A SOCIOHISTORICAL SURVEY OF ALCOHOLICS
ANONYMOUS

Oscar W. Ritchie, M.A.

Introduction

The emergence of alcoholism as a public health problem has profound sociological implications. The etiology of this malady is directly related to the personality of the excessive drinker and the social milieu of which he is a part (1). It follows, then, that if this problem is to be effectively approached it must be on the basis of an understanding of these causative factors. Only then can techniques of recovery be applied with any degree of consistent fruitfulness.

Along with this new interest in alcoholism there has also developed a new treatment program - the "fellowship" of Alcoholics Anonymous. In relation to the problem of alcoholism this group of former excessive drinkers has assumed a twofold function. First, through their program of recovery Alcoholics Anonymous have brought about the rehabilitation of thousands of alcoholics. Second, they have played an important part in acquainting the general public with the concept of alcoholism as a public health problem.

Alcoholics Anonymous, referred to ordinarily as A.A., is a rapidly growing society of former excessive drinkers who have been convinced that, for them, drinking constitutes an unmanageable problem. They have banded together to solve their mutual problem and to help others who are similarly affected.

The growth of this movement in the past 8 years has been phenomenal. From a membership of 100 in 1939 - 4 years after its founding - it has grown to more than 40,000. From a few scattered
groups in Ohio and New York it has mushroomed into more than 1,200 groups scattered throughout the country. It also has members in numerous foreign countries.

Despite the growing public awareness of the effective work of Alcoholics Anonymous, the fundamentals upon which the movement rests and the methods and techniques of its treatment program are not generally well known. One purpose of this study is to present a clearer view of these aspects of the movement. An examination of the structure and the philosophy of this movement should contribute in some degree to greater social insight concerning the problems of the alcoholic.

The information included in this report is based first of all on 47 interviews with members of Alcoholics Anonymous, including several of the early founders. In addition, 150 members were contacted informally, usually at A.A. meetings or at the informal gatherings after meetings. The personal contacts were made in Akron and Massillon, Ohio, New York City, and New Haven, Connecticut. An interview schedule was used and some of the interviews in Ohio were made by university students especially briefed for this work. A considerable number of interviews were also held with spouses and children of A.A. members, and with psychiatrists, physicians, social workers and other professionals who had had intimate contacts with Alcoholics Anonymous and could serve as reliable informants. Further information was obtained by correspondence with the Alcoholic Foundation, in New York City, the central bureau of A.A., and with individual members of A.A. The publications of Alcoholics Anonymous as well as numerous articles in the popular as well as scientific press were additional sources. Finally, a questionnaire was mailed to selected local A.A. groups in various parts of the country and 29 of these were returned.

On the basis of this information it has been possible to orient this report toward the following specific objectives. (1) To outline the social origin of Alcoholics Anonymous with emphasis on the activities of the founders and early members of the movement. The basic principles and practices with which the group operates
will be presented and discussed. Some considerations will be given to the influences which were brought to bear upon the movement by established philosophies and institutions. (2) To analyze the organizational structure of Alcoholics Anonymous with special attention to requirements for membership, financial support, and intragroup as well as intergroup relations and behavior. The factors of centralized authority and control, and of the similarity and variability among groups, will be noted. (3) To examine the component elements of the A.A. "program of recovery" with reference to scientifically valid treatment techniques for alcoholism. (4) To summarize the most significant features of the movement and evaluate them with reference to their therapeutic functions and the sociological principles which they illustrate.

The Social Origin and Development of Alcoholics Anonymous

In contrast to the other approaches to the treatment of inebriety Alcoholics Anonymous is a program of rehabilitation which was fashioned and is administered by the alcoholics themselves. The invention of this program by a group of alcoholic is the remarkable story of how scientific knowledge and spiritual inspiration were synthesized to form an effective instrument for the achievement of abstinence by those who had lost control of their drinking.

The accurate and complete story of the founding of Alcoholics Anonymous has not yet been written. The fact that the early members of the movement kept no written account of their activities makes difficult the chronicling of this program. Any attempt now to write a social history of A.A. must depend almost entirely upon the recollections of those members who were engaged in the early activities of the movement. These personal accounts are neither identical nor complete.

In gathering the data for this story of the social origin of A.A., several of the very early members of the movement, and other members who had made some independent studies of the history of the
organization, were interviewed. On the basis of information obtained through these conferences the following narrative of the social origin of A.A. is presented:

The story of the founding of Alcoholics Anonymous is first of all the story of two alcoholics: Dr. Bob S., of Akron, and Bill W., a former stockbroker of New York.

Dr. Bob, who had had many terrifying experiences with alcohol, had been encouraged to attend meetings of the Oxford Group. At these meetings he heard people speaking freely of very intimate and obnoxious phases of their lives and telling of a “new experience” which had brought them comfort and peace. He was greatly intrigued with the freedom with which they spoke of their very personal shortcomings. He decided that these people had something which he did not have and from which he might profit, and he desired fervently to learn more of their way of life.

*The “narrator” in this account is the collective voice of the principal informants on this particular phase of the movement. These informants were: B. D. and P. S. of Akron, Ohio, the third and fifth members, respectively, of the movement, and also G. H. of Detroit, Michigan, who has made some independent investigations of the history of A.A.

A short time later, in 1933, Dr. Bob voluntarily entered a sanitarium, as he had done on several previous occasions. Upon reflection and in view of the number of times he had been treated for excessive drinking, he became convinced that in the matter of alcohol he was no longer a free agent, and that if he were to recover and again lead a normal life it would be the result of a spiritual approach. Whatever was done, he felt, must be done quickly because he feared that he was losing all control of himself.

Dr. Bob came out of the sanitarium and sought the prayers and counsel of two very prominent ministers who were active in the Oxford Group. For more than 2 years he tried everything they and members of this group recommended. He read the Bible daily, prayed fervently and regularly, attended religious meetings weekly, including church on Sunday, and increased his contributions to the church, even though he had begun to suffer financially. But in spite of these efforts he continued to drink, and his experiences became even a greater problem to himself and to those around him. He, his family, and his friends realized the hopelessness of it all—they felt that he was lost!

The story of the other co-founder of A.A. begins in New York. Bill W., who had been hospitalized for alcoholism innumerable times, began to find that hospitals were reluctant to admit him. He had no money and was in such poor physical shape that he was regarded as hopeless.

