

AA Grapevine, January 1977

# Have We Forgotten Dr. Bob's Request?

*Beguiled by  
new therapies,  
some AA members  
fail to heed  
a co-founder's  
admonition to  
"keep it simple"*

A STATEMENT LIKE the following might be expected from an AA speaker suffering from an acute case of over enthusiasm and so might be discounted as partisan zeal.

"If the alcoholic works the Twelve Steps and develops the fellowship available through the AA program, this will be far more effective than any form of psychotherapy I know of."

That statement came, however, in a conversation I had with Dr. Hobart Mowrer, research professor of psychology at the University of Illinois. Dr. Mowrer is internationally recognized for his substantial contributions in his field.

It's always useful for me to remember that AA is where the clergymen come to find God's help to stay sober. It's the place the psychiatrists and psychologists come to find the kind of group therapy that will bring sobriety and order to their lives.

I sobered up in AA in August 1947, and the years since have

repeatedly taught me that if the quality of my life is not what it should be, the best place for me to go for counseling or therapy is to the Big Book or to an AA member who has done enough continuing work with the Steps to understand that "how it works" means *this* is how it works.

Several days before the 1975 International Convention in Denver, I listened to a tape of Dr. Bob's last talk. It had been made a quarter of a century earlier (July 1950) in Cleveland, at our Fellowship's first international gathering. Dr. Bob described AA's beginning and growth up to that date. He then said, "Let's not louse it all up with Freudian complexes and things that are interesting to the scientific mind but have little to do with our actual AA work."

During the twenty-six years that have passed since Bob made these remarks about Freudian analysis, many other theories have come into prominence. Evaluation of the ef-

fectiveness of psychotherapy offers persuasive evidence that this is not where it's at.

In 1952, Dr. H. J. Eysenck, an English psychologist, divided into three groups thousands of World War II veterans hospitalized for mental illness. Some of the men were given psychoanalytic treatment; some received other kinds of therapy; and a third group got no treatment at all.

Measured on an "improvement scale," forty-four percent of the first group improved with psychoanalysis; sixty-four percent of the second, with other therapies; and *seventy-two percent of the third got better with no treatment at all.*

More recently, Dr. Werner Mendel, professor of psychiatry at the University of Southern California, directed a similar study.<sup>1</sup> Trained psychoanalysts treated the patients in the first group; less highly trained psychologists and psychotherapists treated the second

1. The Eysenck and Mendel studies are quoted in *A Scream Away From Happiness*, by Dan Casriel, MD.

*"Once these AAs began to work the Steps, their symptoms vanished"*

group; and the third group was under the care of employees with no formal training in therapy.

The third group, treated by staff members without formal training in therapy, showed the *most* improvement. The first group, treated by staff members with the most extensive training in psychotherapy, showed the *least* improvement. Understandably startled, Mendel repeated the experiment, with identical results.

Though there are instances when, after sobriety has been attained, severe emotional or mental disturbances may require medical attention, most AAs would do better to work the Steps harder and more frequently if they want to get rid of symptoms of depression, anxiety, fear, hostility, apathy, and so on.

A few years ago, many people enthusiastically hailed encounter groups and sensitivity groups as the agents that would bring the new Utopia. Those who were "with it," along with men and women earnestly seeking release from agonizing inner torment, began "getting in touch with their feelings." Beating pillows, crying, sobbing, shouting, swearing, screaming, embracing, and doing a few other things we won't discuss here, they embarked on what purported to be a great voyage of discovery, toward full realization of their human potential.

The movement spawned beautiful thoughts aplenty, but after the shouting began to subside, serious

studies of the effectiveness of these groups revealed little permanent improvement in the members, and sometimes substantial damage. The learning supposed to come from what the late Abraham Maslow immortalized as the "peak experience" proves to be an elusive commodity for the person trying to translate it into a better life 365 days a year. Careful examination reveals much less to *all* of these therapies than meets the eye. Is this why Dr. Bob asked us to not louse up our Fellowship with these "advanced" approaches? I think it is.

Exactly how Bob carried the message is described movingly on page 292 in the Big Book. Bob was working with Earl, who was destined to start AA in Chicago. Spending three or four hours with Earl, Dr. Bob took him through the equivalent of the first eight Steps of our program that day. Bob didn't get paid for it. By profession, he was a physician, but he did this as an amateur.

Again and again, I've met AA members who suffered from depression, anxiety, fear, hostility, and other symptoms because they had failed to use the Twelve Steps. This includes AAs with years of sobriety. Once these AAs began to work the Steps, their symptoms vanished. An AA member who suffers from such symptoms or can't stay sober needs

a sponsor, not a therapist. He needs a sponsor who will work with him just as carefully and thoughtfully as Dr. Bob worked with Earl.

Dr. William Glasser, the California psychiatrist who parlayed the phrase "reality therapy" into a fortune, made a striking observation on his view of the client-therapist relationship. "Let's face it," said Glasser. "When a patient pays a therapist, all he's doing is buying a friend."<sup>2</sup>

Despite massive evidence that much therapy simply does not work, both alcoholics and nonalcoholics eagerly pursue the new pop therapies. Seeking relief from their symptoms in group gropes, primal screams, or pronouncements that "I'm okay," they ignore the very good evidence that self-help, pioneered by AA, is effective, universal, and free.

