

ALCOHOLICS ANONYMOUS

By Harrison M. Trice

Alcoholics Anonymous is a fellowship of compulsive drinkers, both men and women who join with each other in a mutual effort to remain sober. It was started by alcoholics themselves in their despair and hopelessness and has apparently achieved a success as great as if not greater than professionally directed therapies.

At both "open" meetings to which the public is invited and at "closed" meetings for alcoholics only, its members frankly narrate their drinking histories - their "stories" - and explain how the A.A. program enabled them to gain sobriety. State-wide "retreats" to some outdoor spot widen the scope of associations. Members travel in small groups to adjacent communities to tell their "stories" and share their program for sobriety at A.A. meetings there. Often two or three members will hold meetings in prisons or hospitals where they explain the A.A. program to inmates.

The fellowship, however, is more than this. Local groups sponsor dances, parties, and picnics. Families of members who attend such events together often form family auxiliaries with scheduled meetings. Individual members get together to eat lunch, drink coffee; they meet after work, to bowl, fish, and play cards. These informal contacts between members extend the relationship developed at the formal meetings. In this network of interpersonal relations, the "Twelve Steps," listed below, are the core of the joint effort to remain sober.

Membership in A.A. depends solely upon whether or not an alcoholic says he is a member. New members are sought through "Twelfth Step Work," that is, carrying the message to other alcoholics. According to the society's definitions, an A.A. group exists whenever two "drunks" join together to practice the A.A. program for sobriety. There are no officers, no hierarchy, no dues. Local secretaries are necessary, but tenure is short.

Although A.A. is not organized in the usual sense, a common body of tradition underlies the movement. The "Twelve Traditions" set forth the policies that have been effective guides for the society in the past. One of them is a statement of A.A.'s single purpose: to help alcoholics remain sober. Another is to refrain from embracing any cause except the one of aiding alcoholics. Its Traditions keep A.A. apart from any temperance or political movements and allow it to concentrate solely on rehabilitating alcoholics.

This is A.A. in broad outline. It is a group endeavor on the part of alcoholics themselves to find a solution to their crippling compulsion. Out of their face-to-face associations with each other there arises a network of group controls for sobriety that is not present in the usual doctor-patient situation. Members refer to this encompassing experience as a "way of life" - an apt phrase since A.A. is, in essence, an emotionally satisfying alternative to chronic drinking

A Description of the Fellowship

On a Friday night in a small Mid-western city numerous persons are parking their cars outside a large brick house in the University district, Some of them are wearing casual sports clothes and some are dressed more conservatively; their cars are of all makes and models. Other persons, obviously still in work clothes, are walking from the bus stop towards the house. This is the A.A. clubhouse, and the meeting is scheduled for eight o'clock. But, as one member put it, "We never start then; we have to do some 'coffee-clatching' first."

Inside the meeting hall many more people are standing around and talking in small groups. One man is describing his reaction to telling his "story" last week at the mental hospital. "I saw myself as I used to be, sitting right there in the front row." To others recapitulating last Saturday night's party, a woman is saying, "We had fifty-eight people here. I had a hilarious time and all of it without any booze."

Approximately sixty persons have assembled. A man at the speakers stand announces that this is the regular Friday night "open" meeting of A.A., and he calls for a moment of silence to be used as each person sees fit. "My name is Jim P. and I am an alcoholic," he begins and explains the general nature of the fellowship. As chairman for this meeting, he has invited two members of a new group in a nearby community to speak this evening. He calls on the first one.

"My name is Dave L. and I am an alcoholic." Dave's "story" is a series of anecdotes embellished with frank humor. Laughter from the group interrupts him frequently. Someone whispers, "If he made it, anyone can. What a lush he used to be!" His excessive drinking landed him in a mental hospital five times. In the process of his alcoholism he went from manager of a chain grocery store to itinerant laborer. His family had forsaken him, and numerous times he heard the ward doctors brand him hopeless. He "hit bottom" after his third attack of delirium tremens. Twice he almost died from them.

