

The Alcoholic Patient - His Needs as Met by
Alcoholics Anonymous and the Caseworker

By

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It may appear at the first comparison that in language and ideas the Alcoholics Anonymous (AA) program and case work are dissimilar. Upon closer examination this may be found to be an erroneous assumption. When we compare the two, as I intend to do in this paper, we may find that actually there are many areas in which there are many similarities between the two kinds of endeavour.

In order properly to compare social case work and AA we need to first consider the AA program and how it operates. The AA program began in 1935 when an alcoholic who had achieved sobriety helped a friend to achieve the same goal. It then occurred to these two that they might be able to help others who suffered from the same problem and consequently the AA program was begun (1).

Today there are 7,000 AA groups and the total membership is 250,000 (2). Each AA group is free to conduct its affairs in any way the membership wishes, but each group must attempt to adhere to the "12 Traditions" of AA which are given below:

1. Our common welfare should come first, personal recovery depends upon AA unity.
2. For our group purpose there is but one ultimate authority - a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for AA membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or AA as a whole.
5. Each group has but one primary purpose - to carry its message to the alcoholic who still suffers.
6. An AA group ought never endorse, finance or lend the AA name to any related facility or outside enterprise lest problems of money, property and prestige divert us from our primary purpose.
7. Every AA group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should forever remain nonprofessional, but our service centres may employ special workers.

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9. AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.
12. Anonymity is the spiritual foundation of our traditions, ever reminding us to place principles before personalities (3).

Together with these traditions each member of the group is attempting to take one of the "12 Suggested Steps" of AA which are given below:

1. We admitted 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 understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
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 wherever 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 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 (4).

The general procedure for a new member is that he is given a sponsor who is a member of AA and can answer questions about the program and act as a friend. The new member may choose his sponsor if he wishes and if he expresses no preference he is assigned a sponsor. His sponsor will generally bring a new member to his first few meetings.

AA meetings are of two types. There is the open meeting, in which various members talk to the group telling of their experiences with alcohol and how they found AA. Any interested person is allowed to attend these open meetings. Each group also has closed meetings in which attendance is limited to members only. These meetings are generally some form of discussion group in which each member tells of his own particular problem in attempting to accept and carry out the "12 Steps." This then is the framework in which the AA groups operate.

We all have clients who have some problems with alcohol. Perhaps their primary problem is not alcohol, but certainly in a large percentage of cases the problem is aggravated or complicated by the use of alcohol. In an attempt to offer the client the best services possible and those which are the ones most likely to help with his particular problem, we should make an attempt both to understand something about what AA can offer a client and also some of the things that AA is able to do. We must bear in mind that it has been said that AA is the most effective treatment for an alcoholic (5).

Let us now look at some of the reasons for the success of the AA group as Dr. Collier started in the pamphlet "Alcoholism the Illness." Any therapeutic or philosophic procedure which can prove a recovery rate of 50 to 60 percent must merit our consideration."(6) Even though AA considers an alcoholic who has occasional "slips" as recovered, this recovery rate still is probably higher than the success rate in casework.

In order to evaluate the methods and treatment used by AA we first need to review in our minds the kind of person we have seen the alcoholic to be. He generally is a person with unmet oral dependency needs. The alcohol symbolically represents the "mother's milk" and oral love which the alcoholic craves (7). Also we generally see the alcoholic as a person who has been unable to achieve any lasting success either in his employment or in social acceptance. Thus, we find a person with a very poor self image.

Let us now look at what AA offers these people, how these needs are met through the AA program and if they are met through casework treatment. I have seen both of these programs in effect, having been the advisor for an AA group and also having treated alcoholics in a casework relationship.

Each member when he comes into AA is not only welcomed and accepted into the group but, as has been pointed out, has an individual sponsor, a man to whom he can be free to talk and to go over any problems he may have. This, of course, helps to fulfil a need for acceptance and also encourages dependency upon the group. The casework relationship can certainly offer the individual the one to one relationship that the AA member would find with his sponsor. However, there is a second factor which is prominent in the AA program and this is the factor of religion. AA, though not a religious program, does offer a Power greater than anything or anyone else. In the casework relationship, on the other hand, we rarely see religion stressed or even discussed in much detail.

We see also that both group and individual relationships exist in AA. The confidentiality, ability, and willingness of the sponsor to help the alcoholic is a little bit more standardized and spelled out in AA than it is in the casework relationship. In the casework relationship the client more or less has to learn these things for himself and work his feelings through with the worker. In the AA group this opportunity to work this through is not really present because it is already definitely explained to the alcoholics in their literature.

The alcoholic coming into AA is immediately confronted with proof of the effectiveness of the group by seeing those members who have achieved sobriety. A point is made in AA to show anyone who

comes in that there is always somebody who has a problem or who is, or was, worse off than he. This, it is hoped, will give the alcoholic immediate proof of the fact that AA can help him. In the casework relationship the proof of the fact that the worker can help the client is established in the beginning of the relationship with the client. Again, in casework, the client is given the opportunity to work through his feelings regarding this.

Further, the AA group offers the alcoholic strengthened status, a need which he probably did not have prior to entering the group. This status is obtained, of course, by staying sober. In addition the AA member gains further prestige in the group by helping others as he progresses in the group. This indicates to him that he has been able to achieve sobriety and it also aids in satisfying his need for status. In the casework relationship it is true that although support by the worker is equivalent to the status in the AA group, it can also be said that the caseworker's support is perhaps as important, if not more important, than the status in the group since it would be hoped that the client would have a stronger relationship with the caseworker than he would with any AA member or with the group as a whole. Therefore, this praise from the worker might be taken to mean more to the client because of the professional nature of the relationship. The caseworker is better able to make use of this relationship as a part of the treatment process.