Helping others without charge is crucial for our own recoveries. It seems to be a basic factor in the entire self-help field. Dr. Leonard Borman, an anthropologist, is research associate at Northwestern University's Center for Urban Affairs. He has carefully studied the self-help phenomenon for a number of years.

"The self-help approach seems to have gotten its start from AA," Dr. Borman said when I interviewed

him about three years ago. "Groups such as Gamblers Anonymous, Overeaters Anonymous, and Schizophrenics Anonymous bear an obvious resemblance to AA. There are many other self-help organizations that use similar approaches. They work when nothing else does. A danger I've observed is that when they start to become successful, they grow concerned about improving the quality of their help by adding a professional touch. This overlooks the fact that the professionals couldn't help them in the first place.

"Recently, I read a study on this development in self-help groups entitled 'The Perils of Collaboration.'<sup>3</sup> The title sums up the problem. Invariably, when a working self-help group moves in the direction of professionalism, it begins to lose its ability to help people. There are some critical dangers here. It worked in the first place because a bunch of amateurs got together to help themselves precisely because the pros could *not* help them."

In fact, professionalism, along with vast amounts of state and Federal money and liberal insurance payments, has made treating drunks a high-profit industry. In order to justify the high prices that create the high profits, institutions lard their programs with the kind of therapy popular at the moment. Wherever

2. Psychology Today, February 1974

3. Mark Kleiman, in Journal of Applied Behavioral Science, Summer 1976

possible, they'll sign up the drunk for outpatient therapy groups. It would be incorrect to say that the various brands of therapy coming and going with the seasons accomplish nothing at all. One thing they do with disturbing frequency is confuse the alcoholic about where his help really lies. And where it lies at any stage of sobriety is in AA, working every one of the Twelve Steps.

Dr. V. Edwin Bixenstine, a professor of psychology at Kent State University, is thoroughly familiar with our program and the role of the Steps in restoring a troubled human being to usefulness and community. Dr. Bixenstine told me, "One trouble I see with treatment programs is that they look on AA as an adjunct or an ingredient in their program. Give the patient a little AA, some Antabuse, some kind of therapy, etc. I think AA is a way of life through the Steps. The multidisciplinary approach blurs this fundamental reality. I have no confidence in any alcoholism treatments that don't create a basic change in a person's life. Therapies don't do this. AA does. That's why I'm very high on Alcoholics Anonymous for helping alcoholics live soberly and usefully. I don't see anything else around that provides AA's methods or its results."

The alcoholic who is fed this multidisciplinary stew is lucky, indeed, if he understands the primary role of AA in his recovery. Is this

what Dr. Bob was talking about? I imagine so. Let's not trade our spiritual birthright for a mess of psychiatric pottage.

I interviewed Msgr. William O'Brien, president of the board of directors of Daytop Village in New York. Daytop is a highly successful therapeutic community for drug addicts. It uses principles very similar to AA's. Msgr. O'Brien knows a great deal about what works and what doesn't work. He says, "Training in psychotherapy ill equips the therapist for helping with problems of addiction."

When Bill, our co-founder, was offered a job at Towns Hospital as a therapist, why do you suppose every one of those early AAs said, "Bill, you can't do this to us"? Undoubtedly, Bill would have brought a flood of alcoholic business to Charlie Towns's establishment. What do you think would have happened to our Fellowship if Bill hadn't remained an amateur? With a sharply focused vision of the real roots of our recovery process, those early members saw the perils.

Helping others at no charge is the foundation of our own recoveries and of our Fellowship's continuing health and growth. Its crucial role was emphasized in a farewell letter to the AA General Service Office from a recently retired nonalcoholic trustee, Dr. Vincent Dole. He said, "My greatest concern for the future of AA is that the principle of personal service might be eroded by

money and professionalism."

The path of history is strewn with the wreckage of once-vigorous spiritual movements that flourished, then floundered, and finally died. They died because they lost touch with their healing legacies. They became successful, popular, and ultimately diluted. The promise that quickened the hearts of the helpless withered and disappeared.

AA was born because there was no other help for the drunk. It didn't come into being as one of many successful methods for arresting alcoholism. It began as the only thing that offered hope to drunks like you and me. It's still the only thing.

Our experience shows overwhelmingly that our salvation is not dependent on expensive therapeutic programs. Our salvation starts with

willingness to cooperate with God's power and to change through applying the Steps. The program is a road, not a resting place. In my experience, any alcoholic who will work all these Steps with a continuing, lifelong commitment will find that this program meets his needs and fulfills his dreams.

Change is not necessarily progress, and more is not necessarily better. Let's be friendly with everybody. At the same time, let's pay attention to the wisdom of the friends who are quoted in these pages. And, too, let's remember Dr. Bob's request to not louse AA up but to keep it simple and retain our healing legacy. His vision is even more important for you and me today than it was in 1950.

Have we forgotten his request?

*Paul M., Riverside, Ill.*