Dave had scorned the idea of A.A. when a member came to him during his fourth commitment. "I thought the guy was shooting an angle, but when I finally went to a meeting during the fifth time I was at the hospital, I discovered he wasn't. He repeats several times that he wasn't surprised to learn from A.A. that he was "sick," but that as such he could still be respectable. The idea of a "higher power," a God, was difficult for him to accept. He finished dramatically, telling the group that he had found in A.A. a "bunch of real friends - twice as good as those drinking buddies who pumped me for every cent I had."

The second speaker is a woman. She starts with the customary introduction, "My name is Grace B. and I am an alcoholic." She observes that her "story" is different from Dave's in almost every respect but stresses the common denominator of alcoholism.

Her drinking began in college. After her marriage to a prominent lawyer she gradually became a confirmed alcoholic. There were no mental hospitals, no jails, no "drying out" places for her; but there were large medical bills for politely labeled illness. Her father was convinced that she was not capable of caring for her two children and urged her husband to divorce her. Instead, her husband asked his law partner, an A.A. member, to send a "Twelfth Stepper" to see her. Grace had no difficulty in accepting the program as described to her by this woman. "I had been looking for some way to admit to myself and to others that my drinking had defeated me. I found the spiritual emphasis something I had yearned for, but could not find alone."

When she finishes her talk, the chairman comments on his own alcoholic history. His concluding remarks concern anonymity. Alcoholics Anonymous, he explains, makes every effort to protect the names of its members; and it is one of the traditions to insist on anonymity at the level of press, radio, and

television. After these remarks, he asks everyone to stand and say the Lord's Prayer. The meeting is over and the "coffee-clatching" starts again.

At "closed" meetings of fewer members, there is more informal discussion of how the program works - that is, how the members "live this program for twenty-four hours at a time rather than face the hell of living the rest of our lives without the stuff." Members intimately confess their drinking escapades and often disclose personal problems. A point frequently made to newcomers is, "We did it, so can you."

History of A.A.

The society of A.A. has its roots in the Oxford Groups, a religious movement which operated informally through small discussion groups, emphasizing confessions, honesty, talking out of emotional problems, unselfishness, and praying to God as personally conceived. Both cofounders of A.A. had been exposed to the movement and for a short time worked within its framework.

In 1934, Bill W., a New York broker and an alcoholic, had been introduced to the Oxford Groups by an alcoholic friend who was staying sober by attending their meetings and following their precepts. Impressed by the effects, the broker attended the meetings and he, too, was able to remain sober after what he termed "a spiritual awakening."

He promptly tried to convert other alcoholics to his method but failed due to what his doctor called "too much preaching." The physician told him to first convince his prospects that they suffered from a physical allergy and a mental obsession, and mention the spiritual aspects later. Early in 1935 Bill tried this approach on a physician in Akron, Ohio, Dr. Bob S., and it worked. They tried it on other alcoholics in Akron, and the first A.A. group grew from these efforts.

Bill W. started another group in New York City, using a modification of the Oxford Group technique. By this time A.A.'s main strategy had been determined; they met in small groups, admitted they were alcoholics, prayed to some conception of God, and sought other sufferers with whom to share their method.

In its efforts to raise money the New York group formed a tax-free charitable trust, the Alcoholic Foundation, with a board of trustees composed

of both alcoholics and nonalcoholics. As part of this drive the early members wrote and published their "stories" and their "program" in a book entitled Alcoholics Anonymous. Favorable publicity about it created a wave of interest in A.A. during 1939 and 1940. An article in the Saturday Evening Post in 1941 accelerated the sale of the book and a flood of inquiries. Using the book as a guide, groups of alcoholics throughout the country began to hold meetings. The trustees of the Foundation established a headquarters in New York City to answer inquiries and stimulate the growth of the movement.

Without organizational mechanics to guide this sudden expansion, the society experienced a period of confusion. From the policies evolved through trial and error from 1942 to 1946, the headquarters staff formulated the Twelve Traditions to guide the local groups. During the late forties when expansion continued, especially internationally, the cofounders and headquarters became concerned about linkage of these far-flung developments. The trustees authorized an experimental plan for elected representatives to attend a General Service Conference each year. This gave A.A. more, but very loose organization.