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In the winter of 1934 he, like Dr. Bob of Akron, was also contacted by the Oxford Group. The contact was made by one of Bill’s childhood friends who, incidentally, was also an alcoholic but had stopped drinking. This friend, who had “got religion,” impressed upon Bill this one thought: “What’s wrong with the average person is that he doesn’t attempt to demonstrate his faith by an unselfish usefulness so far as his fellowman is concerned.” He told Bill that he could remain sober only if he helped someone else—that the inclination to take a drink could be dissipated by the simple expedient of finding someone to help. This Bill tried.

After 6 months Bill was very discouraged because he had not been able to “dry up even one drunk.” At the end of this period, however, Bill had not failed; he had “dried up” (to us 40,000 ex-drunks) the most important person in the world: himself!

During this period Bill had been without regular employment. At this point, through the efforts of a former business associate, he was offered a job opportunity involving an important mission which necessitated his living and working in Akron, Ohio. It was a difficult assignment, but one in which the reward for success would be great and immediate.

During the next 6 months he did the job which was required of him. When success seemed to be certain an incident occurred which changed the prospect of achievement into failure. Bill again faced what seemed like the greatest single extremity in his life. He stood in the lobby of an Akron hotel dejected, destitute, without hope. Thus he faced life in May 1935.

Overwhelmed with the realization that he was through—washed up—Bill had one “comforting” thought in his mind: with a fifth of gin he could be a millionaire—at least for a short while. But just as the old irresistible compulsion to take flight through drink was about to take control, Bill bowed his head and murmured, “God, don’t let me think this way.” And in the next breath, he said, “I’d better find an alcoholic.” He went to the hotel manager who directed him to a minister to whom he told the simple story of his experiences in the 6 months prior to his coming to Akron. The minister could not suggest anyone for him to talk to, but he did give him a list of members of the Oxford Group.

Acting on the minister’s suggestion, Bill started calling these people in the hope that one of them could suggest an alcoholic who needed help. After numerous fruitless calls he finally came across the name of a very prominent Akron family. But in noting the phone number, Bill, by what he describes as a “mistake,” dialed another number, and by what he refers to as a “coincidence,” reached a family of the same name who not only knew an alcoholic who was greatly in need of help, but who also knew of the efforts that this alcoholic had been making to recover. The lady of this family invited Bill out to tea so that they might discuss it further. The “miracle” occurred the next day—Mother’s Day, 1935—for by this series of events Bill was directed to the one alcoholic who had spent more than 2 years preparing himself for the message that Bill had to deliver. The message was a simple one: “Faith without works is dead. Show me your faith, by my works I will show you mine.” With the exception of one “binge” which almost immediately followed this meeting, Dr. Bob, whose efforts were about to bear fruit, has never had another drink.

To maintain his sobriety, it was necessary for Dr. Bob to have someone whom he could help.

With this thought in mind Dr. Bob, accompanied by Bill W., went to an Akron hospital where they found Bill D.,* known in the movement as the “guinea pig,” chained to his bed. The message was carried to him and Bill D. had a “phenomenal religious experience.” He felt a sense of unworthiness, yet he cried to God to manifest Himself to him. Bill D. has never had another drink.

*One of the informants for this story.
Within the next 6 months, Bill D. and Dr. Bob, after many efforts, found an individual who had been carried to the same hospital after a collapse on the street, and he became number four. His name was Harold. He was a member of A.A. for 6 years until his death in 1941.

It was Harold who sponsored P. S.† and in whose home the group began holding morning meetings in June 1936. Other members of this early group were: Joe, an upholsterer; J. D., a newspaperman; Bob, a cookie salesman; Phil, an insurance man; Tom, a sheet metal worker; Ernie, Dick and Earl. The latter became the guiding figure in the first Chicago group.

A great deal of progress was made at these morning meetings. A Bible study was begun. The first great stride that was taken came when Dr. Bob gave the group a copy of Drummond’s Essay on the Greatest Thing in the World, which has to do with the fifteenth chapter of Corinthians. Meetings were also held on Wednesday evenings in the home of one of the group’s nonalcoholic friends.

There was one happening of such great importance that it should not be passed over lightly. The Dean of Bible at Wooster College had learned of the group at a time when it was having severe “growing pains.” It was he who directed attention to the Sermon on the Mount and to one passage in particular, which says: “Therefore, if thou bring thy gift to the altar, and there rememberest that thy brother hath aught against thee, leave there thy gift before the altar, and go thy way; first be reconciled to thy brother, and then come and offer thy gift.” Thus it became a very important part of the “activity” to make restitution. The balance of the guiding principles of this “activity” came into being from the thirteenth chapter of Corinthians and the Sermon on the Mount.

Bill W. remained in Akron until October 1935, when he returned to New York. There he began working night and day to help other alcoholics recover, thus spreading the plan of sobriety which he and Dr. Bob had originated in Akron.

In the early formative years of the movement these recovered alcoholics were closely affiliated with the Oxford Group. By 1937, however, relations between these groups had been severed. This marked the actual beginning of a new, independent group devoted solely to the rehabilitation of alcoholics.

Ideology of the Movement. The founding of Alcoholics Anonymous may be said to have come in answer to a growing need. Other attempts to rehabilitate the alcoholic had proved to be of little effect. But they had emphasized certain principles and practices which A.A. has incorporated into its approach to the problem of alcoholism. According to one of the co-founders (2):

A.A. is a synthetic concept—synthetic gadget, as it were—drawing upon the resources of medicine, psychiatry, religion and our own experience of drinking and recovery. You will search in vain for a single new fundamental. We have merely streamlined old and proved principles of psychiatry and religion into such forms that the alcoholic will accept them. And then we have created a society of his own kind where he can enthusiastically put these very principles to work on himself and other sufferers.

† One of the informants for this story.
The "program of recovery" from which Alcoholics Anonymous has evolved is known as the "Twelve Steps." They are as follows (3):

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 knowledge of His will for us and the power to carry that out.
12. Having had a spiritual experience as a result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

These Twelve Steps may be regarded as the ideology of the movement. They are a unifying force which gives direction to its growth and development. They furnish A.A. with its philosophy and its set of values. In evaluating the Twelve Steps, Powdermaker (4) says:

The 12 steps are based on a profound understanding of the alcoholic personality. They take into consideration his compulsion to try to dominate life, his refusal to accept help, and then, in contradiction to that, the immaturity inherent in his effort to escape from problems and responsibility. In formulating these steps it was recognized that the alcoholic uses innumerable excuses and devices in his attempt to gloss over the truth . . . and decry these facts, and they help him to face the truth. . . . His ability to stay dry depends on his capacity for accepting these steps and carrying them out. Each step successfully achieved adds to his hope and confidence and removes some of his inferiority.

