogel wrote, “sobriety remains for the true alcoholic, as Alcoholics Anonymous puts it, a twenty-four hour day-to-day struggle.”¹⁶⁷

While Vogel described the picture of recovery in A.A. as a never-ending struggle to maintain sobriety, Mann presented it in quite the opposite way.

The alcoholic who seeks help, however, will be shown the A.A. way to sobriety. Further, he will be convinced that he too can learn the way, by seeing about him dozens, or hundreds, even thousands in the big cities who have trod that way successfully before him. This is perhaps the first lesson the newcomer is taught: that it can be done. ...Of almost equal importance to the newcomer is the obvious fact that these people are apparently *enjoying* their sobriety, something that he had never dreamed possible....Hope becomes a living reality to him, embodied in the persons of the A.A. members he sees and hears and meets....

The A.A. program, he is assured, can teach him to overcome his obsession so that he does not need to drink, and indeed, so that he eventually will, quite simply, prefer not to drink.¹⁶⁸

¹⁶⁶ Sidney Vogel, “Psychiatric Treatment of Alcoholism,” 103.

¹⁶⁷ *Ibid.*, 104.

¹⁶⁸ Marty Mann, *New Primer*, 169.

Fox took a “middle-of-the-road” approach in defining a relationship between psychiatric treatment and A.A. She looked at the A.A. meeting itself as the change agent the process that resolved inner conflict and broke down defense mechanisms. Moreover, the meeting provided a social atmosphere conducive to sobriety, where people with alcoholism met other non-drinkers, and where the person with alcoholism finds “a more fulfilling interdependence [than the alcoholic might find with nonalcoholic drinkers] as he works with one or two others of his group in helping to recover still another alcoholic.”¹⁶⁹ Fox thought the group process normalized recovered nondrinkers, helped them to see themselves and other nondrinkers as people who could not drink, not as insane or damaged people.

Between 1944, when Mann began her work, and 1960, when approaches to treating alcoholism as disease emerged in traditional medicine, the social and scientific response to alcoholism had changed dramatically, although certainly not to the extent Mann hoped it would have. Hospitals began to admit alcoholics for detoxification, public intoxication laws changed, and the discussion of alcoholism sometimes included women (although women with alcoholism still received less attention and more social scorn). As interest in alcoholism developed toward the end of the 1950s, the availability of government funding for medical research on alcoholism increased in the 1960s, turning alcoholism into the latest in a sequence of diseases medicine hoped to cure.¹⁷⁰

¹⁶⁹ Ruth Fox and Peter Lyon, *Alcoholism: Its Scope, Cause, and Treatment*, 169.

¹⁷⁰ Institute of Medicine, Division of Mental Health and Behavioral Medicine, *Broadening the Base of Treatment for Alcohol Problems* (Washington, D.C.: National Academy Press, 1990), 183.

Mann's work within the NCA focused on public health education whether in an industry or in the development of local committees and information centers across the nation. To Mann, each provided early intervention, advocacy, and referral in local communities, incubators in which new community services formed and became part of the referral network available for the alcoholic. Mann thought the health of the public at large depended on an informed population that could take action on behalf of those afflicted. For Mann, the

...prevailing mental climate of ignorance, misconception, and prejudice concerning alcoholism has not been a healthy climate for the growth and spread of recoveries; it has been a climate, which fostered the monstrous growth of alcoholism itself.¹⁷¹

Between 1944 and 1954, Mann and the Board of Directors established local committees in over 50 communities in 27 states. Although Mann presented to the community at many newly opened affiliates, Smithers and the Smithers Foundation are credited with providing seed money for most affiliates in 36 states and the District of Columbia.¹⁷²

Near the end of the 1960s, affiliated committees supporting local alcohol information centers became known as the affiliate "Council" network. Neither the NCA, nor its affiliates, took positions on how treatment programs operated; that was not their concern. The centers supplied education on alcoholism and information to the public about *all* resources available in the local area. Their purpose, to identify and refer people with alcoholism to available community resources, rested on the local affiliate's ability to change attitudes surrounding the alcoholic including those that surrounded excessive,

¹⁷¹ Marty Mann, *New Primer*, 110.

¹⁷² William L. White, *Slaying the Dragon*, 193.

uncontrollable drinking. A 1957 Roper poll showed that 58% of the American public viewed people with alcoholism as victims of disease, a change from 6% in the poll results the year before Mann began her work.¹⁷³

¹⁷³ Howard Padwa and Jacob Cunningham, *Addiction: A Reference Encyclopedia* (Santa Barbara, CA: ABC-CLIO, LLC, 2010), 221.

Chapter Seven

Mann and Women: The Deserving Patient, 1960–1980

A press release issued by the Maricopa County, Arizona Council on Alcoholism in 1963 estimated that Mann traveled 50,000 miles to 200 speaking engagements annually.¹ In her presentations, many of which occurred at the request of new affiliates or centered on how to establish a local affiliate, Mann spoke of alcoholism as a treatable disease and one of interest to the health of the public. Mann also discussed the need for scientific research in understanding alcoholism as disease, although the heart of her mission was her desire to influence the public's understanding of the person with alcoholism. The local affiliate in Mann's time was an information center; it did not provide diagnosis or medical treatment or promote the fellowship of A.A. The affiliate formed "a bridge between hidden alcoholics and the help that is waiting for them."²

The NCA recognized local committees as "representative citizens who established and who maintain[ed] the Information Center,"³ and worked within community organizations that "penetrate[d] deep into hostile territory, infiltrating through combat lines of prejudice, to establish the bridgehead of hope for the captive people behind those lines: alcoholics and their families."⁴ The affiliated centers provided early intervention in assessment (identifying concerns about drinking), information (providing up to date feedback on what is known about alcoholism), and referral (providing a catalogue of

¹ Press Release, date not given, Brown University Library, NCADD – Mann, Box 6.

² Marty Mann, *Marty Mann's New Primer on Alcoholism: How People Drink, How to Recognize Alcoholics, and What to do About Them* (New York, NY: Holt, Rinehart and Winston, 1958), 134.

³ *Ibid.*, 130.

⁴ *Ibid.*, 128.

services available) for individuals concerned about their drinking as well as education to families and concerned others interested in finding help for someone they knew.

Affiliates also acted as advocates for the unidentified patient, people whose drinking concerned others, and helped to establish referral networks and accessible treatment services for those who were concerned about their own drinking.⁵ Additionally, local affiliate directors worked with community agencies and “the personnel directors of business and industry,”⁶ an activity that was renewed when Smithers joined the NCA board.⁷

Mann’s notion of the affiliate was an organization that existed primarily for families who did not know what malady they faced or could not ask for the help they needed, and for those who hid their alcoholism because of shame and fear or where disgraced and disappointed by their own behavior. She spoke of family members, employers, and friends as “concerned others” and most often addressed “alcoholics” as people with alcoholism, referring to their personhood as a defining characteristic, not their disease.⁸ Mann referred to the centers as “outposts” independent of the national organization, creating an affiliation that extended and broadened the safety net of services for people with alcoholism that could then lead to “to help – and to health and happiness as well.”⁹

⁵ Marty Mann, *New Primer*, 130-131.

⁶ *Ibid.*, 131.

⁷ Board Meeting minutes, September 28, 1948, Black Binder, Brown University Library, Special Collections Department, NCADD – Mann, Box 6.

⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 193.

⁹ *Ibid.*, 135.

The work of the affiliate expanded Mann's mission to the nation where local affiliates removed prejudice and ignorance about alcoholism, as she had submitted in the proposal she sent to Yale University in 1944. When she established a relationship with wealthy funder R. Brinkley Smithers in the late 1950s, it gave her hope for progress in attaining her mission and renewed her interest in the NCA, which had waned with mounting organizational and personal problems in the mid-1950s. The infusion of financial support and the fellowship Smithers and Mann shared in A.A. encouraged Mann to reinvigorate her public speaking and media activities. She enjoyed a public presence and thought her greatest asset was in speaking to the public about her experience of alcoholism and her understanding the suffering of others, a way of giving back from her experience.¹⁰

Throughout the 1960s Mann worried about the mounting concern in America about the use of street drugs and the greater stigma she thought the term "addict" applied, by association, to people with alcoholism. Mann took the increased attention to the punitive controls applied to the use of drugs as a threat to what she deemed progress in reducing stigma associated with excessive drinking. Drugs frightened the American public, as alcohol had at the end of Temperance, and Mann did not doubt the possibility that the same social disdain toward the alcohol user could recur if alcohol users were compared to those who used other drugs.¹¹

¹⁰ Sally Brown and David R. Brown, *A Biography of Mrs. Marty Mann: The First Lady of Alcoholics Anonymous* (Center City, MN: Hazelden Information & Educational Services, 2001), 243.