The Conference has no authority over any individual group; it expresses to the trustees the opinion of A.A. groups throughout the movement and in its debates to reach consensus it, in turn, influences local groups. After a five year trial, the Twentieth Anniversary Convention in 1955 recognized this body as "the voice of the group conscience of our entire Fellowship, and the sole successor of its cofounders, Dr. Bob and Bill."

Extent of A.A. Activities

In 1938 there were three A.A. groups and approximately 100 members. By 1944 the movement had 10,000 members in 300 groups in America and Canada. In 1950 there were 90,000 members in 3,000 groups spread throughout the world. The 1957 estimate was 200,000 members and 7,000 groups.

The movement has spread to sixty countries; in all, there are 710 foreign groups with 15,000. Although many members are Americans living abroad, the majority are natives. Problems of translating A.A. literature have arisen and there are numerous variations on the A.A. theme.

Alcoholics Anonymous groups hold meetings in institutions in both the U.S. and abroad. In 1957 there were 257 hospital groups with 6,000 members and 296

groups with 15,000 members holding meetings in jails, reformatories, prisons, and workhouses. Approximately 1,000 seamen and "lone" members in remote areas maintain a contact with each other by mail. Al-Anon Family Groups number approximately 1,000; these are relatives of alcoholics who have banded together to overcome the difficulties of having an alcoholic in the family.

Other facets of A.A. activity are the operations of its General Service Board. Alcoholics Anonymous Publishing, Inc. makes available to local groups a wide variety of booklets, pamphlets, and articles on A.A. subjects. General Service Headquarters with a staff of twenty corresponds with groups, institutions, "loners" and answers general inquiries. Members of A.A. throughout the movement contribute their case histories, group discussions, personal impressions of A.A., and group problems as articles in the Grapevine, a monthly journal.

The Twelve Steps

The "Program," as A.A. members call it, consist of twelve suggestions for recovery from alcoholism. They originated in the process of writing Alcoholics Anonymous when the early members listed specific steps they took to reach sobriety.

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. We were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our short-comings.
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 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 practice these principles in all our affairs.

One of the most bitterly debated points in the development of the Steps concerned the spiritual references. Atheist and agnostic members challenged the concept of God, and other members objected to doctrinal implications. Slowly, discussion forged a common agreement on the phrase "a Power greater than ourselves" and "God, as we understand Him." Thus the Steps rest on a broad spiritual base, allowing members practically any conception of spiritual power.

In recognition of the fact that alcoholics will resist pressure in any form, the Steps were labeled "suggestions." In the permissive tone that has come to pervade A.A., the Steps are phrased in terms of "we did" rather than "you must."

From the psychological standpoint the Steps create attitudes that are therapeutically effective for the alcoholic. Step 1 relieves the alcoholic of the need to demonstrate that he can drink like others. Instead of grudging compliance to sobriety, this Step advocates complete surrender. Steps 2 and 3 enable the alcoholic to realize that to remain sober he needs help from outside himself. Alcoholics Anonymous offers the emotional support of the group and of God "as you understand him" as a way to meet this need.

Step 4 recognizes the fantastic rationalizations that the typical alcoholic has constructed to justify his drinking and encourages a constant effort to see these for what they really are. Step 5 helps the alcoholic reduce anxiety by sharing his emotional problems and Step 8 helps him reduce guilt by making restitutions.

Step 12 proposes that the member continue to see himself as he was in the past by seeking another alcoholic who is not a member and telling him about the program. He makes himself available to the novice for consultation and companionship, reaching himself in the process.

Types Who Are Attracted to A.A.

Alcoholics Anonymous is effective for the alcoholic who can affiliate with it because it gives him a new conception of himself. This change is due to Twelfth Step Work, A.A.'s insistence upon alcoholism as an illness, and the feeling of group solidarity that provides a sense of belonging. He does not feel alone in his efforts to remain sober; all around him are living, breathing examples that the group purpose is within his individual reach. He has become a part of a group that has "found a way out," and this group stands apart from the rest of the alcoholics even though it constantly seeks their affiliation. A network of mutual obligations, shared emotional problems, and reciprocal aid between members engenders an "in-group" feeling. Finally, this "we" attitude is cultivated in an informal, often casual atmosphere. Each member is accepted at face value, no questions asked, no censure raised.

