

ALCOHOLICS ANONYMOUS
AND THE GAY ALCOHOLIC

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ABSTRACT. Although the number of homosexual alcoholic men and women has been estimated to be proportionately three times greater than the number of alcoholics in the general population, their participation in Alcoholics Anonymous is not consistent with this proportional representation. It is proposed that there are a number of characteristics of A.A., as it is represented in meetings, which discourage participation by gay people. These characteristics are reviewed, and suggestions are made for providing homosexual alcoholics with support and with the tools for reasonably secure sobriety.

Given current estimates of the prevalence of alcohol abuse among homosexuals, statistics estimating the proportion of homosexuals within the general population, and personal and anecdotal experiences, it seems evident that, with the exception of large cities with identified gay Alcoholics Anonymous groups, A.A. has not attracted representative numbers of homosexual alcoholics. While this observation cannot be further substantiated, given the obstacles to data collection presented by A.A.'s tradition of anonymity, it correlates with the findings of counselors and therapists that traditional stratagems and resources for treatment are underutilized by gay men and women.

Many gay people who have made contact with A.A. express the feeling that they are not welcome. Lacking the encouragement to deal with their affectional preferences in a forthright manner, they typically withdraw from A.A. and return to drinking. This suggests that certain characteristics of Alcoholics Anonymous are experienced by gay people as hostile or unattractive, and that A.A. appears to them to offer little hope for the solution of their problems.*

This paper will take inventory of several characteristics of A.A. and will suggest how the principles of A.A. may be presented to gay men and women without distortion or modification, but in

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* This represents the author's perspective in this paper. For other views of the involvement of homosexuals in A.A. see "The Homosexual Alcoholic" (available from The Hazelden Foundation, P.O. Box 176, Center City, Mn 55012) or "A Gay Member's Eye View of Alcoholics Anonymous" (reprints from the National Association of Gay Alcoholism Professionals, 204 West 20th St., New York. N.Y. 10011) (Editors' note.)

ways that may be perceived as attractive and potentially rewarding. The Eleventh Tradition of A.A.* suggest that the relationship of the Fellowship with others should be "one of attraction rather than promotion" (Bill W., 1955, p.9). It would appear that an increase in the "attractiveness" of the program to gay men and women would only serve the best interests of both A.A. and gay alcoholics.

A major issue confronting every newcomer to the A.A. program is the frequent insistence by A.A. members that alcohol is the ultimate leveller: individual factors in personality, values, and background, and those other factors which are generally regarded as psychologically significant are for the most part irrelevant in "working the program." Whether or not such a claim is ultimately true (i.e., whether individual differences must be taken into account in the direct treatment of the primary symptom of alcoholism) is for the most part beside the point. For as Smith has pointed out in this volume, both the unique aspects of gay subculture and the degree to which gay men and women vary from traditional thought and values instill homosexuals with the conviction that they are different in important ways. This conviction of "difference" is one that has generally been reinforced throughout their lives by almost everyone around them, and "being different" often becomes central in the philosophy of many gay men and women.

When A.A. members emphasize the "nonuniqueness" of the individual, they are doing so in the spirit of an egalitarian fellowship. Differences in income, education, drinking background, ethnic heritage, gender, and present conditions are minimized in an effort to make the newcomer feel at home. The intent is to force the newcomer to focus on the shared problem of alcoholism, rather than on social differences which may inhibit full integration into the group. In addition, the stress on similarity is a critical component of ego reduction utilized by A.A. and all traditional alcoholism therapies are aimed at stripping the individual of the rigid, symptomatic denial that permits continued rationalization of drinking behavior.

For gay men and women, however, "different" almost always refers to their sexual and affectional preferences. Upon first contact with A.A., then, most homosexuals will deny the claims that there are no differences between themselves and heterosexual individuals, that they have somehow erroneously interpreted the experiences of their lifetime, or that their distinctiveness, which has been generated, nurtured, and often grudgingly harboured, is invalid. A minimization of these differences seems equivalent to dismissing a critical component of their personality.

In a typical A.A. meeting, the approach to the solution of personal problems is through the exchange of ideas and experiences among members. Such exchanges are liberally interspersed with references to the principles of A.A. and the Steps of the program.

