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ABSTRACT

Drinking behavior, from abstinence to alcoholism, has been explored from a wide range of intellectual positions, academic disciplines, and ideological stances. The Adult Children of Alcoholics (ACOAs) movement is probably the most rapidly expanding enterprise in the alcoholism arena. Social movement theory seeks to describe, explain, and understand how social movements originate and develop. The focus from the Collective Behavior Theory stance is that persons (ACOAs) came to identify and articulate a need. The identification and sharing of this need along with the social organization that pursued resolutions to the need are the essential features of social movements in their formative stages. From the Resource Mobilization Theory perspective, society is characterized by conflicts of interest that are tied to various institutionalized power relations throughout the social structure. The ACOA Movement can be seen in this light as the manifestation of the efforts of clinicians and others to address what they saw as a population in need of treatment resources and programs. Both approaches can be combined and more broadly cast under a supply-and-demand model drawn from rational choice theory. An examination using the market ideas of supply and demand illuminates the ACOA Movement. The supply-and-demand model could be profitably extended to studying a number of other social movements. (LLL)

THE RISE AND DEVELOPMENT OF THE ADULT CHILDREN OF ALCOHOLICS MOVEMENT: MERGING THREE THEORETICAL PERSPECTIVES[1]

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Abstract

Considerable scholarly work has been generated by sociologists in the alcohol field from perspectives and traditions drawn from the social movements' literature. Blumberg(1991), Gusfield(1963, 1981), Levine(1978), Reinarman(1988), Rudy(1991) Wiener(1981) and others have explored temperance, addictive models of alcoholism, campaigns against drunken driving, Adult Children of Alcoholics, and the entire alcoholism enterprise using concepts and theories primarily drawn from the social movement and deviance literatures. This research builds on this tradition with a description of the Adult Children of Alcoholics Movement. The analysis of the ACOA Movement will be grounded from broader theoretical perspectives within contemporary sociological theory. Specifically, we will utilize ideas drawn from rational choice, collective behavior, and resource mobilization theories to illuminate the structural and interactional features of the movement. Each perspective is uniquely appropriate in understanding specific themes and strategies within the ACOA Movement. After placing the ACOA Movement within the broader historical context of "therapeutic" movements, we will offer some predictions for the Movement and some suggestions for the development of social movements theory.

INTRODUCTION

Drinking behavior, from abstinence to alcoholism, has been explored from a wide range of intellectual positions, academic disciplines, and ideological stances. To say that substantial disagreement characterizes beliefs and facts about drinking and drinking-related behavior is a drastic understatement. However, because so many people have strong opinions regarding alcohol, because so many persons are personally affected by their own or others drinking, and because so many persons are professionally involved in the various alcoholism enterprises, alcohol-related topics will remain fertile grounds for empirical and theoretical work. One contribution which a sociological perspective can make is in studying the social construction of these alcohol problems as they are revealed in social movements.

In this paper, we explore the Adult Children of Alcoholics Movement, probably the most rapidly expanding enterprise in the alcoholism arena. Our perspective is eclectic. Drawing from three different theoretical orientations, we create a synthetic explanatory model to analyze the ACOA Movement's rise and development, and we discuss the utility of the model in studying other social movements.

The discussion that follows begins by considering two of the main theoretical positions that sociologists have taken toward social

movements: collective behavior theory (CBT) and resource mobilization theory (RMT).[2] We then develop a supply-and-demand model that is grounded in rational choice theory as a third perspective to amalgamate the insights of both CBT and RMT. After examining the ACOA Movement using this model, the implications and possibilities of our approach are explored.

THEORIES OF SOCIAL MOVEMENTS

Social movement theory seeks to describe, explain, and understand how social movements originate and develop. Early approaches to social movements are found in the collective behavior literature. Park and Burgess(1924), Blumer(1946, 1957, 1969), and other influential figures in the Chicago School of sociology developed processual, evolutionary, symbolic interactionist models of social movements. The general orientation emphasized the emergent character of movements and their representation from the individual's perspective. When persons felt tensions, needs, or frustrations and when these became shared with others, the stage was set for the development of a social movement. From this perspective the ACOA Movement developed because millions of people came to understand and define their lived experiences as children of alcoholics as pivotal in explaining current issues and troubles in their lives. When clinician/writers who were also children or spouses of alcoholics began to publish materials for ACOA's, they struck a sensitive chord. This further solidified the interests

of ACOA's and they became better organized and more vocal in their pursuit of treatment programs and resources. The focus from the collective behavior stance is that persons(ACOA's) came to identify and articulate a need. The identification and sharing of this need along with the social organization that pursued resolutions to the need are the essential features of social movements in their formative stages.