¹¹ *Ibid.*, 274.

Moreover, she thought that the use of illegal drugs implicated an active choice in becoming addicted, overt, deviant behavior. Alcohol use, omnipresent in American social life, almost a beloved practice, was legal. Alcoholism had only recently been given consideration as something that might affect anyone who chose to drink not only those who appeared of weak moral fiber. Her public health approach, made the purposeful use of something known to be addictive and dangerous for everyone quite different than the modern disease of alcoholism, whether what was “known” was actually factual, or not, made no difference. Mann feared associating alcoholism and drug addiction might rekindle social thought that surrounded the nineteenth century disease of inebriety that fostered disdain for the drunkard and inspired National Prohibition.

The paradigm applied to drug use and addiction, was different from that which Mann applied to alcohol use and alcoholism. To Mann, the concept of addiction was a difference that medical symptoms alone could not explain, and she found the attention focused on illegal drug use a purposeful media diversion she thought skewed public perceptions. Mann considered alcohol an integral part of American society, and as such she was convinced it created more problems and caused more disease than all other drugs combined. Alcoholism only affected some alcohol users, most people could drink without concern. Mann, like most of the American public, did not believe that was possible with other drugs under any circumstance. And although she did not believe prohibition would keep drug-addicted people away from their drug of choice, she thought the fact that other drugs were controlled in prescriptive use and prohibited by law, had different social connotations than alcohol use. In Mann’s perspective, addiction to other drugs was a public health concern, although it was not a disease, it was a crime.

Additionally, the NCA had reached a state of stability and Mann had nearly reached the age of retirement. There were considerations in her personal life, more time to spend with her aging mother and with her partner, Peck, who stayed in the relationship despite Mann's infidelity. In the late 1960s, at a time when the NCA had attained great public presence and the organization had accomplished more than anyone might have imagined, Mann decided to leave the NCA as executive director and change the direction of her work.

Full Circle: The NCA and University Collaboration

In 1961, Smithers attended the International Commission on Alcoholism in Industry, which met in Paris at the United Nations Educational, Scientific, and Cultural Organization (UNESCO) headquarters. Smithers represented the United States and summarized alcoholism in industry in the United States in a paper entitled "The Attack on Alcoholism in North America." Harrison Trice accompanied Mr. Smithers, representing the New York State School of Industrial and Labor Relations at Cornell University, and spoke about the role of the supervisor in industry as the key man for early detection of alcoholism. Smithers also reported that many representatives of American companies with factories in Europe attended the conference. Additionally, he thought European companies influenced by American customs, appeared well suited for the EAP. He also noted that "some 'drys' from English-speaking countries" attended the meeting."¹²

Although it had been eleven years since the NCA left the umbrella of Yale University, the organization continued to work collaboratively with developing research

¹² Board of Directors Minutes, July 14, 1960, Brown University Library, NCADD – Mann Box 6.

on alcoholism, particularly employer-based programs. In 1960, Smithers provided financial support for E. M. Jellinek's attitudinal research on alcoholism that he completed at the Yale Center on Alcohol Studies (YCAS) and published in *The Disease Concept of Alcoholism*. Smithers also funded the relocation of the YCAS to Rutgers University in 1961. Additionally, Smithers provided a \$6.7-million endowment to found the R. Brinkley Smithers Institute for Alcoholism Prevention and Workplace Problems at Rutgers University and Cornell University, both still in operation in 2013. Moreover, Smithers maintained an active role in the NCA and continued his personal and finance support of the organization.¹³

Fox's salary as medical director of the NCA also came largely from the Smithers Foundation. From 1954, when Smithers joined the NCA board, until 1994, when he died at the age of 86, he and the Foundation provided nearly \$42 million in private support of prevention, education, and research on alcoholism. His *New York Times* obituary quoted Adele C. Smithers, his surviving wife, about his life mission: "Mr. Smithers felt most strongly that people don't know the power of the drug alcohol, and he wanted it to be accepted as a treatable disease."¹⁴

Smithers passed away in 1994, and Adele Smithers' reference to alcohol as a "drug" reflects the monumental change that occurred in social thought and the medical definition of both alcoholism and drug addiction beginning in the 1970s. Smithers, almost more than Mann, disliked comparing alcohol use to the use of other drugs;

¹³ William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington, IL: Chestnut Health Systems, 1998), 193.

¹⁴ Thomas J. Lueck, Obituaries, "R. Brinkley Smithers, 86, Founder Of Fund That Fights Alcoholism," *New York Times*, 12 January 1994, <http://www.nytimes.com/1994/01/12/obituaries/r-brinkley-smithers-86-founder-of-fund-that-fights-alcoholism.html> (accessed March 22, 2013).

however, the NCA was not alone in thinking alcoholism should remain distinct from other drug abuse. Until the 1970s, the treatment of alcoholism and drug addiction remained separate concerns and employed different approaches to care.¹⁵

Drug addiction was certainly not new in America, nor did it go unnoticed in the time Mann began to build her powerful public health narrative on alcoholism. In the 1950s, there was a widespread outbreak of heroin addiction among youth sparking the development of narcotic units for teens in three New York City hospitals.¹⁶ The hospital-based programs reflected concern over the age of the addicts as most heroin addicts over the age of 21 went to prison for “cold-turkey” detoxification. In the 1950s, however, the heroin problem was significant creating the need for special “narcotics courts” to monitor and manage the population of addicts released or deferred from prison. Teen Challenge, a Christian-based youth recovery program opened in Philadelphia in 1958, early versions of mutual aid groups resembling Narcotics Anonymous (N.A.) also developed; the dividing line for alcoholism interests, however, was the fact that drugs were illegal. The drug addict was not an “ordinary person,” that transformation occurred later when beginning in the 1960s, the largely white, middle-class, college enrolled, youth counterculture began to draw headlines about their widespread use of marijuana, LSD, and other substances. The NCA took a hard line on maintaining a single focus on alcoholism, although by the time R. Brinkley Smithers passed away, the NCA had already changed its name to the National Council on Alcoholism and Drug Dependence, a name that recognizes alcohol as a drug.

¹⁵ William L. White, *Slaying the Dragon*, 267.

¹⁶ *Ibid.*, 235-236.

In the July 25, 1962 Executive Committee minutes, the Smithers Foundation promised to continue support the NCA, although the Foundation now also had obligations to Rutgers University in establishing their new Center of Alcoholism Studies. The Yale Center moved to Rutgers in 1961, where “Smithers Hall provides offices, conference space, and laboratories for biological and psychological research.”¹⁷ Later, the Foundation provided a \$6.7 million endowment to establish the R. Brinkley Smithers Institute for Alcoholism Prevention and Workplace Problems, an institute providing research opportunities at both Rutgers and Cornell Universities. Trice, from Cornell, worked with Smithers from the 1950s forward. Today, Professor Samuel B. Bacharach describes the Cornell institute as “the voice of experience” and relies on the narratives of recovering alcoholics.

The core message of these narratives is that the workplace matters. Whether the voice of an academic researcher, the painful history of a worker in recovery, or the perspective of a policy leader the message is the same: the workplace is on the frontline of the battle against alcoholism.¹⁸

Seldon Bacon, former Yale scholar, directed the new Center for Alcohol Studies at Rutgers, a position denied to Jellinek although he would join the school.¹⁹

At the NCA Annual Meeting held in March of 1962, Smithers informed the audience of the work performed by the Industrial Advisory Committee . He focused on the development of EAPs as a major task of the NCA in the year ahead. Furthermore,

¹⁷ Rutgers Center for Alcohol Studies, “The Center for Alcohol Studies: History,” <http://alcoholstudies.rutgers.edu/about/history.html> (accessed March 23, 2013).

¹⁸ Cornell University (School of Industrial and Labor Relations) ILR School, “The Smithers Institute,” <http://www.ilr.cornell.edu/smithers/> (accessed March 22, 2013).

¹⁹David Strugg, S. Priyadarsini, and Merton M. Hyman, eds., *Alcohol Interventions: Historical and Sociocultural Approaches*, (New York, NY: The Hawthorne Press, 1986), 59-61.