The ideas which are expressed in the Twelve Steps illustrate the process which one of the co-founders of Alcoholics Anonymous has referred to as the "synthetic" creation of the movement. These "Steps" are not unlike some of the principles and practices of the "Washingtonians," the Salvation Army, and the Oxford Group. Long before the founding of A.A., those three groups had emphasized, as
a part of their general programs, adherence to certain of these principles. In their work with alcoholics they had advocated complete abstinence, reliance upon God, working with others, and group associations. According to McPeek (5) it was the Washingtonians who "drew public attention to the inebriate as a sick man." Of these three movements, however, the Oxford Group, in all probability, is the one which most influenced the development of A.A.

Although the Oxford Group has never been primarily concerned with the alcoholic, it has, nevertheless, made use of certain techniques which A.A. has successfully incorporated into its program of recovery. The idea of self-analysis, the practice of making restitution, and the use of the group confessional are elements which have long been essential features of the Oxford Group movement and are now regarded as basic elements in the rehabilitation program of Alcoholics Anonymous.

Despite the features which A.A. and the Oxford Group have in common, the similarity between the two movements is more apparent than real. While both groups advocate complete abstinence, reliance upon God, the group confessional, and group associations, their rationale for this behavior is distinctly different. The difference may be illustrated by the following facts: (1) In A.A. complete abstinence is based solely on the assumption, as a scientific fact, that the alcoholic can never be a moderate drinker; (2) they encourage reliance upon God as the individual defines or understands Him; and (3) the group confessional and group associations are behaviors which take place in a society of ex-drinkers. To the listing of these features which distinguish Alcoholics Anonymous from the Oxford Group may be added the reminder that A.A. is an invention made by alcoholics and is devoted entirely to their rehabilitation and welfare.

In the formative years of Alcoholics Anonymous many other influences were brought to bear upon the course of its development. In many cases, however, the results of those influences cannot be recognized or evaluated. But among many members of A.A. it is
common knowledge that the Bible has been and is a guiding force in
the success of the movement.

**Expansion of the Movement.** The phenomenal expansion and growth of
Alcoholics Anonymous are the outcome of a complex of factors.
Slowly at first, and then at an increased rate, the movement has
grown in numbers and prestige. As one of the Founders (6) described
it, "little by little we began to grow so that there were 5 of us
at the end of that first year; at the end of the second year, 15;
at the end of the third year, 40; at the end of the fourth year,
100."

Nineteen hundred and thirty-nine, the fourth year of the
movement, was the year of publication of the book Alcoholics
Anonymous. When the book appeared in April of that year, two-thirds
of the membership of 100 were in Akron or nearby communities. Most
of the remainder were in New York City and its immediate environs,
and a few were scattered along the Atlantic seaboard.

The publication of Alcoholics Anonymous marked a new phase in
the development of the movement. People began to learn of A.A. Many
of them made inquiries. Those who sought help found it. They read
the book, and some were able to attain sobriety through this "mail
order" therapy. They, in turn, carried the "good news" to others.
"We began, then, to have a good press...And I am very happy to say
that in all the years since, not a syllable of ridicule or
criticism has been printed about us. For this we are very grateful"
(6).

The publication of Alcoholics Anonymous and favorable
publicity which A.A. received during this period gave added impetus
to the spread of the movement. Since 1939 it has continued its
rapid expansion until today there are more than 40,000 members
scattered over the vast area of the United States and other parts
of the world.
Organization and Membership

As a functional unit Alcoholics Anonymous is not a highly organized entity. Its local groups are almost entirely autonomous. There are no set patterns to which they must absolutely conform. The guiding principles of the movement are always, within certain limitations, subject to group modification or interpretation. And a further distinguishing feature of the movement is its lack of rigid control and centralized authority.

Bill W., one of the founders, writing on the question of a personal government in A.A. observes (7) that the alcoholic is not readily amenable to control. First of all, he could seldom govern himself, nor could anyone else govern his drinking obsession.

Almost without exception the failure to accomplish anything by coercion has been complete. Yet we alcoholics can be led, we can be inspired, coming into A.A. we can, and we gladly do, yield to the will of God. Hence it is not strange that the only real authority to be found in A.A. is that of Spiritual Principle. It is never personal authority.

Evidences of this attitude toward authority may be seen in much of the literature published by A.A. The book Alcoholics Anonymous (3) stresses the point that the Twelve Steps are not dogma but are rather suggested steps for recovery. This attitude toward authority and control is further expressed in the following excerpt (8):

Ostensibly Bill did little or nothing here but tell us informally what he thought about A.A., "How it happened to him," and how it worked elsewhere. He gave us no orders—and left us no mandates. He proved a past master at dodging when a definite difficulty of a group was thrown into his lap for solution. His answer always ignored that problem but recounted how a group far away met a similar issue. That set the inquirer thinking and in most cases he solved the problem himself.

This same attitude may be seen in operation on the local group level. A Chicago member writes (9):

Early in the group's history it was decided by common consent that any new suggestion, if approved even by a minority, should be given a trial, if it is good it will endure—if it is unwise it will not. That has proved to be sound in every instance.
Governning Policies. While there are no rigid rules of control or ultimate authority, there are, nevertheless, certain "Traditions of Relations" to which the groups and members generally adhere. They are (10):

1. Each member of Alcoholics Anonymous is but a small part of a great whole. A.A. must continue to live or most of us will surely die. Hence our common welfare comes first. But individual welfare follows close afterward.

2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience.

3. Our membership ought to include all who suffer alcoholism. Hence we may refuse none who wish to recover. Nor ought A.A. membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an A.A. group.

4. With respect to its own affairs, each A.A. group should be responsible to no other authority than its own conscience. But when its plans concern the welfare of neighboring groups also, those groups ought to be consulted. And no group, regional committee or individual should ever take any action that might greatly affect A.A. as a whole without conferring with the Trustees of the Alcoholic Foundation. On such issues our common welfare is paramount.

5. Each Alcoholics Anonymous group ought to be a spiritual entity having but one primary purpose—that of carrying its message to the alcoholic who still suffers.