Resource Mobilization theory developed in the 1970's in the writings of organizational theorists(Jenkins, 1983; Oberschall, 1973; McCarthy and Zald, 1977). From this perspective society is characterized by conflicts of interest that are tied to various institutionalized power relations throughout the social structure. Structural stains, interests, and problems are translated into social movements when actors access and mobilize organizational resources. The ACOA Movement can be seen in this light as the manifestation (mobilization of resources) of the efforts of clinicians, NIAAA, A.A., and others to address what they saw as a population (adult children of alcoholics) in need of treatment resources and programs. Movements arise and succeed depending upon the types of organizational resources that are mobilized and the ways in which these resources are manipulated. Collective tensions, needs or frustrations by themselves cannot explain the rise and development of social movements. Without organizational resources shared needs will simply persist, unsatisfied.

As is typically the case with theoretical debate in sociology, analysts explore specific problems, issues, and data to examine which one of a number of competing theories best explain the specific social phenomenon in question. Rather than accept one theory and reject another, we see aspects of collective behavior as well as resource mobilization as being useful in understanding the ACOA Movement. Both approaches can be combined and more broadly cast under a supply-and-demand model drawn from rational choice theory. The demand for services and opportunities for children of alcoholics is consistent with the idea of "needs" that is so essential to collective behavior theory. The supply of services for children of alcoholics by clinicians, the treatment industry, and the government is consistent with the mobilization of organizational and institutional resources vis-a-vis resource mobilization theory. An examination using the market ideas of supply and demand illuminates the ACOA Movement in a different and useful way.

A Supply-and-Demand Model

The two social movement theories discussed above can be usefully synthesized by noting that RMT is a theory of supply while CBT is a theory of demand. The synthesis permits us to see that a social movement, such as ACOA, behaves like a market. Thus, instead of focusing on the differences between the two theories we wish to point up an underlying theme found in both RMT and CBT. Both

perspectives consider social actors (individual and collective) to be goal-directed and responsive to opportunities and constraints in their social environments. According to RMT, organizations mobilize their internal resources and establish network links to other organizations in order to accomplish their goals and further their interests. In CBT, a crowd of individuals experiences a common need and acts in a concerted way to try to satisfy it. To bring these two perspectives into a common framework, we must only add the not unrealistic proviso from rational choice theory (Coleman, 1990; Friedman and Hechter, 1988), that social actors are intendedly rational when they choose between different courses of action. That is to say, social actors weigh the relative costs and benefits that result from alternative courses of action as they understand them, and tend to choose alternatives that offer the greatest net benefit or least net cost.[3]

A social movement, from this vantage point, emerges whenever there is a "supply crowd" and a "demand crowd" whose separate goals and cost-benefit calculi happen to be complementary. The rise and development of a social movement from the perspective we propose should be analyzed in terms of how the supply crowd and the demand crowd evolve and become differentiated. Do suppliers of the movement's ideology and services compete for market share or is the market segmented to reduce competition? Do suppliers identify new consumers and fashion new services for them? What is the evidence for horizontal or vertical integration within the "industry" which

the social movement represents? How heterogenous are consumers? What opportunity costs do they consider when choosing the movement's services over alternatives? Are the movement's ideology and services themselves differentiated so that consumer's opportunity costs come into play in choosing how to participate?

THE ADULT CHILDREN OF ALCOHOLICS MOVEMENT

Overview

While there has been consistent interest in the consequences of alcoholism on spouses and family members, the conversion of this interest into the range of treatment programs and mutual-help groups that constitute the ACOA Movement has been relatively recent. One could point to Al-Anon and Alateen, developed in the 1950's as satellite organizations to Alcoholics Anonymous(A.A.), as the only widely available treatment resources for family members of alcoholics. The "need" for additional treatment resources was documented and articulated by a number of organizations and agencies throughout the 1970's and early 1980's including: NIAAA (1974, 1979, and 1983), the Children of Alcoholics Foundation(1982), and the National Association for Children of Alcoholics(NACoA). The formation of NACoA and the publication of Janet Woititz's, Adult Children of Alcoholics, mark 1983 as the most significant year in the brief history of the ACOA Movement. Woititz's book made the New York Times Best Seller List for 45

weeks and has sold nearly two million copies. It has recently(1990) been printed in a second, revised edition. NACoA has likewise significantly expanded with a well-organized national network of workshops and conferences and chapters in over twenty states.