Smithers promoted the notion of working with business and industry against alcoholism as an opportunity to reduce the number of alcoholics on company payrolls as an activity that “would mean an immense strengthening of our national economic well-being...[and an impact] not only on treatment of existing alcoholism but also on early detection.”²⁰

In the fall of 1961, Mann accepted an invitation to provide the keynote address at the National Tuberculosis Association, still located in the same office building as the NCA. Although she was an experienced speaker, Mann admitted feeling nervous when learning that she would stand in for President Kennedy, who canceled at the last minute. There was no time to announce that she would replace the President, who was asked to speak on the Kennedy administration’s championed project of volunteerism. Mann could certainly address volunteerism, although she knew that even had she read the President’s address it would not be the same.²¹ Moreover, it was the first time the NTA asked a woman to keynote the convention. She spent hours preparing notes, although in the end she threw them away, preferring to speak in the extemporaneous style she had grown accustomed to in her work with the NCA. She reminded her audience about stigma associated with tuberculosis and of how the NTA championed the cause due to the work of “a few citizens, some of who were doctors, some of who were non-medical citizens of various kinds, [who] were determined that something had to be done—and they organized themselves to try and get it done.”²² Mann’s speech reflected her writing on the voluntary health sector in her own work:

²⁰ “President’s Address,” April 1962, Brown University Library, NCADD – Mann Box 6.

²¹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 256-257.

²² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 258.

The voluntary agency is...free to experiment in new ways of meeting their particular problem, to take the calculated risk that some of these experiments may prove to be failures. Where such experiments succeed, however (and they very often do), they are likely to be taken over by the official agencies...appropriated to carry on projects or to institute methods already proved successful....This is the American pattern, set by the National Tuberculosis Association early in this century, and followed by both voluntary and official health agencies ever since. The National Council on Alcoholism is following this well-marked American way.²³

Although Mann maintained a busy public speaking schedule, in the 1960s she also began to look at television as a medium offering the best opportunity to advance the NCA's mission, with the help of Tom Swafford, NCA board member and vice president at CBS. The NCA aired the first known celebrity public-service ads employing contemporary television personalities including Jonathan Winters, Jane Wyatt, Dana Andrews, Art Carney, and Robert Young.²⁴

The NCA, with Mann as the representative, often provided information to federal and state legislative bodies. Although much of the testimony supported public spending on alcoholism, Mann viewed her role as an educator, not a lobbyist. Education, presenting factual, information in a meaningful way, was the methodology Mann employed since she began her work. Mann's educational presentations most often contained experiential examples, personal testimony, narrated with what she termed "updated, factual, information" generally gathered from within the growing body of literature

²³ Mann, *New Primer*, 195.

²⁴ *Ibid.*, 255.

available on alcoholism.²⁵ . She provided information that asked the American public to look beyond the behavior that so often defined people with alcoholism.

In 1963, following public testimony at the state and federal level, the Committee on Alcoholism established within the Department of Health, Education, and Welfare announced federal grants totaling over \$2.5 million. The NIMH awarded several grants to the NCA, including one to study “The Prevalence of Alcoholism in the Urban Community,” a topic the NCA and its affiliate network appeared particularly suited to address.²⁶ At the Board meeting on January 14, 1960, William Plunkert, the NCA Director of Field Services, presented the following report

Major efforts during 1960 [within the NCA] will be geared toward larger cities. There is a crying need for more extensive operations in larger cities because the greatest number of alcoholics are naturally centered there...these cities are in a better position to support and sustain active committees...Rural areas tend to participate in activities emanating from the larger communities since educational media, such as the press, radio and TV, deliberately branch out to reach these areas.²⁷

Mann believed that the role of NCA and the affiliate network was to educate and inform the public, not involve the organization in controversy or actively take sides on policy issues, involving the organization in political decisions, engaging in government. The NCA served the public, and Mann wanted to avoid alienating any sector of the population, even those who might oppose the NCA’s mission. The NCA issued authoritative reports supported by fact, they did not lobby. When decriminalization of public intoxication came before the legislature, the Washington D.C. affiliate actively

²⁵ William L. White, *Slaying the Dragon*, 264-265.

²⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 236.

²⁷ “Board of Directors, January 14, 1960,” Field service report, Brown University Library, Special Collections Department, NCADD – Mann, Box 6.

lobbied in support of the legislation. Although Mann personally supported the outcome, she opposed active political support of any issue using the NCA name. Moreover, she told the affiliate she thought the organization had stepped out of line, an action that lodged a permanent wedge between the Washington D.C. affiliate and the NCA.²⁸

Escalating Health Concerns

Throughout the 1960s, Mann's home and personal life, like her career at the NCA, presented both exiting opportunities and challenging events. In 1962, Diana Vreeland became editor-in-chief at *Vogue*. Vreeland promoted Peck's supervisor, Alexander Liberman, into the position of editorial director, who then promoted Peck to occupy his former position as art director. Vreeland brought a new atmosphere to the magazine, and to the workplace, a woman with whom Peck said she "quite literally fell in love with."²⁹

Vreeland's style attracted Peck's penchant toward the avant-garde, perhaps a woman who Peck wished she could emulate more closely, although her own style was more reserved. The office reportedly rebounded with Vreeland's colorful personality and "mod" style. In Peck's view, Vreeland embodied the essence of a free spirit. While working for Vreeland, however, Peck became moody and developed a peculiar and pointed hatred of her former supervisor, Liberman, especially if he objected to Vreeland's direction for the magazine. Working together became tense, something not experienced in all the years they had worked together. Usually easy going and open-minded Peck

²⁸ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 256. In 2013, the NCADD opened a Washington D.C. office and hired a dedicated lobbyist to represent the organization's interests.

²⁹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 253.

seemed obsessed with her sudden dislike of Liberman, a man she had developed a friendship with over the years.³⁰

Many of Peck's friends and associates thought her mood swings and her dramatic change of heart toward Liberman peculiar, including Mann; however, no one thought of her behavior as a forewarning of serious illness. In her mid-50s, Peck began to suffer memory problems, severe memory problems, often forgetting timelines in her own life and filling in with made-up stories. Peck, never known as a careful driver, had several fender-benders leaving her Easton home's driveway. Her mood swings, directed at Liberman, increased at *Vogue* and she became increasingly irritable at home. In 1971, Vreeland lost her position with the magazine and Liberman returned to occupy the vacated post. Peck's behavior had become increasingly erratic and not out of spite, but necessity, Liberman waited until Peck turned 65, retirement age, and "retired" her in 1972. Peck's strange behavior had occurred gradually, although it had reached a point where everyone knew something was wrong, her behavior and memory loss had passed the bounds of normal "aging." In 1972, Peck was diagnosed with dementia, specified later as Alzheimer's disease.³¹

Throughout the 1960s, Mann's health also began to fail, and she wondered how much of it was hereditary as she fought tuberculosis, cancer, and alcoholism, all disease that others in her family experienced. Her recurrent bouts of severe, crushing depression also became manifest. Initially, Mann would "tough out" these bouts. In the late 1960s her physician, Stanley Gitlow, prescribed antidepressants, which proved effective with

³⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 254.

³¹ *Ibid.*, 276.

Mann and many others, as the pharmacological industry had succeeded in developing psychotropic medications used to treat psychiatric disorders.³²

In 1961, just after returning from a trip to Australia and New Zealand where Mann assisted in the development of local councils, she visited her doctor to investigate problems with hoarseness. Mann was a cigarette smoker, common at the time, but she chain-smoked, a habit that concerned many of Mann's friends and her doctor. The discovery of a cancerous polyp on her vocal chord confirmed the worst. In May of 1962, surgery removed the polyp and radiation therapy following the surgery successfully put the cancer in remission. She suffered no loss of speech and made a full recovery able to resume public speaking. Mann never gave up cigarettes.³³

Mann remained professionally visible throughout the 1960s, although her biographers report that sometime between 1959 and 1964 Mann resumed drinking for an unspecified period of time, a mysterious event not well understood to this day. The relapse apparently occurred sometime after a period during which Mann began drinking bitters and soda, a cocktail with low alcohol content. A.A. and contemporary medical treatment programs required total abstinence from alcohol to prevent relapse. No matter how low the alcohol content, alcoholics in recovery asserted that there remained an element of risk in consuming alcohol. Certainly, Mann was aware of this asserted risk.³⁴

Mysteriously, or perhaps purposefully, Peck's whereabouts are unknown during this unspecified time of relapse. Peck may have been staying at the Easton house, too

³² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 271-272.

³³ *Ibid.*, 253.

³⁴ *Ibid.*, 256.

upset to be present knowing that she could do little as long as Mann continued to drink. What is known also seems mysterious. According to the record, “a woman in recovery,” who wanted to meet Mann but did not know her, came from Bronxville to Mann’s New York City apartment where she found Mann intoxicated, the dogs uncared for, and the apartment in total disarray. The recovering woman cleaned up the apartment, tended to the dogs, and when she could not get Mann to agree to attend an A.A. meeting, she took Mann and the dogs to her home in Bronxville. Mann reportedly detoxified at the woman’s home in Bronxville, and pleading for confidentiality, returned to the New York City apartment.³⁵ It is known that the relapse occurred, proven by a prescription for Antabuse, a medication causing illness when alcohol is present in the body that Dr. Ruth Fox, friend and medical director of the NCA, wrote for Mann in October of 1964.³⁶

Mann’s biographers report interviewing at least one individual who knew about her relapse at the time it occurred, but she refused to divulge details at the time because “there was something about Marty that made you want to keep her secrets.”³⁷ Factually, because of this relapse, Mann is likely not the first woman to achieve permanent, long-term sobriety. Sylvia K. became sober in A.A. on September 13, 1939, and remained sober, without relapse, until her death.³⁸ Mann often said of recovery that to keep it you

³⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 261.