6. Problems of money, property and authority may easily divert us from our primary spiritual aim. We think, therefore, that any considerable property of genuine use to A.A. should be separately incorporated and managed, thus dividing the material from the spiritual. An A.A. group, as such, should never go into business. Secondary aids to A.A., such as clubs or hospitals which require much property or administration, ought to be so set apart that, if necessary, they can be freely discarded by the groups. The management of these special facilities should be the sole responsibility of those people, whether A.A.'s or not, who financially support them. For our clubs, we prefer A.A. managers. But hospitals, as well as other places of recuperation, ought to be well outside A.A.—and medically supervised. An A.A. group may cooperate with anyone, but should bind itself to no one.

7. The A.A. groups themselves ought to be fully supported by the voluntary contributions of their own members. We think that each group should soon achieve this ideal; that any public solicitation of funds using the name of Alcoholics Anonymous is highly dangerous; that acceptance of large gifts from any source or of contributions carrying any obligation whatever, is usually unwise. Then too, we view with much concern those A.A. treasuries which continue, beyond prudent reserves, to accumulate funds for no stated A.A. purpose. Experience has often warned us that nothing can so surely destroy our spiritual heritage as futile disputes over property, money, and authority.

8. Alcoholics Anonymous should remain forever non-professional. We define professionalism as the occupation of counseling alcoholics for fees or hire. But we may employ alcoholics where they are going to perform those services for which we might otherwise have to engage non-alcoholics. Such special services may be well recompensed. But personal "12th Step" work is never to be paid for.

9. Each A.A. group needs the least possible organization. Rotating leadership is usually the best. The small group may elect its Secretary, the large group its Rotating Committee, which often employs a full-time Secretary. The Trustees of the Alcoholic Foundation are, in effect, our General Service Committee.
They are the custodians of our A.A. tradition and the receivers of voluntary A.A. contributions by which they maintain A.A. General Headquarters and our General Secretary at New York. They are authorized by the groups to handle our over-all public relations and they guarantee the integrity of our principal publication, The A.A. Grapevine. All such representatives are to be guided in the spirit of service, for true leaders in A.A. are but trusted and experienced servants of the whole. They derive no real authority from their titles. Universal respect is the key to their usefulness.

10. No A.A. group or member should ever, in such a way as to implicate A.A., express any opinion on outside controversial issues—particularly those of politics, alcohol reform or sectarian religion. The Alcoholics Anonymous groups oppose no one. Concerning such matters they can express no views whatever.

11. Our relations with the outside world should be characterized by modesty and anonymity. We think A.A. ought to avoid sensational advertising. Our public relations should be guided by the principle of attraction rather than promotion. We feel it better to let our friends recommend us.

12. And finally, we of Alcoholics Anonymous believe that the principle of anonymity has an immense spiritual significance. It reminds us that we are to place principles before personalities; that we are actually to practice a truly humble modesty. This to the end that our great blessings may never spoil us; that we shall forever live in thankful contemplation of Him Who presides over us all.

May it be urged that while these principles have been stated in rather positive language they are still only suggestions for our future. We of Alcoholics Anonymous have never enthusiastically responded to any assumption of personal authority. Perhaps it is well for A.A. that this is true. So I offer these suggestions neither as one man's dictum nor as a creed of any kind, but rather as a first attempt to portray that Group Ideal toward which we have assuredly been led by a Higher Power these ten years past.

Personal observations indicate that the groups and the members of Alcoholics Anonymous are operating well within these provisions. The wide latitude which these "Traditions" permit may be seen in the structural variability of the local groups.

The groups are scattered throughout the United States and are to be found in Hawaii, Alaska, England, the Canal Zone, Australia, Bermuda, Mexico and Canada. They vary in size from 2 members to more than 100, although the tendency is to keep the groups small enough to insure adequate personal contacts. Thus many of the larger groups are subdivided. These subdivisions may be based on geographical considerations or on such other bases as interest in discussion of spiritual matters or participation in recreational pursuits. New groups sometimes begin informally by meeting in private homes, and as the membership grows the group may seek larger quarters. Again, a new group may be started by a few alcoholics who may have visited meetings in nearby towns or who may
only have read of the movement. A Greenwood, Mississippi, member reports that for more than a year he and another man made the 95-mile trip to Memphis for the weekly meetings. In 1945 they banded together with a few others and formed the Greenwood group, which now has 28 members. These members are scattered over a range of 50 miles.

Structure of Alcoholics Anonymous. The organization of individual groups shows little uniformity. One group in New York has a chairman, co-chairman, secretary and treasurer. They are elected by majority vote and serve for a period of 6 months. Another group, in Texas, with a membership of approximately 400, has divided its "fellowship" into 6 "ships". An Admiral presides over meetings of the "fellowship," and a Captain is in charge of each "ship." Each "ship" meets on a given night of the week and the entire group (the "fellowship") meets on the seventh night. This group also has a steering committee of 7 members, elected for a term of 7 months. The election is held monthly, at which time the oldest member in point of service is replaced. A third example of organizational types is found in an Ohio group. Here the officers are a steering committee and a secretary-treasurer. The steering committee members serve 3 months. At the end of every month the outgoing member appoints as his successor a member who has not previously served. The secretary-treasurer is elected by the group for a period of 3 months.

The various units, in addition to the local groups, which comprise Alcoholics Anonymous may be listed under the following headings:

1. The Alcoholic Foundation, which administers the national affairs of Alcoholics Anonymous. This group is composed of nine trustees and they serve without compensation. Five of the trustees of the Alcoholic Foundation are nonalcoholics; the remaining four are members of A.A.

2. The Central Office, which, under the supervision of the Alcoholic Foundation, serves as a clearinghouse for all A.A.
groups, and functions also as a means of contact. It distributes pamphlets on A.A., answers letters of inquiry, and renders various services to the local groups. Financial support for the Central Office is furnished through voluntary contributions from the local groups.

3. The Works Publishing Company, through which the book Alcoholics Anonymous is published. This book, first issued in April 1939 is the record of the experiences of the early members of the movement. It tells how they found sobriety and suggests how others may do likewise. The Works Publishing Company is owned by the Alcoholic Foundation and income from the sale of Alcoholics Anonymous is used to support the work of the Central Office.

4. The A.A. Grapevine, which is the national organ of Alcoholics Anonymous. It serves as a medium of expression for the members of the movement and also as an instrument for the diffusion of the principles upon which the fellowship operates. The staff of the Grapevine, published monthly, is composed largely of volunteer workers.