Unfortunately, this group therapy takes place after an alcoholic has affiliated with A.A. How he came to affiliate with the society in the first place is another matter. Thousands of alcoholics are exposed to A.A. but do not affiliate with it. Many join upon first exposure. What basic differences exist between these two types?

One detailed study of the affiliation process with A.A. found that those alcoholics who affiliated with it differed significantly from those who did not in that: (1) they regarded themselves as persons who could easily share their basic emotional reactions with others, and (2) they also believed that they easily adapted themselves to the casual give-and-take that develops before and after A.A. meetings. Other research shows that affiliates had considerable experience with informal, small groups.

Why does this outgoing, sociable type of alcoholic align himself with a group whose chief norm is sobriety? It is quite probable that only those who regard their drinking behavior as symptomatic of a "problem" do so. Affiliates in this study saw few social rewards in the results of heavy drinking. They visualized them as a threat to home, job, and community esteem. They had developed greater emotional conflict about their drinking behavior than had nonaffiliates. They were "ready" to do something about it. Nonaffiliates, on the other hand, associated the pleasures of living with their drinking experiences. "Blackouts," "shakes," even delirium tremens, were not, to them,

indicative of an illness." This was the price paid for a "good time." Furthermore, their drinking behavior brought them prestige among their drinking friends.

Aids and impediments to affiliation

Within the broad type just sketched, specific experiences acted to aid or impede affiliation. Nonaffiliates had, in contrast to affiliates, significantly more esteemed friends and relatives who, they thought, had stopped drinking by their own volition. When they went to their first A.A. meeting they were faced with a choice between an unknown A.A. group and acting like their "will-power model." Affiliates, on the other hand, were not faced with such a choice.

Furthermore, nonaffiliates had heard A.A. members described as insincere, and this prejudiced them even more against A.A. Also, nonaffiliates were still actively drinking in well-defined drinking groups at the time they first went to a meeting. Consequently A.A. faced stiff opposition.

The way A.A. groups received newcomers created, at times, further obstacles. Although sponsorship is a vital part of the A.A. technique, the evidence indicates that nonaffiliates were not sponsored in the full A.A. meaning of that word. Often they were not sponsored at all; and if they were, it was only a superficial relationship. Whenever the sponsor, however, brought the newcomer beyond their own close relationship to over-all contact with the whole group, the newcomer was more likely to affiliate with the society. Moreover, field observations during this study indicate that some A.A. groups overlook the newcomer; forget his doubts, confusions, and false expectations; and at times decide in advance that "he can't make it."

After attending meetings for a few weeks the probability of affiliating with A.A. was further improved if the wife or the girl friend attended the meetings and supported what she saw and heard. Nonaffiliates were not fortunate in this respect. Often their wives presented them with a hard choice: drink with the woman you love or abstain with a group of strangers. Another aspect of family life influenced affiliation. If an alcoholic during the first few weeks of attending A.A. experienced a great deal of support from relatives in his drinking behavior and in the problems deriving from his drinking, he was less apt to become affiliated.

This research also developed a definite hypothesis about the temporary nature of nonaffiliation for many alcoholics. Large numbers of those who turned away from their first contact with A.A. later returned in desperation after trying other methods without success. At this point the individual realized it was literally a question of "do or die." Under these conditions A.A. may be accepted where it had been initially rejected.

These points show that, although there were many A.A. successes, there are also many factors operating against affiliation. Alcoholics Anonymous has been eulogized and analyzed, but seldom have its "negative instances" been scrutinized. Further, specific study of them may reveal how more alcoholics can be brought to sobriety via A.A.

Adaptation to American Society

Since A.A. has been largely an American development certain dominant themes, relatively unique to American society, have influenced it. Individualism, suspicion of established authority, lack of class consciousness, pragmatism, and simplified spiritual experience can be seen as American values to which A.A. has adjusted itself; however, there is only partial adaptation to any one of them.

Alcoholics Anonymous is most ambivalent about individualism. On the one hand, it suggests that the alcoholic admit he is powerless, that his life is unmanageable. This is in opposition to the American norm of "standing on your own two feet," but it is essential if sobriety is to be achieved. On the other hand, members perform many A.A. activities in an individualistic manner. Even though they emphasize group action, they put it in this kind of framework. Thus a recipient of a Twelfth Step call is merely told the member's story and left to decide on any further action himself. Alcoholics Anonymous speakers constantly state, "every one gets this program in a different way - it's up to the individual himself," or, "this is just my story and my opinion; it might not fit you."