³⁶ *Ibid.*, 263.

³⁷ *Ibid.*, 261.

³⁸ Sylvia K., “The Keys to the Kingdom,” Welcome to Silkworth.net,” <http://www.silkworth.net/aabiography/sylviakauffman.html> (accessed March 17, 2013).

must give it away, work at it everyday; however, in the end it is not the quantity of time spent without alcohol, it is the quality.³⁹

While she is perhaps not the first woman to attain permanent, long-term sobriety, Mann's title of "First Lady" has at least one other meaning. Mann was noted for her style of dress and her penchant toward vanity. She liked expensive clothing with matching hat, purse, and shoes, and always wore or carried white gloves. She was so fastidious that Smithers included a special clothing allowance in her compensation package because he knew she could not afford to dress the way she preferred to on her NCA salary.⁴⁰ At one time an interviewer referred to her as an "ex-lady lush," to which Mann replied, "I may be an ex-lush, young man, but I am definitely a lady!"⁴¹ Thus, perhaps not the first woman, it might be said that Mann was the first "lady" to achieve long-term sobriety in A.A.

Founder-Consultant

In January of 1967, Mann wrote to NCA board president Tom Carpenter that she could no longer maintain both her public role and the role of office administrator as executive director of the NCA. Mann found it difficult to maintain her active speaking schedule and keep up with the day-to-day operations of the organization. She suffered from several serious health problems in the preceding years, some life threatening and

³⁹ Marty Mann, "Marty Mann Tells Her Story and Talks about Alcoholism at Charlotte, NC," 1968, CD, nd.

⁴⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 242.

⁴¹ *Ibid.*, 165.

chronic, a factor that may have influenced her decision. Moreover, Peck's deteriorating health also concerned her greatly.⁴²

The NCA Board was divided on Mann's decision, or at least on the terms she presented. Mann wanted to remain connected with the organization, give up her administrative duties in the office, and in a new position continue as "founder-consultant" on a salary, although reduced from the one she received as executive, and receive ongoing employee benefits. Some board members and staff thought Mann should have left the organization earlier, the NCA was well past the stage of a small, voluntary health organization it had entered what her biographers point to as its "corporate phase," a stage of development many thought pushed the job beyond Mann's abilities.⁴³ Perhaps the most difficult for some members of the board to agree to was that Mann wanted to maintain an office at the NCA.⁴⁴

Brinkley Smithers, long time board member, friend, and prominent NCA financial supporter, promised the organization that he and the Smithers Foundation would provide lifetime financing of Mann's annual salary as founder-consultant. He likely agreed it was time for Mann to leave her executive role; however, he recognized that while the business needed a different focus, the cause needed Mann's commitment. Smithers, not convinced that the public would carry Mann's message without constant reminder, thought no one spoke to the needs of people with alcoholism better than Mann did. Some feared, however, that her presence in the organization would impede the work of anyone chosen

⁴² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 277.

⁴³ Board Correspondence, Brown University Library, Special Collections Department, NCADD – Mann, Box 4.; Sally Brown and David R. Brown, *Mrs. Marty Mann*, 275.

⁴⁴ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 277-278.

as her successor. Nonetheless, the Board of Directors and Mann reached an agreement that placed her outside of an administrative role into a new position where she would devote her time to public speaking, advocacy, and consultation.⁴⁵

Mann officially began her work as founder-consultant in April of 1968 when the Board hired William W. Moore, Jr. to succeed her. Moore, who formerly headed the American Heart Association, came to the NCA with impressive administrative skills and a background in management of a large, voluntary health organization, qualities Mann undoubtedly thought necessary, although the choice of her successor was not her decision. She maintained an office at the NCA, and as some Board members feared, over time the co-location of the two directors did not always work.⁴⁶ Moore presided as the NCA representative at the 35th Anniversary of A.A. held in Miami Beach the following year, certainly an uncomfortable passing of the baton for Mann who had represented the face of the NCA inside the fellowship since she founded the organization.⁴⁷

In December of 1968, Mann began writing her second book, *Mann Answers Your Questions about Drinking and Alcoholism*.⁴⁸ She left the office for several weeks while she wrote the proposal to her editor and used the time to establish distance between her new role and her attachment to her former role as executive. Her book proposal, accepted by Holt, Rinehart and Winston, proved to be more successful than her time

⁴⁵ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 278-279.

⁴⁶ Brown University Library, Special Collections Department, NCADD – Mann, Box 4.; Sally Brown and David R. Brown, *Mrs. Marty Mann*, 280-281.

⁴⁷ “AA Meetings Mark 35 Years of Progress,” *Physician’s Alcohol Newsletter*, Vol. 5, No. 3, (summer, 1970), 1.

⁴⁸ Marty Mann, *Marty Mann Answers Your Questions about Drinking and Alcoholism*, 2nd edition, (New York, N.Y.: Holt, Rinehart and Winston, 1970; by the estate of Marty Mann, 1981).

spent out of the office; upon her return, Mann and Moore still found it difficult to work together at the NCA office. Easing the situation, Mann, along with Smithers and NCA board member Thomas P. Pike, focused on issues in Washington D.C. where Senator Harold Hughes, an openly recovering alcoholic, had established a Senate Subcommittee on Alcoholism and Narcotics.⁴⁹

Board member “Tom” Pike, a member of the A.A. fellowship, founded and headed the Alcoholism Council of Greater Los Angeles, and believed Mann was more than a valuable representative of the NCA, she played the public relations game “with consummate skill.”⁵⁰ Deeply religious, Pike considered his work with other recovering alcoholics his personal testament, something he valued, and something he credited as the foundation of his considerable accomplishment.⁵¹

Pike, recognized as an influential member of the NCA board, occupied several important positions that made his commitment to serving the needs of people with alcoholism more than useful to the NCA. Deputy assistant defense secretary in 1953, assistant defense secretary in 1954, a special assistant to Eisenhower from 1956 to 1958, California state chairman of the Richard Nixon presidential campaign in 1960, and that same year a member of Ronald Reagan’s gubernatorial steering committee. Pike also served as head trustee of Stanford University, where he often told the story of the night, when he was a Stanford student, he quaffed 27 bottles of beer in a single sitting. He also

⁴⁹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 280-281.

⁵⁰ *Ibid.*, 280

⁵¹ Burt A. Folkart, “Thomas P. Pike; Industrialist Led Fight Against Alcoholism,” *Los Angeles Times*, August 3, 1993, http://articles.latimes.com/1993-08-03/news/mn-19647_1_alcoholics-anonymous (visited on April 12, 2013).

acted as trustee at the Hoover Institute, Loyola Marymount University, Mayfield School of Pasadena, the Rand Corporation, Stanford Research Institute and Hewlett Packard.⁵²

When in 1969 Pike heard that the NCA board threatened to remove Mann's office, eliminate secretarial support, and cut her benefit package, he was outraged. The exact nature of the agreement reached is unknown, but Mann maintained her logistical support at the NCA, and backing off from her involvement in the executive operations of the NCA, the tension between Moore and Mann, eased.⁵³

Mann continued an active public speaking schedule, although certainly nothing like the schedule she maintained in the founding years of the NCA. As founder-consultant, she had more time to speak on the needs of women with alcoholism, and interest grew as women with alcoholism came forward. The NCA now included affiliates in diverse communities,⁵⁴ employee assistance programs in many of the nation's largest industries endorsed by labor and management, and was widely recognized as the nation's largest professional network representing the public needs of people affected by alcoholism. Educating and informing decision makers in major professional associations including the American Medical Association, the American Psychiatric Association, and the American Public Health Association, the NCA's influential Medical and Scientific Committee headed the movement that led to the recognition of alcoholism as a disease.

⁵² Burt A. Folkart, "Thomas P. Pike; Industrialist Led Fight Against Alcoholism," *Los Angeles Times*, August 3, 1993, http://articles.latimes.com/1993-08-03/news/mn-19647_1_alcoholics-anonymous (visited on April 12, 2013).

⁵³ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 281.

⁵⁴ "Inner City Councils" developed in urban areas during the late 1960s and throughout the 1970s, serving impoverished communities that were often composed primarily of peoples of color. The Milwaukee Inner City Council merged with the Milwaukee Council on Alcoholism and Drug Dependence (now IMPACT).