On a more specific level the expansion of the ACOA movement can best be seen with the explosion of its literature and the expansion of treatment programs. Bookstores have large sections devoted to ACOA's. Materials include treatment guides, therapeutic and theoretical works, novels, autobiographies, calendars, workbooks, cassettes, cartoons, and more. Television talk shows and movies regularly develop ACOA "issues," and films do likewise. Treatment programs from a range of therapeutic perspectives targeted to every possible client abound. Infants are the clients in some programs whose sponsors use puppets. Other groups and treatment programs are directed toward gays and lesbians, adolescents, young adults, elderly, persons of color, etc. Some programs are free standing while many are attached to hospitals or alcoholism treatment centers. Individual therapy, group therapy, role playing, dramatic presentations, workshops, recreational camps and inpatient hospitalization are possibilities for treatment depending upon the locale and payment scheme. Some programs are cost free and brief while others advertise two or three years of weekly sessions with significant fees.

The initial focus of Movement programs and therapies were directed toward children of alcoholics. However, there has been a systematic expansion of the types of persons who could benefit from treatment. Conferences and treatment programs are directed toward addicts, persons who are affected by addicts, and "those who identify." In addition to children of alcoholics, the dominant categories of persons include adult children of alcoholics, co-dependents, persons from "dysfunctional" families, and persons suffering from "addictions" (work, gambling, sex, relationships, etc). Co-dependency is so broadly defined that all members in families with an "addict" of any type are believed to suffer from this affliction. Programs, like those previously described, are targeted toward a broad range of specific co-dependent and addicted populations. Later, in our analysis we will describe in detail how the overwhelming majority of Americans are viewed as potential clients in these rapidly expanding enterprises.

The Supply Crowd: Organizations and Resource Mobilization

While it is possible to identify a number or organizational forerunners of A.A.(Rudy, 1986; Blumberg, 1991), the development of Alcoholics Anonymous marks the beginnings of the mutual-help movement within the alcohol and alcoholism enterprise. When Bill Wilson, a stock broker, and Bob Smith, a physician, founded A.A. in Akron, Ohio in 1935, a cultural awareness of the utility of mutual-help groups for the solving of specific problems began. A.A.

demonstrated that the dynamic of one alcoholic helping another was different and that it allowed for possibilities beyond the typical alcoholic/therapist relationship. A.A. views alcoholism as a progressive disease with physical, mental, and spiritual dimensions; and its members are told to utilize the organization's principles to work on sobriety a day at a time. The most significant ideas involved in the program are admission of the hopelessness of one's alcoholism(surrender), sharing with other members and/or sponsors, and recognition of one's dependence upon a "higher power." The "higher power" is viewed by some members as a "traditional God," but others see it as the group itself. Early A.A. not only represented a novel approach to alcohol problems, it also did so within a broader context of intellectual and social thought that was consistent within American values and traditions(Trice and Roman, 1970; Kurtz, 1982).

With the initial publication of Alcoholics Anonymous in 1939, called by members the "Big Book," and with the publication of an influential article by Jack Alexander(1941) in The Saturday Evening Post, A.A. changed from a small fellowship with members in Akron, Ohio and New York City to a rapidly expanding national organization. A.A. has experienced significant growth worldwide as well as within the United States. By the 1950's membership was approximately 200,000. The estimates of membership by the General Service Office in 1984 listed over 500,000 American members and over a million world-wide members. By 1990 these estimates reflect

1.8 million members world-wide with about one million of these in the United States and Canada.

During the 1950's considerable support developed within A.A. to establish groups for family members of alcoholics. In fact, the A.A. convention in St. Louis in 1955 sponsored a session called "Children of Alcoholics." Al-Anon was established in 1955 for the alcoholic's family members, but overwhelmingly became an organization for wives of alcoholics. In 1957 Alateen originated to address the coping problems of children in alcoholic families. The dynamics and consequences of alcoholism within the family are viewed by Al-Anon in terms that have become well known within the contemporary ACOA Movement. According to Al-Anon,

> ...people who are involved with the alcoholic react to his behavior. They try to control it, make up for it or hide it. They often blame themselves for it and are hurt by it. Eventually they become emotionally disturbed themselves(Al-Anon, 1987: 6).