When suspicion to established authority is considered, A.A. has demonstrated a closer relation to the American norm. Even the smallest group retains its autonomy. Alcoholics Anonymous attempts to lodge final determination in the individual groups who, in turn, tend to emphasize the

rights of specific members. Even here, there is no complete expression of this value. Informal controls and guidance form the very stuff A.A. therapy is made of. It has avoided centralized authority, as the structure of the General Service Conference shows, but it has developed a standardized program with authority through its Steps and Traditions. It has never given its cofounders any definite "office" or status; on the other hand, these men have exercised a personal influence that clearly sets them apart.

The same partial adaptation to the American ideal can be seen in A.A.'s lack of class consciousness. Compared to other societies, class differences are minimized in America and A.A. reflects this characteristic. It can do it more effectively than many groups because there is a common malady linking upper, middle and lower class members. Again, however, the agreement between value and action is not complete. Alcoholics Anonymous groups often divide along class lines. Class factors operate in aiding or blocking affiliation.

Other central values in American life are likewise operative in A.A. behavior. Alcoholics Anonymous is quite pragmatic, paying scant attention to theories about alcoholism and in this respect it mirrors the American emphasis on "practicality," on "doing something." Alcoholics Anonymous simplified approach to spiritual experiences is compatible with the behavior of many Americans who seek such experiences outside formal churches. However, this parallel is blurred by the fact that members tend to return to their church organizations in response to the spiritual content of A.A. The important point is that A.A., like other face-to-face groups in American life, never fully expresses any one specific theme. American values are too complex, too heterogenous for that. So, although A.A. is composed of deviants as far as drinking is concerned, it is characteristic of the general American scene from which it emerged.

Implications For Medical Sociology

In addition to physiological therapy techniques are needed in treating degenerative illnesses such as heart trouble, mental illness, and alcoholism. Therapeutic methods extending beyond the purely clinical and into the everyday life of the patient are essential. In this context, A.A. shows the therapeutic potential available in groups of patients assuming responsibilities for their

own recoveries. For many alcoholics, medical treatment has joined with A.A. for long-range treatment success. Similar combinations have aided mental patients, tuberculosis victims, the aged, and drug addicts. These extensions of A.A. type therapy indicate that successful follow up in degenerative illnesses may be substantially increased by group processes similar to A.A.

The Al-Anon Family Groups - composed mainly of wives, husbands, and children of A.A. members who hold meetings patterned after the A.A. program - indicate that involvement of close relatives in follow-up therapy is a valuable treatment adjunct. Since these relatives may have developed their own emotional problems because of living with and attempting to adjust to the alcoholic, they may be helped therapeutically by participating in such an auxiliary A.A. group. This, in turn, creates a more favorable environment for the recovery of the alcoholic himself.

Finally, formal group psychotherapy might profitably recognize that A.A. has succeeded because it encouraged the alcoholic to take the active role of therapist through Twelfth Step work. He is not in the subordinate role of "patient" with an "expert" analyzing him. Rather he is playing a protective, helping role toward one who is "still in his cups." It seems reasonable that group therapy in a clinic or hospital setting might incorporate this approach by encouraging patients of some different illness categories to seek out others with similar diagnosis in Twelfth Step fashion, informing them of such group effort and offering them hope, support, and guidance on this nonprofessional level.

Conclusion

Alcoholics Anonymous is not the only pioneering effort to do something constructive about alcoholism. It was, however in the forefront of the trend to regard alcoholism as a treatable condition. Rather than moral condemnation or therapeutic hopelessness, A.A. has shown beyond the slightest doubt, that an alcoholic can be rehabilitated.

On the other hand, its therapy tends to be limited to those who can adjust to the intense group life of its program. Consequently many alcoholics are not treatable via its approach. Despite this limitation, A.A. remains one of the chief ways of dealing with alcoholism. As a follow-up method it is unexcelled

and for thousands of alcoholics, it constitutes the main hope for a life free from the compulsive use of alcohol.