A considerable accomplishment and one that reformed care for people with alcoholism; however, for Mann, although reduced in the newly emerging concepts of disease, stigma remained an impenetrable barrier for many, especially women.⁵⁵ Not all the change in the world would help women with alcoholism if they remained ashamed and afraid, unable to ask for the help they needed, if those surrounding them remained ignorant and prejudiced, or if the care provided threatened their family, especially their motherhood.

In her new role as founder-consultant, Mann had become increasingly involved in federal funding issues arising in Washington D.C. that promised greater advocacy for women with alcoholism, a sector of the population she believed neglected in spite of the greater gender diversity within A.A. revealed in its membership in 1965 of nearly 25 percent women.⁵⁶ Mann thought the NCA should have an active women's voice, although while she was executive director, Mann thought her presence, her experiential example, provided that voice; however, her commitment was to the public, not women alone.

Mann's testimony at the public hearings was less in support of the Hughes Act than it was to inform her audience about the needs of the public in addressing alcoholism. Based on her experience as a person in recovery, Mann presented her voice, and provided information to an audience she studied beforehand. She did not lobby for her position she informed, although Mann always studied her audience to build a narrative in their language, and in this case, she spent time reading the legislative and political interests of

⁵⁵ NCADD History Books, *Sixty Years of Service* (New York, N. Y.: National Council on Alcoholism and Drug Dependence, 2004), 17-19.

⁵⁶ William L. White, *Slaying the Dragon*, 161.

each senator on the subcommittee, fashioning at least one statement that she hoped would appeal to each member.⁵⁷

Mann acknowledged a new era of public representation where private-government relationships formed the link in public services, not the voluntary health sector. She could work in any arena in pursuit of her mission, although she remained opposed to government control of the purse strings, a feeling that supported her insistence that while under her administration the NCA avoid becoming dependent on government funding. Government did not have the authority to act on behalf of a single constituency as the NCA had in the voluntary health sector. Mann did not want to leave the fate of public responsibility for alcoholism in the hands of a fickle system that had many needs to address. She viewed government response to need as one in which the most politically powerful won the battle not necessarily the neediest.⁵⁸

Legislative advocacy surrounding the Hughes Act commanded much of her time in late 1968 and throughout 1969. In the 1960s battle to keep her message about alcoholism at least on equal grounds with messages about illegal drug use, Mann learned that information is not enough to change policy. To assist Senator Hughes in passing the landmark legislation, Mann enlisted all the political influence she could muster, and powerfully delivered her message in public testimony.⁵⁹

⁵⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 281.

⁵⁸ William L. White, *Slaying the Dragon*, 305.

⁵⁹ *Ibid.*, 281.

The Hughes Act

Mann's public presentations narrated her recovery intertwined with the development of local affiliates detailing how her experience established need for the NCA and its affiliates.⁶⁰ In her new position as founder-consultant, she devoted more time to large-scale projects not entirely focused on the NCA, and added emphasis on the need for additional research on alcoholism, especially women with alcoholism, ways to reach women and encourage them to seek treatment. Mann focused on the broader topic of public recognition of alcoholism and public support for treatment, particularly within the newly forming alcohol policy proposed in the "Hughes Act"⁶¹

Elected to the Senate in 1968, Iowan Harold Everett Hughes chaired the Senate's Subcommittee on Alcohol and Narcotics. He understood alcoholism from the same vantage point Mann understood the disease: Hughes was a recovering alcoholic and actively participated in A.A. beginning in the mid-1950s until his death in 1996. Hughes also spoke publicly about the need to recognize alcoholism, but like Mann, never spoke as a representative of A.A. The Subcommittee set the platform for proposing the Hughes Act and held public hearings for support of the Act in July of 1969.⁶²

The Hughes Act proposed establishing the National Institute on Alcohol Abuse and Alcoholism (NIAAA) as a sister institute to the National Institute on Mental Health

⁶⁰ Mann, "Her Story and Talks about Alcoholism," 1968, Charlotte, NC; "Her Story," San Francisco, CA; "Speaking as an Alanon," 1971, New York, NY; "Mann at St. Louis," 1972, St. Louis, MO in Talks about NCA and Alcoholism. CD. nd.

⁶¹ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 280 – 281.

⁶² Gerrit Den Hartog, Obituary, "Remembering Harold E. Hughes," published in the "A" Team, Missouri Division of Alcohol and Drug Abuse, P.O. Box 687, Jefferson City, Missouri 65102. Visited online at <http://www.well.com/user/woa/harolde.htm> September 1, 2012.

(NIMH). Both institutes would reside under the umbrella of the National Institutes of Health. Hughes intended that the newly formed NIAAA head publicly funded research on the prevention and treatment of alcoholism. Advocates, including Mann, supported the Act that, in essence, institutionalized alcoholism as disease. The NIAAA provided the first widespread public funds to support early intervention and treatment for alcoholism, and a later amendment provided financial and technical support for research on alcoholism among women.⁶³

During deliberation over the Hughes Act, Mann maintained close ties to Washington D.C. and to Senator Hughes. Her frequent absence from the NCA office eased the tension between her and Moore. She testified at the public hearings held in July that gathered input for and support of the legislation, where men and women from spoke publicly of their experience with alcoholism and their life in recovery. Individuals representing business and industry fostered through the NCA's interest in employee assistance also lent support for the Bill. Although no one spoke of the need to build financial or legislative support for the NCA or of A.A., Mann asked citizens to develop affiliates in local communities, constituents who could speak to local needs. The disease concept certainly appeared to have reduced stigma, public discourse on alcoholism appeared at an all time high with most agreeing that it was not a sign of individual moral character, although many in recovery still feared giving public testimony. Hughes wrote

⁶³ Institute of Medicine, Division of Mental Health and Behavioral Medicine, *Broadening the Base of Treatment for Alcohol Problems* (Washington, D.C.: National Academy Press, 1990).

of the hearings that he “asked a dozen other well-known people in recovery to present public testimony, but all declined.”⁶⁴

Mann presented testimony with her usual aplomb. The hearings aired live on national television and presented an opportunity to reach a large and possibly influential audience. This was Mann’s *métier*, and combined with her passion for the cause, she was known as a powerhouse speaker, and she loved the limelight. The *Washington Post* reported, “Mrs. Mann appears before Senate Subcommittee stating that the United States is a ‘hard drinking country’ and requesting that a local citizen’s council be established in every sizeable city.”⁶⁵

With Hughes leading the cause, the Subcommittee provided unprecedented government attention to alcoholism, although attention did not necessarily guarantee adoption of the proposed Act. In spite of the well broadcast public testimony, President Nixon planned to veto the legislation, and except for the intervention of Brinkley Smithers and Tom Pike, the Act likely would have died at the hands of a Presidential veto. Smithers and Pike wielded significant influence within the Republican Party; Pike chaired the Nixon Presidential Campaign in California, Nixon’s home state, and called the President asking him to reconsider. Smithers, also a well-heeled Republican, contacted Pepsi’s CEO, and former political advisor, Don Kendall, who called Nixon and

⁶⁴ In Memoriam, Remembering Harold E. Hughes, <http://www.well.com/user/woa/harolde.htm> (accessed November 30, 2011; September 1, 2012).

⁶⁵ Washington Post, July 25, 1969. Brown University Library, Special Collections Department, NCADD – Mann, Box 6.

made a personal plea for support of the legislation. The Hughes Act subsequently was enacted December 31, 1970.⁶⁶

The newly established NIAAA set an impressive agenda. Over the next several years, the Institute developed funds for research on alcoholism among women, restructured third-party payment for alcoholism treatment, and set aside federal subsidies for the treatment of the uninsured. NIAAA provided the first large-scale public funding that supported states in the development of local services for the treatment of alcoholism. In 1972, thirty-five percent of the NIAAA's budgeted funds flowed to the formula grants to fund local state initiatives.⁶⁷

The influx of federal funds provided incentive for hospitals to open treatment programs for alcoholism. Medicaid and Medicare expanded treatment to the retired, unemployed, uninsured, and the impoverished. Incentives paid to employers encouraged the development of employee assistance programs and the inclusion of benefits that covered the treatment of alcoholism. These measures supplied ample motivation for health care providers to develop and establish alcoholism treatment programs. Between 1950 and 1970, the number of hospital-based alcoholism treatment programs in America expanded from fewer than 100 to nearly 3000. Between 1977 and 1990, the number of hospital programs more than tripled with nearly ten thousand programs treating substance abuse nationwide.⁶⁸

⁶⁶ Sally Brown and David R. Brown, *Mrs. Mann*, 281 – 282.; In Memoriam, Remembering Harold E. Hughes, <http://www.well.com/user/woa/harolde.htm> (accessed November 30, 2011; September 1, 2012).