A.A. and its satellites, Al-Anon and Alateen, along with organizations such as the National Council on Alcoholism have been consistently involved in lobbying and consciousness raising regarding the far-reaching effects of alcoholism, the disease model, and similar issues.

There were other organizational developments in the 1940s, Marty Mann, a recovered alcoholic, founded the National Council on Alcoholism (NCA was originally called the National Committee for Education on Alcoholism); the Center of Alcohol Studies was established at Yale; and the University of California at Berkeley also began a program in alcohol studies. NCA activities are public and formalized while A.A. efforts are primarily through individual members carrying the organization's ideology into various legal and social arenas. These organizations along with other interests, for example, E.M. Jellinek's research and leadership at the Yale Center on Alcohol Studies, worked hard at establishing the public acceptance of the medical model of alcoholism.

The federal government became increasingly involved in alcoholism treatment with the passage of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970; and the course of alcoholism treatment and the entire alcoholism enterprise were significantly altered. As a consequence of the legislation the National Institute of Alcoholism and Alcohol Abuse (NIAAA) was founded and the federal government became a much larger participant in the alcoholism field. In its first ten years of operation the majority of NIAAA money was directed toward establishing and supporting treatment programs. Over one billion dollars were spent on formula grants to the states and specific project grants. This significant financial involvement represented

not only fiscal support but also symbolic support and commitment to the alcoholism treatment field. One of the most significant aspects of this commitment were efforts at building organizational linkages between alcoholism interests in the pursuit of third party payment. Prior to third party payment the treatment field had been systematically expanding. Room(1980) estimates that between 1942 and 1976 the numbers of persons in the Unites States in treatment for alcoholism increased about twentyfold. With NIAA's support of third party payment, private, for-profit treatment facilities rapidly expanded in the mid 1970s. As more providers have entered the treatment field, recruitment strategies and competition for clients, particularly "paying-clients" have increased. Liaisons between providers, insurers, unions, and the court system have significantly shifted the process and ideology of treatment from one of self-admission of one's drinking problem to "constructive confrontation," and the breakdown of denial(Weisner and Room, 1984). The use of high visibility advertising and strategies to pinpoint and seek out "hidden" alcoholics and others at risk reveals an aggressive marketing strategy being adopted by these agencies.[4]