* The Steps and Traditions are cornerstones of the A.A. program. See the references listed at the end of this article for a more complete understanding.

When a homosexual man or woman is involved in a small group discussion with heterosexual alcoholics, however, it often seems apparent that few members can deal completely or convincingly with affectional differences. No amount of abstract reassurance that "all of our problems are the same" will in fact address the problems perceived by the gay person as distinctly different, a disparity constantly reinforced by society at large.

The failure of many A.A. members to accept uniqueness, to say nothing of demeaning those who cling to what is often called "the illusion of being different," may hopelessly alienate the gay man or woman. As a functional compromise, many homosexuals maintain silence about their sexuality and about all other aspects of their lives that they perceive to be closely tied to that sexuality. They consequently deal overtly with superficialities in their existence, substitute inaccurate or ambiguous pronouns when discussing love relationships, and in general maintain the same aloofness from other A.A. members that they have maintained from heterosexuals throughout their lives.

It is not uncommon for a gay man or woman who has participated in the program for several months, even years, and who has developed a degree of self-acceptance as a recovering alcoholic (though not necessarily as a gay human being) to indicate that under no circumstances would he or she reveal sexual preferences at a meeting - or even to a single member of their A.A. group - so strongly negative is the anticipated response. Gay men and women often privately indicate that one of their greatest fears is being "discovered" and no longer being accepted by other group members. Personal honesty, much stressed in A.A., becomes something of a travesty for the gay individual who is "passing" as heterosexual. The simple guilt of not being open with persons with whom close ties are developing is added to the accumulated guilt of years of drinking.

IN spite of the attitudes expressed by members of A.A., little in the A.A. literature actually suggests that individuals in the program must abdicate their sense of uniqueness in order to achieve sobriety. "Unity" (one of the legacies of the Fellowship) does not imply uniformity. The Sixth and Seventh Steps of the program, which concern elimination of "character defects," suggest that important changes must be made by each individual in his view of himself and others. But there is hardly the mandate that characteristics as basic as sexual orientation must be changed or expunged. Quite the contrary, the literature stresses the importance of tailoring a program which is appropriate to the life-style of the individual. The Steps are called "suggestions" for recovery, and the Grapevine, a monthly A.A. publication, denotes all of its space to articles by people who share the many ways in which they have interpreted the Steps in applying them to their own lives. Nonetheless, many members of A.A. who have themselves achieved sobriety through highly personalized internalization of the principles of the Fellowship, tend to assume that their own methods represent a fail-safe, immutable formula for newcomers. When this personal format is inflexible and does not accept individual differences, the program becomes much less attractive to those gay men and women who know that differences exist between themselves and others.

Another problem which gay people have encountered in A.A. and about which they are frequently highly critical outside of meetings is the apparent hard core puritanism of many A.A. members. Despite the fact that Bill W. suggests in his prolific writings that fear, anger, and sex are the three most troublesome areas of the alcoholic's personality - underlying many other "character defects" and contributing to the self-destructive behavior of drinking - sex is rarely discussed at A.A. meetings. More than this, sex is almost never discussed during "social periods" before and after meetings. If the topic of sex is raised, members of A.A. and sponsors of newly entering men and women often suggest that sexual abstinence be maintained for periods ranging from several months to a year. The clear implication is that recovery is difficult if not impossible if one attempts to deal at the same time with one's sexuality. An equally compelling argument might be made that sobriety is difficult for the gay man or woman to achieve without at the same time dealing with his or her sexual preferences. For a great many gay alcoholics, sexuality has been seen as a "reason" for drinking, and if some inroads into this aspect of the problem cannot be made at an early stage, an unnecessary burden is placed on the individual.