⁶⁷ Institute of Medicine, *Broadening the Base of Treatment*, 408-411.

⁶⁸ William L. White, *Slaying the Dragon*, 276.

Developing Interests in Women's Alcoholism

Mann's interest in alcoholism among women evolved out of her life experience. She did not believe alcoholism among women differed from alcoholism among men, although she knew that women lived different lives and that alcoholism affected their lives differently. Edith Lisansky, (later Lisansky Gomberg) a lecturer in psychology at the Yale Center of Alcohol Studies at the time Mann studied at the YSAC, published an article in 1958 that noted assertions of a dramatic rise in alcoholism among women in the years following WWII. In her study, Lisansky noted only a small increase in alcoholism among women over the past twenty years; most likely caused from changes in medical diagnosis, an uncovering of formerly hidden alcoholism among women, and a "much larger change in the culture's definition of feminine behavior."⁶⁹

Lisansky, among the first scholars to scientifically study women as alcoholics, disputing the notion that women alcoholics showed "greater pathology...and are much more abnormal" than their male counterparts. Previous arguments asserted that women's alcoholism received more disdain because women violated gendered roles in their excessive drinking. Lisansky contended that this perception occurred because women's roles were more repressive than men's roles. Therefore, women's drinking always appeared to violate their gender in more extreme fashion than did men's drinking. It did not make women more pathological as alcoholics; rather, it made their alcoholism a different experience.⁷⁰

⁶⁹ Edith S. Lisansky, "The Woman Alcoholic," *Understanding Alcoholism*, The Annals of the American Academy of Political and Social Science, January 1958, 73-81.

⁷⁰ *Ibid.*, 81.

Mann's work called attention to women's alcoholism as the same disease as that among men, although Mann, like Lisansky, believed women experienced alcoholism differently because of gender. Mann asked simply that all victims of the disease have the same opportunity for recovery. She knew from her own experience as a patient that alcoholism among women maintained more social disdain than alcoholism among men and that this additional stigma created barriers to their care; both in securing interest among the public and in securing research interests. Mann hoped to eliminate barriers to recovery for all people with alcoholism; however, although the disease was the same, Mann thought women's social position erected greater barriers to identification of their disease and in their path to recovery.⁷¹

Mann's approach to alcoholism did not focus on cultural or individual characteristics of the user but on the similarities in behavioral symptoms commonly observed in victims of the disease. Calling attention to sex and gender as variables seemed almost counter-intuitive to her approach, but as a woman Mann focused on her alcoholism and the way she *experienced* recovery; how it appeared in social consequence, not how the disease manifested itself in symptoms. The disease Mann described was "no respecter of persons"; the experience of alcoholism for women, however, was very different than the experience for men, just as the lives of men and women differed.⁷²

⁷¹ Marty Mann, *New Primer*, 10-11.

⁷² "Address given before the Joint Session of the Legislature of the State of South Carolina By Mrs. Mann," Brown University Library, Special Collections Department, Manuscript Division, Collection, Number A2002-42, NCADD – Mann, Box 1.

In her public speaking, Mann often related her own experience of alcoholism as representing that of women generally.

It is never under any circumstances acceptable for a woman to get drunk. We are all brought up knowing...what people think of women getting drunk. We go home to drink until our alcoholism gets out of control and when everybody does find out, we are so degraded that it makes it even harder to ask for help.⁷³

Mann looked at her experience of drinking alcohol as similar to many women's experience, women who lived at the time she lived, and women from the same social circumstance. Her drinking experience was different from others only in that she was among the minority of alcohol consumers susceptible to alcoholism. Mann's story in attaining recovery is interesting not only from the perspective of her womanhood, but also in looking at the intersection of her gender with her social class. Although her father's money disappeared with his bankruptcy, and her own alcoholism pushed her to live on the streets, Mann maintained contact throughout her life with people of means. In her stay at Bellevue admitted to the neurological ward, Mann noted that, "plenty of blue blood ran in the test tubes there."⁷⁴

Women's Alcohol Activism

The number and proportion of women who entered programs for treatment of their own alcoholism rose significantly. At the beginning of the twentieth century, estimates showed that women composed approximately ten percent of the patient

⁷³ "Mann 1965 AA International Convention Toronto Canada, Beverly McGowan of New York, NY at Cleveland Ohio, 1971" Talks about NCA and Alcoholism audio CD in the *History of Recovery* series.

⁷⁴ Sally Brown and David R. Brown, *Mrs. Mann*, 93.

population treated for inebriety.⁷⁵ In 1980, women entering treatment represented twenty-five percent of the patient population and by 1996, women composed thirty-two percent of all patients treated.⁷⁶

In 1972, five years after Mann's semi-retirement, the NCA officially opened its first "Office on Women," with Jan Du Plain as director.⁷⁷ The NCA Office on Women provided the visibility on women and alcohol Mann sought for years.⁷⁸ In late 1975, Du Plain began to organize lobbying efforts on behalf of women with alcoholism, working with Susan B. Anthony, the namesake and great-niece of the 19th century women's rights advocate and suffragist. Anthony, who reportedly "sobered up in Mann's office in 1946,"⁷⁹ attained her recovery in A.A., earned a Ph.D., became an ordained minister, founded a treatment center, and went on a four-year speaking tour on behalf of women alcoholics. She targeted well-known women's activist groups, bringing the message that Mann brought to the public specifically to women: that alcoholism was a disease of concern to the health of the public and the alcoholic was a patient worthy of care.⁸⁰

The NCA's Office on Women, with Du Plain as the lead, initiated political interest in women and alcohol, resulting in the first national Congressional Task Force to

⁷⁵ Mark Edward Lender, "Women Alcoholics: Prevalence Estimates and Their Problems as Reflected in Turn-of-the-Century Institutional Data," *Substance Use & Misuse*, 163 (1981), 443-448.

⁷⁶ Office of Applied Science, Uniform Facility Data Set (UFDS), Data for 1996 and 1980-1996, Department of Health and Human Services, SAMHSA, December 1997, 15.

⁷⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 303.

⁷⁸ *Ibid.*, 304.

⁷⁹ *Ibid.*, 189.

⁸⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 189, 304; University of Utah School of Alcohol Studies, Brown University Library Collection, Number A2002-42, NCADD – Mann, Box 1.

address women and alcoholism. The NCA and the Senate Subcommittee on Alcoholism and Drug Abuse hosted a thirtieth sobriety anniversary for Anthony in the U.S. Senate Caucus Room, leading to the first congressional hearing on women and alcoholism in 1976.⁸¹ Du Plain was also influenced by Mann's emphasis on education and taught the first known university course on women and alcohol at Rutgers University, which she reportedly named in honor of Mann.⁸² Active in the National Organization of Women (NOW), Du Plain also established a NOW Task Force to study women and addiction.⁸³ In 1976, at the NCA Annual Meeting held in Washington D. C., Du Plain featured the Office on Women with a series of speakers and workshops focused on women's issues. An avid feminist, Du Plain was appalled when the keynote speaker for the event planned and executed an address that framed women with alcoholism as failed wives and mothers. New to the organization, Du Plain never thought that Katherine Pike, an influential and conservative board member, and a member of the planning committee meant it when she said, "We don't want any feminists on the Women's program."⁸⁴ Du Plain sought solace from Mann, who said simply "Well Jan, I could have told you about Adela's point of view. But, this conference is bigger than just one person. It is fine. Relax."⁸⁵

⁸¹ United States, Congress, Senate, Committee on Labor and Public Welfare, Subcommittee on Alcoholism and Narcotics, Alcohol Abuse Among Women, Special Problems And Unmet Needs, 1976: Hearing Before the Subcommittee On Alcoholism And Narcotics of the Committee On Labor And Public Welfare, United States Senate, Ninety-fourth Congress, Second Session, September 29, 1976, (Washington D. C.: U.S. Govt. Print. Off., 1976).

⁸² Sally Brown and David R. Brown, *Mrs. Marty Mann*, 304.

⁸³ *Ibid.*

⁸⁴ *Ibid.*, 305.

⁸⁵ *Ibid.*

Mann believed no one person would shape the future of women's recovery, including herself, but what she referred to in her comment was the fact that there was a conference at all. For Mann, it had only been a vision to raise awareness about the democratic nature of the disease and help concerned others realize that women suffer, too. For Mann, a conference dedicated to women with alcoholism *was* bigger than just one person was it represented a community.⁸⁶

The new NCA Office on Women adopted the phrase "Alcoholism is a women's issue."⁸⁷ At some point, the Office formed a partnership with the Association of Junior Leagues (AJL), likely developed in response to a 1976 letter Katherine Pike, who founded the Pasadena affiliate with her husband Thomas Pike in 1949, wrote to the Junior League on behalf of the NCA. In part, the letter read

The National Council on Alcoholism, America's voluntary agency...combating the dread disease of alcoholism...founded by a woman thirty years ago, is just now forming a task force on Alcoholism and Women to focus attention on this important health problem. I have been asked to invite you to serve as a member of the Steering Committee to assist NCA to plan for an opening workshop to be held May 5 and 6 in Washington, D.C. in conjunction with the National Forum on Alcoholism. Several thousand attended the Forum last May in Milwaukee, and we anticipate an even larger attendance this year. The workshop on women will, I am sure, be a highlight...