5. District Offices, or Intergroup Offices, which are organized to serve as clearinghouses for all A.A. groups in a given area. They serve their member groups by distributing literature, establishing contacts between inquiring alcoholics and groups conveniently located near them, and by making arrangements for speakers and hospitalization. The exact functions, however, vary from area to area. They usually have paid secretaries in addition to volunteer workers.

6. Central Committees, which function in advisory capacities. They are made up of representatives from each group in a given area. At their regular meetings they discuss problems of mutual significance and interest. On the basis of these discussions, recommendations are made to the District Offices or the local groups.

7. Clubs, which serve as recreational and social centers for A.A. members. They are usually separate entities from the groups and are, as a rule, incorporated under different names. Clubs are
perhaps one of the most rapidly growing features of the A.A. movement.

8. Auxiliaries, which are a comparatively new feature of the movement. The membership of these units includes the nonalcoholic spouses and other relatives of A.A. members. These auxiliaries are variously known as A.A.A. or as Non-Alcoholics Anonymous. They often provide aid to the nervous spouse of the new A.A. member.

The Problem of Money. The rapid development of Alcoholics Anonymous, as outlined above, has given rise to the problem of money. During the early years there were few financial problems. Meetings were held in the homes of different members and refreshments were served by the host. There was, then, little need for funds. The picture now is different. Because of the expansion in membership and services, meeting places must be provided; clubs are in operation; and a tremendous amount of correspondence must be carried on. These services require money.

Although the need for money is recognized, A.A. is emphatically committed to its sparing use (11) "so that it may never topple the spiritual foundation upon which each A.A. life so completely depends." The Alcoholic Foundation, through its Policy Committee (12), has taken the stand that "No individual, or special Group of individuals has been or will be authorized to solicit funds under the sponsorship or with the sanction of the General Headquarters of Alcoholics Anonymous or the Alcoholic Foundation."

Since there are no dues or fees in A.A. the general practice is to raise money through the voluntary contributions of members. This is done by passing the hat at each meeting. Such funds as are collected in this manner are used to defray the expenses of the local group and to contribute, biannually, to the support of the Central Office.

Membership. The membership of Alcoholics Anonymous is composed of men and women of different races, religions and stations in life. By their excessive and uncontrolled drinking, these people
had all reached a more or less common level of personality disintegration. They had, in numerous instances, become physically and psychologically deteriorated; they were destitute and helpless. Some of them turned to A.A. only after they had unsuccessfully tried a variety of treatments. E.R., of Chicago, with 2 1/2 years of sobriety, said: "After six trips to the same sanitarium, I was beginning to give the place a bad name. After all, it was supposed to be a place of cure. A.A. has not given me a cure - there's no cure for us 'alkies' - it has given me a new way of life."

Said L.G. of Massillon, Ohio, who has had 3 1/2 years of sobriety: "I went from bad to worse - panhandling, mooching, sleeping in alleys and in the 'best' jails, picking enough here and there to buy 'just one more drink.' My wife, poor girl, just couldn't take it any longer, so she had to leave me. I tell you I had really 'hit bottom.' It was then that I sought A.A., and I was accepted purely on the basis of my willingness to try the A.A. way of life." R.B. of Akron, who has been sober for 4 years, had this to say: "When I found A.A. I had definitely 'hit bottom.' I had within the last few years been fired off a dozen jobs. Why, I was even fired off W.P.A. You know I must have been a drunk." And M.W., who lives in New York City and who has been sober 13 months, stated: "When A.A. rescued me I had been hospitalized a half dozen times. I had even spent some time in a state hospital for the insane. Nothing I tried offered any solution to my problem - I was really desperate."

Such are the experiences which impelled many alcoholics to turn to this program. While numerous members of Alcoholics Anonymous experienced terrifying ordeals prior to their connection with the movement, still others were spared such pain and humiliation. Their introduction to A.A. often came through relatives or interested friends.

With reference to the question of membership, R.H., of Chicago, observes that "The alcoholic does not always come to A.A. because he wants help. He sometimes comes under compulsion from the 'little woman.' He doesn't want A.A., he just wants to get out of
the 'dog house.' Quite often, however, this same man will stay long enough to find that A.A. has the answer to his problem."

Whatever the conditions under which the newcomer begins his relationship with A.A., sooner or later he must accept the principle that never again can he drink alcoholic beverages - not even moderately (13). This is a primary principle which the alcoholic must accept if he wants A.A. to work for him.

There are instances in which individuals had not, according to their testimony, reached the point of addiction in their drinking experiences. For example, M.W., of Kent, Ohio, said: "I was never an alcoholic, though I drank excessively. My problem was primarily of a moral nature and A.A. has solved it. Now I am living a better life and at the same time I am a total abstainer." Another member, H.H., of Akron, Ohio, stated: "I'm not really an alcoholic. I joined A.A. to keep from being one. I never touch the stuff now - thanks to A.A."

The membership of Alcoholics Anonymous is made up predominantly of individuals whose primary problem was drinking. There are those, however, who have found in this fellowship a source of relief from other ills. A member from Shelby, N.C., wrote (14):

We have in our club five men who have had many years of drug addiction but who are finding complete freedom from drugs and are well on the highway to successful and happy living. Their period of freedom varies from 5 months to 6 years and they all attribute this to the help of a Higher Power that has come to them through A.A.

The membership of Alcoholics Anonymous is indeed heterogeneous. It is composed of white and black, Jew and Gentile, Catholic and Protestant, believer and nonbeliever, rich and poor. Distinctions by virtue of these categories are almost nonexistent. There are no rigid membership requirements which must be met. All that is necessary is that the individual manifest a sincere desire to be helped with his drinking problem.

If alcohol is an uncontrollable problem to him and he wishes to do something about it, that is enough for us. We care not whether his case is severe or light, whether his morals are good or bad, whether he has other complications or not. Our A.A. door stands wide open, and if he passes through
While the principle of open membership is characteristic of Alcoholics Anonymous, at various times some groups have attempted to institute rigid rules setting forth certain membership requirements. Such an effort was made at a meeting attended in the course of the present investigation. A few members present appeared to be on a "rule-making bender." They were permitted to "blow off steam" but their proposals were not adopted.

In one southwestern group the conditions of membership provided that:

An Alcoholic Anonymous is an alcoholic who, through application of and adherence to the A.A. program, has completely foresworn the use of any and all alcoholic beverages. The moment he drinks so much as one drop of beer, wine, spirits, or any other alcoholic beverage, he automatically loses status as a member of Alcoholics Anonymous. He cannot attend a meeting if he has had a drink on any meeting day. He is barred from making contact calls on any new or prospective member until he has had 3 months' sobriety and must submit his resignation as an officer if a slip occurs during his tenure in office.