Although lifelong sexual abstinence is not suggested as a prerequisite for continued sobriety, it is often claimed that sex will remain a major problem in the lives of recovering alcoholics and may constitute a continuing threat to sobriety. An article in the Grapevine expresses the viewpoint of many members of A.A. The author quotes an old timer as having said, "There's only one thing that'll ever get you drunk in this program - Sex." (Anon., 1978, p.8)

A.A. members may also suggest that if one "works the program" effectively, sexual problems will vanish. This is certainly a dubious psychological proposition, and the mere suggestion is often enough to turn a gay person from the program. In a number of instances, where gay recovering alcoholics have attempted to reconcile their sexual preference and have solicited assistance from sponsors or other members of the group, they have been told that their affectional orientation is just "one more defect of character" that will be removed if the Sixth and Seventh Steps are properly taken. The attitudes of individual A.A. members again do not accurately reflect the philosophy of Alcoholics Anonymous but only the diverse ways in which individuals interpret that philosophy. Alternative modes for dealing with sexual problems and remaining sober are numerous, and the homosexual alcoholic should have access to those modes that fit his or her own particular needs.

In summary, the general impression that one may obtain by attending A.A. meetings is that sex is to be heavily restricted or ignored until other "more important" problems have been resolved. One may even gain the impression that one's sexual problems are part of a core of problems that will remain for some undefined but significant period of time unapproachable and immutable. Relatively few gay men and women find the implied monasticism of this attitude especially appealing. Additionally, one may get the idea that if sex as a heterosexual phenomenon is something to be avoided in conversation, then homosexual sex must certainly constitute

unspeakable behavior. The gay member, then, is reinforced in a belief that his or her homosexuality would threaten a relationship with the group if disclosed. It may be argued that such puritanism is unrealistic for any recovering alcoholic, since there is ample evidence that sexual problems are among the most significant ones in the lives of most alcoholics. Weinberg (1977) discusses the problems of guilt, low sexual self-esteem, impotence, performance fears, and other characteristics of the alcoholic in recovery. In a preface, he too acknowledges the fact that "sex has been too much of a taboo topic in alcohol and drug treatment programs," and that "little attention has been paid to the sexual needs of those people in recovery from chemical dependency" (p.4).

A third area with which gay men and women find difficulty in their early and often continuing encounters with A.A. (and again this is not limited to gay people) is the spiritual part of the program. Bell and Weinberg (1978) summarized their findings on the attitudes of gay men and women as confirming "to a limited extent others' findings and impressions that homosexual adults tend to be more alienated from formal religion than are heterosexuals" (p.153). Many gay men and women have found that one of the major factors in the development of their guilt about their sexual preference has come from organized religion, and many gay alcoholics, therefore, arrive in the A.A. program with more hostility than indifference to religion. Five of A.A.'s Twelve Steps make direct reference to "God" or "Him," and another Step refers to a "Power" that is widely interpreted by members of the Fellowship as equivalent to an orthodox "God." The writings of A.A.'s co-founder, Bill W., are liberally sprinkled with references to "God," and his orientation clearly was strongly religious. Even a cursory reading of the "Big Book" (Alcoholics Anonymous, Anonymous, 1939), Twelve Steps and Twelve Traditions (Anonymous, 1952), The A.A. Way of Life (Bill W., 1967), and other A.A. publications leaves little doubt that in spite of the emphasized qualification of the Third and Eleventh Steps, "God, as we understood Him" (1952,p.59), the founders of A.A. and a major fraction of the membership regard this "power" as a more or less orthodox religious concept.

When a religious nonbeliever comes into the program and is candid, established members frequently express feelings ranging from outright alarm to condescension. New members are routinely assured that a belief in "God" is not important in the first few weeks or months of recovery, since it is the members' general experience that newcomers have difficulty with religion, yet it is just as routinely argued that, with time, a concept of "God" will develop. Strong pressures are put upon the newcomer to make the establishment of this belief a priority. Experience with successfully recovering members of A.A. who are disbelievers at entry and remain through lengthy periods of sobriety would indicate that an espousal of a supernatural power, or of any surrogate in this realm, is not in fact necessary for recovery. Nonbelievers can utilize the program effectively and can develop "spiritually" if that term is interpreted only as individual growth and change. In two relatively inconspicuous places in the A.A. literature, Bill W. recognizes this fact, although these citations are rarely provided

to the newcomer. (See Anonymous, 1955, p. 570; Anonymous, 1957, p.167.)