I am confident that the Association of Junior Leagues would be a powerful asset in focusing attention on the workshop.⁸⁸

⁸⁶ "Woman Alcoholics," Brown University Library Collection, Number A2002-42, NCADD – Mann, Box 1.

⁸⁷ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 303.

⁸⁸ February 10, 1976, letter to Mrs. Robert Poole of the Association of Junior Leagues, Inc., 825 Third Ave, New York, N.Y. from Mrs. Thomas Pike. Brown University Library, Special Collections Department, NCADD – Mann, Box 5.

The AJL agreed to the partnership and co-sponsored at least two nationwide women's conferences in collaboration with the NCA's Office on Women. The AJL touted a project entitled "Woman to Woman" that supported an agenda to improve research on alcoholism among women and remove barriers to treatment for women. The project's fact sheet opened with "Alcohol is a dangerous drug. It is especially dangerous for women. Too little is known about the effects of alcohol on females because most of the research has been done on men."⁸⁹

Wisconsin Women's Alcoholism Movement

In the 1970s, the NIAAA sponsored forty-five demonstration programs for women's treatment across the nation. Many of the NCA's local affiliates applied for and received funding for projects, including the Wisconsin Association on Alcoholism and Other Drug Abuse.⁹⁰ The Hughes Act required states to have an established single state alcoholism authority to administer and direct newly enacted formula grants made available to fund pilot projects that provided women's treatment and recovery support services.⁹¹ In 1978, under the authority of the Wisconsin Bureau of Alcohol and Drug Abuse established as the single state alcoholism authority in 1970, the State Council held public hearings on alcohol and other drug abuse treatment for women. It was the first time for many Wisconsin women working in the field, recovering, or both, to speak to the issue. As an observer and participant in the Wisconsin Women's Alcoholism Movement, there was a conscious awareness of Mann's influence. Although Mann is someone this

⁸⁹ "Alcohol is a Woman's Issue," Conference materials, NCA National Conference and Call to Action, Sponsored by the Association of Junior Leagues and National Council on Alcoholism.

⁹⁰ "Women, Alcohol, and Drugs," Report of Public Hearing, May 1978, 24.

⁹¹ Institute of Medicine, *Broadening the Base of Treatment*, 409.

writer never met, she occupied a revered position in the Movement, known personally by many of those who offered testimony at the hearings. Mann came to Wisconsin on at least five occasions, all after 1968, and all to champion the cause of recovery, most specific to women's recovery.⁹²

The Wisconsin Association on Alcohol and Other Drug Abuse, an association who's mission is to "assure that the people of Wisconsin know and believe that alcohol and drug addiction prevention, treatment and recovery work,"⁹³ announced at the hearing that the organization recently received appropriation of a grant. The grant awarded through the National Institute on Alcohol Abuse and Alcoholism (NIAAA) provided funds for a development project "aimed at making appropriate intervention and treatment services to women with alcohol problems more available and accessible in Wisconsin."⁹⁴ The project, Woman Reaching Woman, operated in the state from 1979 to 1996, a direct result of funding appropriated through the Hughes Act and a project that consulted with the NCA's nationwide, Women's Office.⁹⁵

⁹² "She Works to Keep Others Sober" Talk to the American Association of University Women *Milwaukee Journal*, December 9, 1968, Brown University Library, Special Collections Department, NCADD – Mann, Box 6; Calendar, July 22, 1969 Marty Mann leads discussion on Lady on the Rocks at Meta House in Milwaukee, NCADD – Mann, Box 4; Center for Social Services (Milwaukee Office) appearance at University of Wisconsin-Extension Summer Institute [on alcoholism], November 13, 1973, NCADD – Mann, Box 5; Letter to Mrs. Robert Poole about the National Forum on Alcoholism, May 1976, NCADD – Mann, Box 4.

⁹³ Wisconsin Association on Alcoholism and Other Drug Abuse, Inc, "Home," http://www.waaoda.org/index.php?option=com_content&view=article&id=2:waaoda-history&catid=7:about-waaoda&Itemid=138, (accessed April 12, 2013).

⁹⁴ "Women, Alcohol, and Drugs," Report of Public Hearing, May 1978, 24.

⁹⁵ Wisconsin Association on Alcoholism and Other Drug Abuse, Inc, "WAAODA History," http://www.waaoda.org/index.php?option=com_content&view=article&id=2:waaoda-history&catid=7:about-waaoda&Itemid=138, (accessed April 12, 2013).

The report from the public hearing recorded speakers messages delivered to the eleven-member hearing panel. Twenty-five people presented testimonials and an additional nine sent written statements. The introduction to the public hearing report read:

In 1977, amidst a growing concern for the alcohol and drug problems of women, the Governor's Council on Alcohol and Other Drug Abuse (CAODA) initiated a project to evaluate the scope of fetal alcohol syndrome in Wisconsin. Co-sponsored by the Council on Developmental Disabilities, the Joint Panel for Prevention of Fetal Alcohol Syndrome worked for six months with full time staff and resource persons to prepare its recommendations. A primary recommendation stated that while fetal alcohol syndrome was a woman's issue, it was not the women's issue. The panel emphasized that their study had shown that needs in the area of women and alcohol and drugs are not well understood or met. The Panel said concentrated emphasis needed to be placed on understanding and coping with women's needs.⁹⁶

The hearing opened with testimony from Larry Monson, the Wisconsin State Director of the Bureau of Alcohol and Drug Abuse, who occupied that position from 1970 until 1992.⁹⁷ Monson noted that American society had had difficulty in identifying alcoholism in women in spite of the fact that they exhibited behavior similar to that in men and pointed to the need to eliminate the double standard by which we judge women's alcohol use. Furthermore, Monson noted that of the "funding for alcohol and drug abuse services in Wisconsin's Unified Services system for fiscal year 1978-1979...approximately \$28.5 million....[only] \$160,000.00 purchased... services specifically designed to serve... women."⁹⁸

⁹⁶ "Women, Alcohol, and Drugs," Report of Public Hearing, May 1978, introduction.

⁹⁷ Obituary, <http://completeobit.com/search/details/1338/Larry-Monson>, visited on September 3, 2012

⁹⁸ "Women, Alcohol, and Drugs," Report of Public Hearing, May 1978, 12, 1-2.

Dorothy Dow introduced herself as the supervisor of the newly implemented Alcoholism Counselor Training Center at De Paul Rehabilitation Hospital in Milwaukee. She reported that research on women's alcoholism lacked in both volume and content. She asserted the main reason for this lack of knowledge regarding women's alcoholism is that alcoholism "has always been considered a male disease." Dow went on to say that, many women avoid identification largely because "minimal efforts have been made to meet the... needs of women in treatment." She informed the hearing panel that recovery is more difficult for women than it is for men because of the double stigma placed on drinking women.⁹⁹

Liz Plotkin gave testimony to the disparate prescription of mood altering medicines to women who "constitute 53 percent of the adult population [yet] use 63 to 80 percent of various prescribed barbiturates and amphetamines."¹⁰⁰ Plotkin went on to recommend a re-evaluation of attitudes surrounding women's health and the need for health educators to stress human interactions rather than perpetuate the myth that women need psychotropic medication to stabilize their "emotional ailments."¹⁰¹

Bea McGee testified on behalf of the Milwaukee Task Force on Women and Alcohol. The Task Force, a project of the Milwaukee NCA affiliate, assessed local resources available to women with alcoholism, catalogued research on women and alcohol, and formed a network of women engaged in advocacy on behalf the female

⁹⁹ "Women, Alcohol, and Drugs," Report of Public Hearing, May 1978, 12.

¹⁰⁰ Ibid., 20.