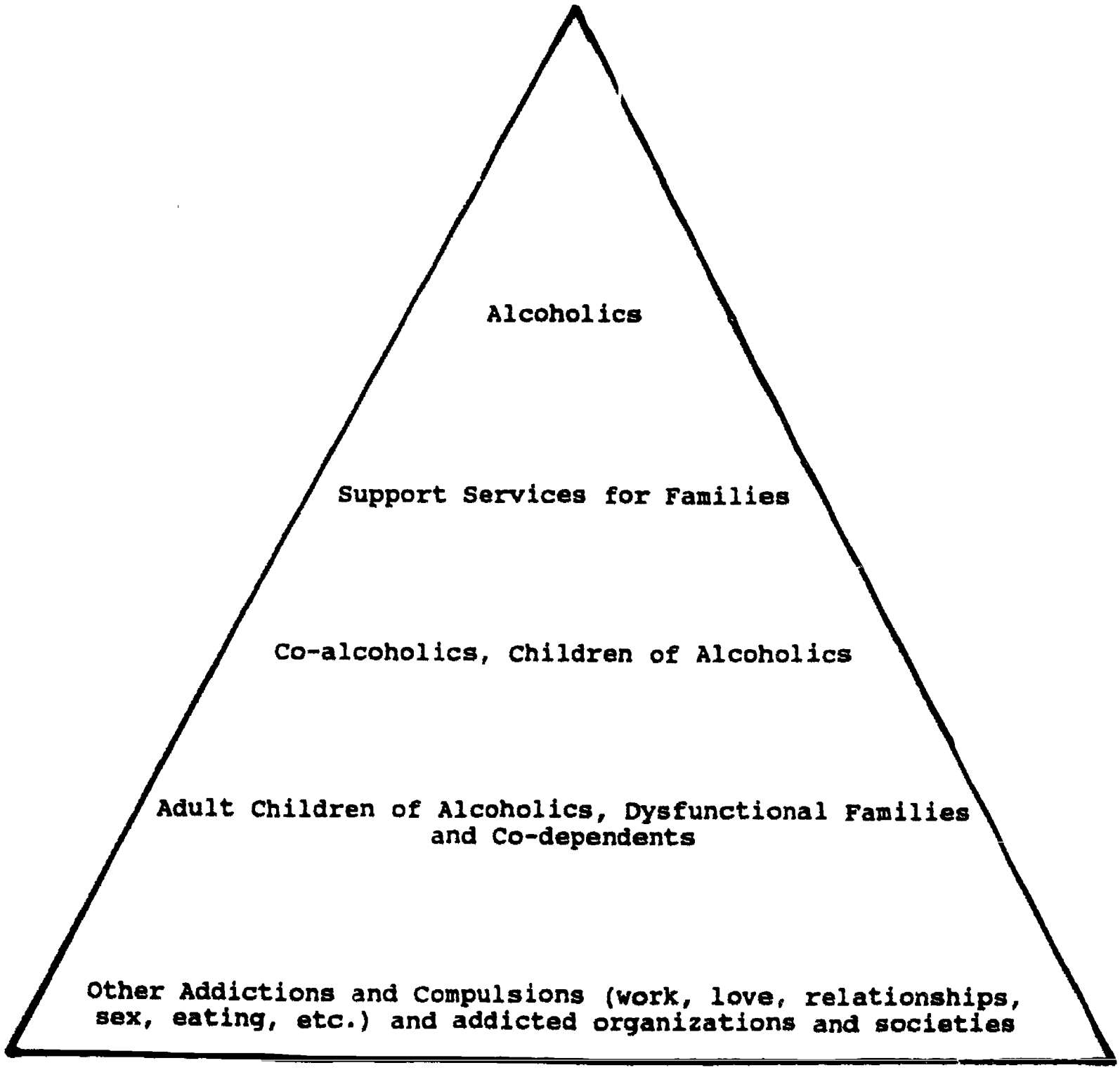
As Wiener(1981) notes, the building of an entire arena around the social problem of alcohol use established many careers. Of particular significance were the careers established in the treatment field. With the acceptance of the disease model, the belief in the superiority of mutual-help, and the limited pool of

therapists, who was available to fill all the front-line counseling jobs? Recovered alcoholics, primarily A.A. members, were able to turn their stigma into the status of experts. The movement of recovered persons into counseling jobs continues today. Approximately 72 percent of counselors working in the more than 10,000 substance abuse centers are "recovering" from substance abuse(Sobell and Sobell, 1987). The infusion of recovering persons into the system as counselors has established an alcoholism treatment system that is unique compared to other counseling/support systems for a range of human maladies. Recovered counselors who are A.A. members literally have jobs that allow them to do 12th Step Work and earn a living at the same time. Not only do many recovered persons bring their experience and organizational ideology with them, they also frequently bring a suspicion and cynicism regarding professional counselors and the mental health system in general. The development of the concepts of co-alcoholic and co-dependent and hence the beginnings of the ACOA Movement were launched by these paraprofessionals in their intent to validate the treatment of new clienteles, the spouses and children of alcoholics (Martin, 1988; Room, 1989).

Organizations and interests within the alcoholism treatment arena have consistently expanded the market of available clients. Reasons for the expansion are both humanitarian and economic. Figure 1: Stages in Market Expansion (Massification) summarizes the movement from a treatment system that specialized in alcoholism