A final problem manifested in A.A. meetings is excessive and often cult-like orthodoxy. Absolute and unvarying conformity to what is said to be in the A.A. literature is argued as the sine qua of recovery from alcoholism. Since these materials are generally first encountered by a newcomer as presented orally in meetings, he or she is exposed more to personal interpretations than to the actual sources. Despite routine disclaimers, speakers at A.A. meetings present the program less as "suggested" means of recovery than as a set of invariable rules. The basic notion communicated is "If you don't work the program as I have worked the program, then you won't get sober." It is typical, for example, for participants at an A.A. meeting to remark that they "have never met anyone who continued to maintain contacts with old friends (or who went to bars, or who took medication, or who smoked pot, or who used poppers) who stayed sober." Since most of these comments are without foundation in fact and since many are also distortions of the recommendations in the A.A. literature, the newcomer recognizes them as such and tends to dismiss not only the extravagant statements but the substance of the program as well.

For the gay man or woman coming into A.A., the statements by older members regarding the lengths to which they go to avoid situations in which alcohol is present seem absurd. On the one hand, the newcomer is told that the desire to drink will leave him but on the other, many members of A.A. devote considerable time to the discussion of the extremes to which they have gone to avoid contact with "old drinking buddies" and "slippery" situations where liquor is present. That such measures may well be necessary in the early period of abstinence is reasonable. Yet to the gay newcomer, confronted with a number of people who appear to have become literally "professional" recovering alcoholics, A.A. seems less like a program aimed at recovery and reintegration into society than a step toward taking the veil.*

Typically, the A.A. literature is noncommittal with respect to many of the specifics that are dealt with authoritatively in meetings and tends to summarize experience rather than to mandate practices. This seems an important point to stress to the gay newcomer, along with strong encouragement to utilize those materials which are pertinent to his or her own life. Unlike a theological system, which may be said to address the masses, A.A. addresses the individual, and it is perhaps this very characteristic of flexibility that has permitted it to serve such a diverse group of people as it has done during more than 45 years of existence.

* A sharp divergence of gay A.A. members from program orthodoxy is the matter of socializing in gay bars.

CONCLUSIONS

It might seem from the foregoing discussion that Alcoholics Anonymous is not of service to the gay alcoholic, but this conclusion would be false. The basic tenets of the Fellowship, the guidelines and suggestions that it offers in the area of treatment of the primary symptom of alcoholism, and the support which it affords in treating this malady are probably without parallel. Several suggestions are appropriate, however, and these are designed to help both the gay alcoholic and those working with gay alcoholics to derive the greatest benefits from A.A.

The early acquisition of an A.A. sponsor who is either gay or who is altogether comfortable with and knowledgeable about gay men and women is of prime importance. The obvious function of a sponsor is to "funnel" the materials of A.A. to the individual and to do so in meaningful ways which permit the individual to handle effectively the problems of recovery. Without this type of assistance, the gay person encounters a seemingly alien and irrelevant environment and often opts to leave, finding little hope in such surroundings.

Second, it must be assumed that a majority of gay women and men coming into A.A. will need more than the A.A. group if their continued sobriety is to be successful and reasonably secure. Many of the problems which they bring with them will not be considered in A.A. meetings, and it is imperative that they maintain contact with gay support groups. Gay A.A. groups, where they can be found, are enormously helpful in a broader sense, but in most areas of the country additional support must be sought from other sources, such as gay consciousness raising groups or gay counselors. Outreach programs specifically designed to assist members of the gay community are also clearly important. It is improbable that Alcoholics Anonymous will itself provide such programs in the near future, since A.A.'s policy is "attraction rather than promotion." Such outreach programs need not violate the spirit of A.A.'s Traditions.

Finally, a program of education both within and outside of A.A. seems urgent. The degree ignorance of the problems of gay men and women and the homophobia which is too often expressed by members of A.A. are but reflections of popular notions about gay people. Education may be accomplished within A.A. by gay women and men who are secure in their sobriety and comfortable with their sexuality.

Although it may be true that Alcoholics Anonymous has perhaps the best "track record" of any organization involving recovery from alcoholism, there is little point in maintaining the pretence that its success with gay men and women is correspondingly good. Homosexual alcoholics have certain needs that are distinct from heterosexual alcoholics, and homosexual alcoholics may well need support beyond that to be found in the Fellowship. To ignore these facts is to ignore the needs of significant numbers of highly productive men and women.

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