One situation in which the principle of open membership seems to be involved centers around the admission of the Negro alcoholic. While Negroes do belong to A.A., there are evidences of certain local group practices which tend to bar them or discourage their membership. In those communities where Negroes are not eligible for membership on a basis of equality the prevailing attitudes and practices vary. In some communities they are encouraged to form "their own" groups; in others the matter has received no consideration; and in still others they are simply not eligible for membership.

In answer to the question, "Who is eligible for membership in your Group?" one Alabama group's secretary, after indicating by a check on the questionnaire that Negroes are not eligible, added
the following: "Have never been confronted with this problem but our group would assist them in organizing their own group if they desired." From Kansas came this reply: "We have never had to make a decision regarding Negroes as yet. Divided opinion exists as to whether there are many, if at all - not here at least."

One group in Georgia answered that "all alcoholics regardless of race, creed or nationality are eligible for membership."

In communities where there are Negro as well as white groups, the degree to which rigid separation is maintained varies rather widely. It was reported by an interviewee that the Central Committee of the groups in a city in New Jersey refused to admit the local Negro group to affiliation. On the other hand, there is a close relationship between the Negro group and the white groups in Akron. They visit back and forth with each other, and for all practical purposes there is no real separation.

### How Alcoholics Anonymous Works

The rehabilitation of the alcoholic is generally a time-consuming process. Quite often a physical and psychological diagnosis of the patient must be made. He may then require a period of hospitalization, and finally an intensive period of reeducation may be prescribed.

Alcoholics Anonymous offers no magical formula for recovery. It cannot be adequately appraised in terms of immediate results. In this program the rehabilitation of the alcoholic is a continuing process, for his recovery must be in terms of more satisfying day-to-day living.

Successful treatment by A.A. requires that the alcoholic make certain contributions to his own recovery. His admission that he is an alcoholic is a requirement which he is encouraged to fulfill. In some cases, however, this step is taken only after several contacts with the sponsor or the group. As a general rule the alcoholic must come to A.A. of his own free will. He is expected to cooperate with those who are seeking to help him and he is encouraged to make an honest effort to help himself.
Fundamentally the alcoholic is sick. His is an illness of the ego. He has not developed along healthy and efficient lines of growth. His primary-group relationships have not been strong enough to prepare him for adequate and efficient social participation. It is important therefore, that his reeducation be directed toward the elimination of this inadequacy.

Alcoholics Anonymous recognize that the denial of associative life may lead to a maladjustment of the personality. This recognition is evidenced by their strong emphasis on group activity. They believe that the informal face-to-face relationships within A.A. groups result in fundamental modifications of each member's personality. Through these associations the newcomer can, with some degree of success, apply the principles of medicine and religion to himself and to others (6).

The working together of those who have similar experiences has an integrative effect on the personalities of the group members. It leads to mutual aid and understanding, to an awareness of the needs of others and to less concentration upon the individual's own problems. Such associations as these "exert a healthy suggestive and encouraging influence on each other if treated in proper environment (13).

**Hospitalization.** The alcoholic who comes to A.A. often needs, first of all, medical treatment. This is most important because successful psychotherapy cannot be undertaken until he has been detoxified (16). The medical treatment consists usually of sobering him up and giving him some immediate relief from discomfort. His physical disturbances are determined and remedied, and his dietary deficiencies are corrected. He is given adequate medical care until some measure of normal physical health is restored.

For purposes of the A.A. approach, the medical treatment is best carried out in a hospital. During the period of hospitalization the A.A. emphasis is placed on conversation. While hospitalized the patient is safely kept from alcohol. He is isolated from his drinking associates. His mind becomes clear and
more receptive. When the patient enters the hospital he has feelings of inadequacy and inferiority. After having been blamed, shamed, spurned and rejected by his family, his friends and society, he is an almost completely isolated person. He is shut up in a world all his own - a world that is difficult for an outsider to enter. During this period of temporary freedom from alcohol and the craving for it, A.A. members talk with the patient. Only A.A. callers may visit him, and they come in a steady stream. They can establish rapport with him because they "speak his language." Many of them are able to recite personal experiences which make his seem inconsequential by comparison. He soon recognizes that they understand and are sincerely desirous of helping him. This often leads the patient to the point where he is willing to accept the A.A. program - he is "sweetly reasonable."

At this point if he does not already have a "sponsor" - and he usually has one - an A.A. member takes charge of him. He becomes the "sponsor's baby." The period of hospitalization usually lasts about 5 days. When he is discharged, and under the guidance of his "sponsor," he may soon attend his first meeting.

It should be pointed out that all members of Alcoholics Anonymous are not hospitalized, although many groups recommend it.

When the hospitals are willing, there are many forms of cooperation in use. In some that have alcoholic wards, A.A. members are allowed to visit at certain hours, usually consulting with the doctor in charge or the nurse, on which patients they should talk to (17).

Quite often a group has difficulty in establishing a working relationship with the local hospital. The Akron Alcoholics Anonymous are fortunate in having facilities for hospitalizing patients. In many communities, however, hospitalization is not available. The extent to which there is a cooperative relationship between A.A. and local hospitals varies from place to place. It depends upon the attitudes of the hospital administration and its staff as well as upon the particular A.A. group involved.
Group Meetings. It is quite probable that the value of A.A. as a therapeutic method finds its greatest expression in the informal fellowship of the group meetings. Here the alcoholic is placed in a social situation in which he has status and prestige. He is accepted as a full-fledged member of an in-group.

As a general rule new members are encouraged to attend meetings soon after being released from the hospital. In those cases in which the new man was not hospitalized, he is encouraged to attend a meeting immediately upon contacting A.A. Sometimes, however, a new member is brought in only after a period of preliminary instructions. During this period he is taught the aims and methods of A.A. His sponsor spends considerable time in preparing him for his first meeting. This preparation minimizes the feeling of strangeness and lack of understanding which often are experienced by the new member at his initial meeting. One of the St. Louis groups has instituted a "school" of instruction for new members which covers a period of 4 weeks.

Wilson Club members are not considered full active members until they have attended these four educational meetings. They are then presented with a Wilson Club membership card—a white one. At the end of 1 year's sobriety this is replaced by a gold card, not exactly solid gold, but covered with gold paper (18).