Figure 1

STAGES IN MARKET EXPANSION (MASSIFICATION)



to one that now includes co-dependency and a host of other "addictions." Early treatment centered upon individual drinkers and viewed them as the source of the alcoholism. Addictive personalities, genetic predispositions, unique metabolic patterns, allergies to alcohol, etc., each constitute an explanation that resides within the body or the psyche of the drinker. Initial services to families were primarily supportive in that family members needed coping skills to deal with alcoholic members. Support groups helped family members to remain strong, to not blame themselves for the family member's alcoholism, and to reconstruct their lives. Broader changes in the ideology of treatment and treatment financing were responsible for further elaboration/expansion in the ways in which we treated alcoholics and their families. Social workers and other clinicians borrowed ideas from general systems theory and began viewing client problems within the context of family, work, and other systems. Deeper penetration into family dynamics "discovered" the pathological consequences of alcoholism upon the children and spouses of alcoholics, and recently grandchildren of alcoholics were also targeted as a population in need. These prospective clients (spouses and children) became "co-alcoholics" and families with problems were viewed as "dysfunctional." Because alcoholism was being defined as a type of "substance abuse" and alcoholics were seen as "chemically dependent,"[5] the term "co-dependent" was easily applied to "co-alcoholics." Current author/therapists including Cermak, Larson, Wegscheider-Cruse, and Whitfield have

broadened the definition of co-dependency to include the majority of Americans(Schaef, 1987). Third party payment for alcoholics as well as for co-dependents has served as an additional impetus for system expansion.

The most recent factor operative in the expansion of the treatment market is the spread of an "ideology of addiction." The popular acceptance of "addiction ideology" is easily validated on radio and television talk shows or with a trip to the "Recovery Section" of the local bookstore. Everyone, it seems, is addicted to something, or at least has a family member who is. People are viewed as being addicted to substances, behaviors, and processes. It is not an overstatement to say that the majority of Americans are viewed as potential clients for addiction treatment or co-dependency treatment because of the broad ways in which these "conditions" are defined. The appeal of Anne Schaef's recent work(1987) carries the addiction model one step further and expands the treatment market to include everyone. From Schaef's perspective our entire society and its institutions are characterized by a pervasive, oppressive, addictive system. As long as the "prevailing world view" is tied to this "white male system," we are doomed to frustration and failure(Schaef, 1987: 33). Presumably, the only help is mutual-help for everyone. Consequently, we have moved from a market of ten million alcoholics to a market that includes virtually the entire population. Adding alcohol and drug education along with prevention programs expands this market even further.

The Demand Crowd: The Need for Mutual-Help and Recovery

While the specific factors, both personal and structural, that are implicated in the growing need for the services and opportunities within the ACOA Movement may be debatable, the effective demand for them is not. When over 15 million Americans attend one of over 500,000 mutual-help groups each week a need is being validated(Newsweek, 1990). Likewise, the explosion of "recovery" book sales confirms that a demand is present. It is important to note that "recovery books" were initially sold through mail order or were ordered through bookstores at customers' request. Woititz's description of the early sales of Adult Children of Alcoholics demonstrates the tremendous grass roots demand for literature and help in this area:

> The book was first published in 1983 and was sold primarily by mail order. The book stores were not interested. ACoAs who read it told each other about it and started buying copies for all the members of their families. The word was getting out. Bookstores began to carry it because of the demand, but for the most part they kept it hidden in the back of the store. People who wanted it had to ask for it....
>
> By 1987 sales swelled and Adult Children of Alcoholics hit The New York Times best-seller list and stayed there for close to a year. The book had not been

> promoted nor had it been marketed. Even when it was on the list, it was not placed, for the most part, with the other best sellers. The demand was truly grassroots.... (Woititz, 1990)

Factors that help explain this demand can be demonstrated on several levels: structural, cultural, and individual choice. Structural changes in American society have set up an environment in which mutual-help groups serve as functional alternatives to institutions whose roles have eroded. Decline in orthodox religion and a diminishing of traditional family life encourage individuals to seek out others for validation, support, and fulfillment. High levels of geographic mobility and a decline in the sense of community ensure that searching for intimacy with others is likely to be within the context of a mutual-help group or a voluntary association. Problems of family members are also more likely to be dealt with outside the family because the family is viewed by many as the generator of most problems.

A variety of cultural and ideological currents also helps to explain the growing demand for ACOA and its spinoffs. We are in the middle of a self-actualization/recovery rage. Rice(1991), drawing from Foucault, interprets co-dependency as a "discursive formation," in which life stories are constructed and interpreted to provide meaning and identity in persons lives. Similar to the discourses of psychotherapy and addiction, co-dependency is a

therapeutic movement that addresses the nature of the link between self and society. Our traditions of self-help and do-it-yourself programs have been focused inward in hopes of resolving all of our hang-ups, problems, and issues. Religious cults, channeling, New Age groups, and recovery are each part of this broader cultural drift(see, for example, Ferguson, 19897: Westley, 1983). Only several years back recovery sections in bookstores generally occupied less than three feet of shelf space. Now they represent a booming market and average over 32 feet in the typical store(Jones, 1990).