¹⁰¹ Ibid.

alcoholic.¹⁰² McGee's testimony included news of a study in process that looked at the "special problems of the woman alcoholic and the women whose family is affected by alcohol use or misuse."¹⁰³ McGee ended with a plea for awareness of the problems women faced in attaining recovery and the return to "human wholeness" attained through care and access to treatment.¹⁰⁴

As in Wisconsin, women with alcoholism organized as states developed plans necessary to implement funding available for women's programs made available through the NIAAA. While many feminists participated, conservative women and women with other political agendas also joined forces on bringing attention to alcoholism among women, a single focus on those suffering. Compared to other issues women organized around in the 1970s, the Women's Alcoholism Movement appeared quiet and more politically conservative, although certainly not apologetic. As in Wisconsin, women in the movement preferred advocacy, offering testimony, and launching public education campaigns, strategies that could inform, educate, and raise awareness.¹⁰⁵

Mann made her last public appearance at the A.A. International Convention in New Orleans in July of 1980. The international meeting occurred only once every 5 years and this convention was the first to feature the topic of alcoholism among women. Mann's story, was a featured presentation at the convention. A.A. members knew her as the First Lady, although most also knew her health problems had taken their toll. She

¹⁰² "New Task Force to Study Women and Alcohol," *The Milwaukee Journal*, 30 June 1977.

¹⁰³ "Women, Alcohol, and Drugs," Report of Public Hearing, May 1978, 18.

¹⁰⁴ *Ibid.*, 19.

¹⁰⁵ Laura Schmidt and Constance Weisner, "The Emergence of Problem-Drinking Women, 310.

grew short of breath in walking and sometimes lost her balance. Nonetheless, after brought to the stage in a wheelchair, Mann stood and walked to the podium. After her introduction, Mann took in the applause she garnered as a well-known and loved person among the fellowship. Although it was not her best presentation, or even a new presentation, her biographers report that you could not have known from the audience response. Mann loved the attention, never lost that more-than-a-touch of vanity. Moreover, her audience loved Mann as much as she loved them.¹⁰⁶

Two weeks later on July 22, 1980 at her home in Easton, Connecticut, Mann's housekeeper found her unconscious at the kitchen table. The medical report indicated that she suffered a massive cerebral hemorrhage sometime during the night. Still alive when found, Mann was rushed to the hospital in Bridgeport, Connecticut. She died later that night at the age of 75. Peck, suffering from Alzheimer's disease, slept through the night. Mann's will arranged for Peck to remain at their Connecticut home until her condition no longer allowed. Following the funeral, Peck told Mann's nephew, who escorted her, "I'm really glad I don't know what's been going on."¹⁰⁷

At the time of Mann's death, the number of people admitted to treatment facilities across America was at an all time high and rising. William White described it as an era of "explosive growth...where the treatment industry grew from a handful of programs in the 1950's, to 2,400 programs in 1977, to 6,800 in 1987, and to 9,057 in 1991."¹⁰⁸

¹⁰⁶ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 316-317.

¹⁰⁷ *Ibid.*, 319.

¹⁰⁸ William L. White, *Slaying the Dragon*, 276.

Combined alcohol and drug treatment census in 1991 revealed nearly two million Americans received care, and nearly one third of them women.¹⁰⁹

Alcoholics Anonymous and newly formed mutual aid recovery groups, such as Women for Sobriety, also grew to immense proportions. In 1978, seven hundred and fifty thousand individuals were counted among the A.A. fellowship alone. It must have seemed almost overwhelming for A.A. “old timers” like Mann to see such prolific growth. Although, such growth likely did not shock or surprise Mann, she believed in the fellowship of A.A. and never gave up on the ability of the program to change lives. For Mann, A.A. remained salvation, a coming home to a spiritual safe haven.¹¹⁰

Mann’s work changed attitudes toward alcoholism and the people she viewed as victims. Her public health message removed widely held views of social and cultural variables that defined excessive use differently for some users than for others and replaced these views with the understanding that the disease of alcoholism affected some people from all sectors of the population in the same way. Mann asked the American public to recognize the vulnerability of some Americans when, by democratic vote, the majority of Americans approved the public availability of alcohol for all.¹¹¹

Mann’s openness regarding her own recovery ignited a plethora of interest in alcoholism among women. She did not believe that alcoholism among women was a different disease than the disease of alcoholism among men or that the sexes needed different treatment programs proscribed in medical care. She did believe women suffered

¹⁰⁹ William L. White, *Slaying the Dragon*, 276.

¹¹⁰ Sally Brown and David R. Brown, *Mrs. Marty Mann*, 131-136, 262-269.

¹¹¹ Mann, *Mann’s New Primer*, 12 – 16.

from a double standard that extended well beyond their acceptance of alcoholism as disease. Mann accepted that both men's and women's lives developed within very different gendered expectations that supported male and female social roles. She did not accept the barriers that the double standard surrounding drinking and women's social roles played in accessing care for alcoholism.¹¹²

Mann's Legacy

Mann's contribution to the work that emerged from within the Modern Alcoholism Movement emanated from her ability to construct a narrative about the alcoholic as a person that the American public identified with, cared about, and understood. Mann's life circumstance made it possible for her to place the alcoholic—man or woman—in the American community, home, and workplace, not only on the streets of American cities; a relocation that constructed alcoholism as a disease that could affect anyone. Science and medicine constructed the symptoms and treatment for alcoholism; Mann convinced the American public that people with alcoholism were worthy of care.

¹¹² "Another View of Women Alcoholics," Mrs. Marty Mann, Presented at the First Annual Alcoholism Conference of NIAAA. Brown University Library, NCADD Mann, Box 1.

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CURRICULUM VITAE

Claudia Roska

Place of Birth: Sheboygan, Wisconsin

Education

1974 University of Wisconsin-Milwaukee	B.A. (Psychology)
1982 University of Wisconsin-Milwaukee	M.A. (Sociology)
1998 Waukesha County Technical College	Associate Degree in Applied Science (Programmer Analyst)
2013 University of Wisconsin-Milwaukee	Ph. D. (Urban Studies)

Professional Certification

1984 Certified Substance Abuse Counselor
 1998 Certified Network Administrator
 2001 Certified Independent Clinical Supervisor

Employment

1988-Present

Executive Director
 Addiction Resource Council, Inc.

The Executive Director is responsible for oversight of administrative and program staff.

1999-2003

Adjunct Teaching Staff
 Carroll College, Waukesha, WI

Political Science Department. Nonprofit management with an emphasis on financial management and budgeting.

1982-1987

Alcohol and Other Drug Program Coordinator
 Manitowoc County Community Board (51.42/.437). Manitowoc, WI.

Administration of the Manitowoc County Alcohol and Other Drug services required under Chapter 51 of the Wisconsin Statutes.

Professional memberships

American Public Health Association
 Wisconsin Public Health Association

Community Anti-Drug Coalitions of America
 National Association of Drug Court Professionals
 National Council on Alcoholism and Drug Dependence (Affiliate Member)
 World Future Society
 Wisconsin Association on Alcohol and Other Drug Abuse

Recognition and Awards

- 2010 Executive Service Award NCADD
 2003 Appreciation Award from Wisconsin State Senator Joe Liebham
 2002 Sharing Treatment and Recovery for Women – Outstanding Adult Group of Volunteers
 (The Volunteer Center of Waukesha County)
 1999 Outstanding Collaboration – Perinatal Substance Abuse Program (Wisconsin Maternal &
 Child Health Coalition)

Committees

- 2012-Present CHIPP AODA Planning Response Team (Co-chair)
 2011-Present Community Health Improvement Planning Process (CHIPP) Steering
 Committee-Waukesha County
 2008-Present National Council on Alcoholism and Drug Dependence, Board of Directors
 2007-Present WCTC Human Services Curriculum Advisory Committee
 2007-Present Professional Association of Council Executives (Secretary/Treasurer)
 2005-2007 National Council on Alcoholism and Drug Dependency Sustainability
 Workgroup, Chair
 2004-2007 National Council on Alcoholism and Drug Dependency Committee on Affiliate
 Relations
 2004-2009 Hon. Marianne E. Becker Fund Board, Treasurer
 2004-2009 Waukesha County Collaborative Criminal Justice Council Subcommittee on Jail
 Programs and Alternatives
 2003-2009 Wisconsin Department of Health and Family Services Workgroup on
 Administrative Code (HFS 62 and HFS 75)
 2001-2004 Waukesha County Tobacco Free Coalition
 2001-2007 Waukesha County Tobacco Control Program Coordinating Agency
 1988-Present Waukesha County Prevention Network (Co-chair)
 1988-Present Waukesha County Interagency Program for the Intoxicated Driver (Co-Chair)

Presentations

- 2008 Poster presentation at the Association for Medical Education and Research
 “Alcohol Biomarkers as New Tools to Assess Drinking in Repeat Intoxicated Drivers: 1-
 year program results in Waukesha County.”
 P. Bean, Ph.D.; C. Roska, MA; H. Louks; C. Garuz, BA; and J. Pearson, BA.
 1984 40th National Alcoholism Forum of the NCA
 “Systems Networking: An Applied Systems Approach to Working with the Youth
 Alcohol Problem” C. Roska