Most groups hold regular weekly meetings. In communities where there are two or more groups the new members have the opportunity of attending more than one meeting a week. This interaction of members is regarded as a practice of definite therapeutic value.

For many newcomers the first meeting is marked by feelings of uneasiness. They often go with attitudes of skepticism and indifference. M.M. said: "I approached my first meeting with a feeling of strangeness. I thought to myself 'now here's a bunch of crackpots.'" E.B. stated: "I attended my first meeting with the 'what can I lose?' attitude. Well, I can tell you - 3 years later - that there was no loss; instead I've gained a new way of life."

The meetings are generally of two types: the open and the closed. At the open meetings the A.A.'s family and friends are permitted to attend. Such meetings are also open to other persons
with a genuine interest in A.A. or in alcoholism. At these meetings general problems relating to alcoholism may be discussed. The discussion may be led by a local or a visiting A.A., or even by a visiting nonalcoholic. Usually the person in charge, who is often the group's secretary, will introduce the "leader" for the meeting. This introduction is very often brief, informal and humorous, unless the leader himself is scheduled to speak on some special subject. He uses his "story" as the basis of his talk. When he is finished, individual members begin to give expressions. They often thank him for his message and they add something of their "stories" to what he has said. When the adjournment hour is reached (the meeting time varies from 1 to 1 1/2 hours) or when responses from the floor are no longer spontaneous the "hat is passed" and the meeting adjourns with the recitation of the Lord's Prayer. These latter two practices seem to be universal at A.A. meetings.

After adjournment, refreshments are served. This is usually done by the wives of the members. The servings of coffee and doughnuts seem to be another A.A. universal.

The closed meeting differs from the open meeting in that the members' more intimate problems are discussed. Past drinking behavior of an extremely obnoxious nature may be aired. At these closed meetings members are uninhibited by the presence of outsiders. They may give expression to deep emotional problems, which relieves them of guilt feelings. One member has characterized the A.A. meeting as "the place where we trade in our excuses for drinking for reasons for staying sober."

The freedom of interaction and communication facilitates the exchange of ideas and sentiments. It is a powerful factor in the development of security. It leads to mutual understanding, to identification, to fellowship. Out of this fellowship in Alcoholics Anonymous there has evolved a universe of discourse, a set of expressions which are characteristic of the A.A. group. Thus God may be referred to as the "Top Man" or "Guy Upstairs;" a "slip" is a relapse into drinking; "Twelfth stepping" is working with other alcoholics; "nickel therapy" means calling another A.A. on the
telephone as a means of averting a slip; and becoming an A.A. without hospitalization is "taking it the hard way." Such word symbols further facilitate communication within the group. They convey specific meaning to each other. They summarize experiences which have been shared by the group.

The Concept of Alcoholism as a Disease. Every member of A.A. is firmly impressed with the fact that alcoholism is an illness, and that as an alcoholic he is a sick man. By accepting the view that he is sick, that his drinking is the manifestation of a deep-seated compulsion, the alcoholic is relieved, in a measure, of moral responsibility for his past drinking behavior. By way of emphasis and of explaining their illness the A.A.'s compare their alcoholism with allergy or diabetes. They say that as the diabetics must give up sugar so must they abstain from alcohol. This comparison seems to give them a sense of satisfaction because at least their behavior is seen in a new light.

Speaking of the idea that alcoholism is a disease, G.H. said: "It was then, for the first time, that I found out what my trouble was. I had been shamed and blamed, called weak and immoral; never had I been told that I was sick—that I suffered from an illness. To me that was a hopeful revelation."

Before A.A. I was always made to feel as if I were a moral leper; that somehow my character was decidedly unlike my fellows'. They told me all I had to do was exert my will power. I tried it many times, but it never worked. And then I found A.A. They told me I was sick—what a difference that made!

Concerning the same idea, D.S. said: "Not only did I find out that I was sick, I soon recognized the source of my illness. It was based upon resentments, remorse and self-pity."

When the alcoholic accepts the concept that alcoholism is an illness his drinking is taken out of the category of immoral behavior. He is able to regard his past behavior as an outgrowth of his malady. He is assured that he is entering upon a new stage in life. In this new beginning he has the help and understanding of other members of the group. This gives him a feeling of security.
But the fellowship which comes through associations within the group and the concept of alcoholism as an illness are not sufficient to bring about his complete rehabilitation. If he is to share in the complete benefits of Alcoholics Anonymous he must learn to rely upon a "Power greater than himself."

The Spiritual Factor. In the "Twelve Steps" the founders state that they came to believe in a "Power greater than ourselves" and they "made a decision to turn our will and our lives over to the care of God as we understand Him." The great majority of A.A.'s regard this as the core of the movement. "The entire A.A. program is spiritual," says one informant. The therapeutic effectiveness of Alcoholics Anonymous comes from its use of a spiritual force to attack the narcissistic attitude of the alcoholic. This force operates to overthrow the individuals defiant attitude and teaches him to live in peace and harmony in a world in which he can freely participate (19).

While this feature of the program is accepted by all A.A.'s, it is nevertheless subject to a variety of interpretations. This is in keeping with the suggestion originally made by the founders in the "Twelve Steps." Their reliance was in "God as we understood Him." It is probable that this idea was taken, at least in part, from William James, especially in view of the fact that several of the early members of the movement repeatedly alluded, when interviewed, to the teachings of James.

Examples of the different reactions of members to this part of the program may be seen in the following statements:

We A.A.'s are quite indifferent to what people may call this spiritual experience of ours. But to us it looks very much like conversion, the very thing most alcoholics have sworn they never would have.

While you may hear a great deal about the "spiritual angle," many of us are atheistic, or agnostic, and mean something quite different from the dogma of organized religion's God—when we talk about a "Higher Power." Those of us who hold these views are much less likely to volunteer them than are those who hold more conventional beliefs. So I would suggest you do not be misled into any such over-simplification as a "religious" movement.

This contact with a "Higher Power" has changed my entire life. It has brought me peace of mind which I never expected to have. My whole outlook on life has undergone a tremendous change. For the first time in my life I am completely happy.
Those who have some spiritual values get along better. I always say that my religion is in my wife's name. She attends church regularly and I encourage her to do so.

I am not a religious person but I have come to lean on a "Higher Power." I get my relief through prayer—not necessarily on my knees. I attend church but not any particular one.

In presenting the A.A. program to a prospect, the members often find that "his face falls" when the spiritual element or the idea of God is mentioned. Quite often the new man will accept the program, but with some reservations relative to this factor.