The self-actualization rage has broadened the range of problems and maladies for which people seek help. Gambling, sexual problems, work, eating, relationships, and numerous other compulsions are seen as "addictions." While some of this expansion is due to the ideological constructions of organizations with a vested interest in addiction treatments, some is also due to the belief of persons regarding the severity of problems and their resolution within the context of mutual help. The belief in mutual-help also has benefitted from the lessening stigmatization of most help-seeking maladies. With celebrity testimonials, confessions, and books, it has become acceptable to discuss one's past and problems. In fact, such disclosure is what many movement participants believe sets them free. Celebrities have become an ever increasing part of the mutual help phenomenon ever since the National Council on Alcoholism's campaign in 1976 in which 50 "influential" Americans

publicly acclaimed their alcoholism. The stigmatization of many conditions has also been diminished with the broad acceptance of the medical model. Peele's recent work, The Diseasing of America(1989), highlights the numerous areas in which behaviors are medicalized and treated within the health care system.

Another factor on the cultural/ideological level that has served to increase the demand for the ACOA Movement and its corollaries is the "new conservatism." Individuals are seen more and more as "captains of their own ship." Personal success as well as failure are seen in individual terms. The bottom line is that persons are to be accountable for themselves. Recognizing their responsibilities, individuals are flocking toward a range of groups that promise to help them unlock the past, see the present, and empower them for the future. Related to and consistent with a "new conservatism," and also supportive of the ACOA Movement is a "new temperance." Decreases in overall alcohol consumption, movement away from distilled spirits, and personal concern with health and fitness are indicators of an increasingly sober consciousness(Room, 1989).

From the point of view of the consumers of ACOA services and materials, the Movement offers several attractions to influence their choices. First of all, the opportunity costs for many movement participants are minimal. Buying a few "recovery" books and even a modest level of participation in a mutual-help group do

not require a lot of investment when compared to individual therapy or involvement with organized religion. Furthermore, ACOA offers consumers flexibility to participate across a broad range of investment levels. Probably, the largest group of consumers are satisfied by reading and discussing the subject with family or friends. Of these, some proportion will go on to become involved in a mutual-help group. A much smaller number may become heavily invested in the activities of mutual-help groups so that a fundamental reorganization of their self-image and life-world takes place, and some smaller proportion still will move into ACOA counseling as a career.

Most ACOA Movement participants are women, and between 75 and 85 percent of recovery books are purchased by women(Jones, 1990). The Movement may hold out some special benefits for women consumers, therefore. Possibly these women see the ACOA Movement as a less costly and more acceptable alternative to feminist approaches which promote radical solutions for women who are co-dependent. Room(1989) argues that ACOA ideology "...carries a cloaked feminist critique of men's drinking and its impact on women (p. 824);" and Martin(1988) sees co-dependency as a label that may mask some of the broader issues associated with inequality between men and women in American society. Whether one views the ACOA movement as liberating or as a relatively minor change in the status quo, the movement's ideology has a decided slant toward viewing men in the alcoholic role and women in the co-dependent role.

DISCUSSION

Thus far we have attempted to treat supply and demand as analytically separate processes, but the presence of a market always implies the complex interweaving of supply and demand factors. Suppliers(clinicians, care providers, authors of recovery books) are concerned with articulating the needs of consumers who may have only a nebulous consciousness of what these needs are. In turn, inchoate groups of potential consumers subtly shape the supply of treatment services and ACOA-related information through their purchases and demonstrated levels of commitment. Thus, supply and demand are linked in a number of ways, for example:

1. Alcohol clinicians, in the interest of their clients' families, push for additional services for children of alcoholics, thereby greatly broadening the pool of potential consumers. As Rice (1991) points out, this has come about through a remarkable departure from the previous way in which the need for treatment was generally defined. Formerly, the need for treatment was largely confined to those with a chemical (namely alcohol) dependence. Now the need for treatment is extended to include a host of others who are not chemically dependent but instead are co-dependents of the alcoholic. This new trend has broken down a constraint

which formerly limited the number of potential consumers of treatment. One notable result is that the opportunities for counselors are vastly increased and the occupational pool expands accordingly.