When the new member of AA is given the "12 Steps of AA," these in effect constitute an outline of treatment and a way in which to reach and maintain sobriety. Of course this is a considerable degree of structure. It also is almost a guarantee of how to achieve the goal of sobriety. However, AA does not claim that its program is 100 percent effective. It does claim that its program is effective and successful if the steps are followed (8). The first step, admitting that one is powerless over alcohol, would seem to foster a dependency relationship at the beginning of the AA treatment program, however, this is not a disadvantage because the AA program is set up to meet dependency needs. The "12 Steps" also give the new member a structure for therapy and some assurance of the things to come, all of which gives him some security. There seems to be no equivalent to this in a casework relationship. The structure or treatment plan is present in casework treatment, but generally is not shared with the client, other than by using some vague phrases such as "It helps to talk about problems" or perhaps "we can help by talking about this." Obviously there is little opportunity for the client to meet others who have successfully completed the therapeutic relationship with the worker. The lack of structure in a casework treatment relationship can be a valuable asset to this relationship since the client is forced to make his own structure, whereas, in the AA program it is given to him. The questions that can be raised are: Is it always advisable to allow the client to grope for his own structure? Would it perhaps be wiser to give him some of this structure realizing that this would limit the goals of therapy to the extent that the client might not be able to gain as much growth or self-understanding, yet at the same time would be able to derive more from the therapy in a shorter period of time?

In AA the primary method of treatment, or at least the way treatment is begun, is for those in the group to make a willful effort to control their impulses. In AA after this willful effort is successfully made by the member he then finds other outlets for these impulses or needs. For example, the dependency needs which had been partially fulfilled by the alcohol are now fulfilled by the group. The alcoholic's need for status or for a feeling of self worth which he formerly attempted to fulfil by alcohol intake now is fulfilled by his prestige in the group. In casework, the client is asked not to give up or to deny any of his impulses but is rather encouraged to talk about them. In other words, the worker does not originate the idea that the client must give up certain habits or actions or deny certain impulses. Rather, the goal in casework is to attempt to have the client realize a desire to give up or change these impulses (9). Further, we may say that this method of treatment is perhaps longer lasting than that used by AA because it encourages the client to be independent, whereas AA tends to make its members dependent upon the AA program. This is not to imply that the AA program admonishes all its members not to drink. This is not the case. However, they do stress that in order to participate in the AA program a member must be sober. A like situation in casework does not exist. A client can still be coming to a caseworker to talk about an alcoholic problem and, provided he is not completely under the influence of alcohol during the therapeutic hour, he could drink as much as he wanted after this and would not be rejected from treatment. This in a way again puts more of the responsibility on the client.

It would be beneficial at this point to look at the different areas in the AA program where we find casework principles, although we have already touched on some of these. The first principle is that both casework and AA start where the client is (10). In the AA program the same principle is applied when it is considered that each member who is coming into AA is coming in because he has admitted he is powerless over alcohol and that this is a power that is destructive to his life. In the AA program no attempt is made to start work with a new member at any other than this first step in AA's 12 Steps. The AA program also adheres to the casework principle of moving at the client's pace. That is, the program does not encourage a man to go faster through the 12 steps than he feels he is able to go and still absorb the full meaning of each step and feel the need for it. AA realizes that these steps involve attitude changes and these cannot be accomplished overnight. For instance, one of the steps requires a "thorough moral inventory." This must be discussed with another member of the AA group and ample time is allowed to carry through these processes.

One very important principle in the AA program is that of self-direction. This, too is of course used in casework (11). The theory of the AA program is not that those who are members cannot drink but that by belonging to AA they have the choice as to whether or not they wish to drink and have had the opportunity to clearly see what happens when they do drink. This, I feel, is indeed self-direction.

Also AA is careful not to be derogatory toward any member. They stress that although each member must talk about those things

which he has done in the past he must not then consider himself condemned because of this, but rather see this as a way to help prevent these things in the future. It would appear that all these principles used in AA are very familiar to us in casework.

Let us now consider the differences in the results obtained through treatment in AA, as I feel AA can be said to give treatment, and treatment through a casework relationship. I have previously mentioned that the AA program first suppresses desires and then stresses certain needs such as dependency and provides fulfilment for those needs. The casework relationship on the other hand, attempts more to have the client look at these needs and have him find ways of meeting them rather than to meet them solely through the treatment relationship. In the AA program needs such as dependency or the need for status, although sometimes verbalized, are really not seen as needs consciously by most of the members. In the casework relationship by the client being helped to see his own needs and his own reasons for drinking, he is able to move out and function in society. Of course, this does not hold with the AA program. That is, although the members can function very well in society, they must have the AA program at all times. Of course, they may leave the program and stay sober but they will then be plagued by many emotional problems. Thus we can see that although the AA program is effective it must be continuing, whereas for the casework relationship there is not the need for continual guidance of the client.

SUMMARY

In this paper I have attempted to demonstrate that frequently the AA program and the caseworker dealing with the alcoholic are confronted by people with like needs. Such feelings as dependency, needs for status, and the need for structure are dealt with to some extent by both AA and casework, but the methods of the two vary as do the goals and results obtained. Whether casework or AA has the better method is not the question. However, I feel that the AA program is certainly one which has features in it that all caseworkers should be aware of and should be able to incorporate into their own work with the alcoholic client.

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