2. The expansion of the pool of consumers has another effect. Members of the demand crowd, recovering alcoholics and co-dependents, have the opportunity of becoming agents of the supply crowd by trading on their experiences through public speeches, publications, and especially in the occupational role of counselors.

3. One of the most interesting linkages between supply and demand is to be found in the mutual-help groups. In the treatment and recovery market these groups behave like consumer cooperatives. The product--recovery brought about through the mutual assistance of the group members--is supplied as a "joint good" by the same individuals who consume it. As with all groups that supply immanent goods, the ability of a mutual-help group to satisfy its members' needs will depend upon the commitment with which the members approach participation in the group's activities. Thus, the effectiveness of such groups is a function of (a) the members' continuing dependency on it and (b) the formal as well as informal means available for monitoring and sanctioning the level of commitment of individual members(cf. Hechter 1987).

In addition to these linkages between the supply and demand functions, important organizational networks may be expected to develop within the demand crowd and the supply crowd respectively. Most of this development has occurred on the supply side. The convergence of interests between treatment groups, such as A.A. and its affiliates, research institutes, commercial publishing houses, federal and state agencies, hospitals, and insurance companies has already been described. Looking back over the past two decades the ACOA Movement may be characterized as a huge effort to mass market treatment to a vastly expanded clientele. The achievement has been considerable. It can be likened perhaps to Volkswagen's discovery of an American mass market for a cheap, serviceable automobile, a market that was buoyed by the coming of age of the "baby boomers" in the 1960's and early 70's.

What the future holds in store is always difficult to predict, but if the ACOA Movement continues at least at the current level of popularity several things are likely to occur. The massification of the American market during the last several decades will of necessity taper off. Since drinking is widespread in this country and the majority of Americans are affected either directly or, according to ACOA ideology, as co-dependents, it is difficult to see how a more inclusive pool of potential consumers could be defined. On the other hand, there is the possibility for expanding the market to other countries, and indeed this is already under way. ACOA groups and co-dependency groups are represented in a

number of countries outside the U.S., and international conferences are regularly advertised in the U.S. Journal of Drug and Alcohol Dependence, the leading trade journal in the field.

The decline of the market massification trend in the United States will be accompanied by increasing segmentation. To create niches for themselves suppliers of recovery programs, book authors, and speakers have already begun to target specific consumer groups. In some cases these groups are defined along status characteristics, e.g. gender, race, ethnicity, sexuality, and age. Other markets/groups are organized along lines of experiences. Some ACOA's have experienced physical and/or sexual abuse, divorce, substance abuse, and other addictions. Conferences, books, and recovery groups specifically directed toward these audiences will allow continued movement growth through segmentation. We may also anticipate the rise of national consumer-oriented organizations, analogous to A.A., Al-Anon, Alateen, and Co-Dependents Anonymous, for consumer subgroups with more specialized needs. In all likelihood, ACOA organizations will affiliate with these more established organizations, borrowing programs and ideology from them as well.

CONCLUSION

In this paper we have argued for the usefulness of subsuming two theories of social movements--collective behavior theory and

resource mobilization theory--under the single framework of a supply-and-demand model. We have noted that CBT would seem to refer to demand forces while RMT refers to supply. This theoretical framework was used to explore the rise and development of the Adult Children of Alcoholics movement and to make some assessment of future trends as well. We infer that the supply-and-demand model could be profitably extended to studying a number of other social movements.

NOTES

1. This research was supported in part by a grant from the Alcoholic Beverage Medical Research Foundation.

2. The germ of the idea for examining the ACOA Movement from a perspective that incorporates both CBT and RMT came from our reading of an unpublished paper about "AIDS as a social movement" (Warshay and Warshay, 1990).

3. Our position on human rationality is fairly moderate. We agree with Simon (1981): people often don't have sufficient information or the computational ability to make complex cost-benefit calculations in many of situations of choice. Rational choice then is nearly always "bounded" and imperfect. Nevertheless, people do (however imperfectly) weigh the costs and benefits of different opportunities as a matter of routine.

4. In this light, Alcohol Treatment Marketing(Self, 1989) is a revealing "how to" book.

5. In this vein it is interesting to note that the National Council on Alcoholism recently(January, 1990) changed its name to the National Council on Alcoholism and Drug Dependence.

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