With the average A.A. many months may elapse before he is aware of faith in the spiritual sense. Yet I know scarcely an A.A. member of more than a year's standing who still thinks his transformation wholly a psychological phenomenon based entirely upon his own normal resources. Almost every one of our members will tell you that while he may not go along with a clergyman's concept of God, he has developed one of his own on which he can positively depend—one which works for him (2).

As a rule, members of A.A. refer to this aspect of the movement not as the "religious" but as the "spiritual." And quite often instead of God, the term Higher Power is used. "Religion is a word we do not use in A.A. We refer to a member's relation to God as the Spiritual. A religion is a Form of worship—not the worship itself....The word religion seems to imply a great deal of behavior which is ritualistic in nature" (20). Many members of Alcoholics Anonymous show a deep concern lest the impression be given that the fellowship is in some way connected with a particular religious denomination, which it certainly is not.

Among those who are acquainted with the functional aspects of Alcoholics Anonymous there is general agreement that the spiritual factor is of great significance. The acceptance of this part of the program, it is believed, is the key to the rehabilitation of the alcoholic. The following are evaluations of the spiritual factor in A.A. made by nonmembers:

Characteristic of the so-called typical alcoholic is a narcissistic egocentric core, dominated by feelings of omnipotence, intent on maintaining at all costs its inner integrity. Inwardly the alcoholic brooks no control from man or God. He, the alcoholic, is and must be master of his destiny. . . . If the alcoholic can truly accept the presence of a Power greater than himself, he, by that very
step, modifies at least temporarily and possibly permanently his deepest inner structure and when he does so without resentment or struggle, then he is no longer typically alcoholic. And the strange thing is that if the alcoholic can sustain that inner feeling of acceptance he can and will remain sober for the rest of his life (19).

The core of their whole procedure is religious. They are convinced that for the hopeless alcoholic there is only one way out—the expulsion of his obsession by a Power greater than himself. Let it be said at once that there is nothing partisan or sectarian about this religious experience. Agnostics and atheists, along with Catholics, Jews, Protestants, tell their story of discovering the Power greater than themselves (21).

When the alcoholic has experienced this spiritual awakening he is well on the road to recovery. Through this spirituality he renounces his feelings of resentment and he begins to develop a new state of mind. He becomes more objective about himself and his problem. He begins to verbalize about his drinking experiences and this, he finds, is a means of eliminating tension-creating feelings.

The "Story." The verbalization of drinking experiences is a vital part of the Alcoholics Anonymous program of recovery. The "story," as it is often called, is a dramatic rehearsal which reinforces the A.A.'s belief in the efficacy of his new way of life.

At the regular meeting the alcoholic tells of his behavior which, when kept within, might lead to feelings of shame, remorse or sentiment. By reciting these experiences he shares with his fellow members the emotional problems which were related to his attempts to escape from drinking. This sharing brings relief or catharsis; and the catharsis relaxes tensions, guilt feelings and other conflicts—"gets them off his chest."

This sharing or confession is a mechanism by which the alcoholic is admitted into a new world. In this new world, peopled by those who, like himself, have been subjected to the disease of alcoholism, he is able to maintain and reinforce his feelings of security. He does this by continually bringing to the surface the repressed memories of his alcoholic behavior. This type of recall has double effect, because "Catharsis not only frees the individual from these conscious fears and guilt feelings of which he is aware,
but...continued it can bring to light more deeply buried attitudes which also exert their influence on behavior" (22).

One should not conclude that these sessions are marked by morbid recitals of drinking behavior. There is evidence of much good-natured banter and the light-heartedness which prevails is refreshingly stimulating. They tell the funny things as well as the more serious and humiliating happenings. The telling of the "story" seems completely devoid of any evidences of shame; on the contrary, it is characterized by sincerity, objectivity, and very often humor.

Telling her story at a meeting which was attended by the writer, one member said:

I had been drinking not 1 or 2 weeks but 11 solid weeks. My sponsor, who had been working with me for a couple of months, came near giving up. It's a good thing for both him and me that he didn't—I later married the guy. Thanks to God, A.A. and my sponsor-husband I've been dry for 23 months.

At the same meeting another woman testified:

At an A.A. picnic several weeks ago I got to talking with a girl who was a member of a neighboring group. She had been dry less than 6 months. She said to me, "Isn't it wonderful! In A.A. everything seems to come to you." It was a couple of months later that I understood what she meant. After 5 years of married life she had become pregnant for the first time. Well, maybe there's still hope for my husband and me.

The following is a typical "story" as told by a member at a meeting. In an interview the following day, the A.A. who narrated it checked it for accuracy of expression and details.

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Thanks, Andy, for that introduction. Leading a meeting is always a profitable experience for me, and I am sure this one will be no exception. While my story isn't too different from the others you've heard, I do hope you will get something worth while from it.

My experiences have carried me into many situations which didn't do me, or anyone else, any good. I've been in the best jails; have panhandled in the swankiest districts; I've gone on drinking diets for months at a time. That sort of thing isn't new to most of you men—and I'm sure many of the lady
members have had some experiences with drinking diets—but I tell all of this for the special benefit of the "babies" who are here tonight.

I don't know why I've delighted in that kind of behavior, but I think, probably, it was given added drive because of prohibition. The fact that the "stuff" was denied us seemed to have made us all the more determined to have it.

Well, I soon found myself getting to the point where I would drink just a little more than the other fellows. When many of my mates would seem to be satisfied with one beer or maybe two, I had to have more.

This sort of thing kept up for several years. Once or twice my Dad spoke to me about it. But then I was getting to be a big boy and more or less felt that I was my own man.

About 15 years ago I began to find that my drinking was different from other people. I found that I always had to have more and when I had more I found that I couldn't take it. It seems that I was always getting "lit up" at the wrong time. If I had an important thing to do, or some responsible job to perform, well, I usually didn't make it because just before time to "come through" I would go on a bender.

Now, you might ask me why I did this; well, the truth is, I don't know. Maybe I was just afraid to face these problems, maybe I couldn't shoulder responsibility. So, I guess I just turned to "Old John" to get away from it all, to escape.

In spite of this drinking experience of mine, I managed to finish high school and go through college. And on the day after I graduated from college, I got married. Now getting married is a rather serious thing in any man's life, so in order to face adequately the responsibilities of married life, I immediately went on another binge. Somehow I managed not to let my wife know what a serious problem my drinking was getting to be. But she soon learned.

I didn't have a job when I came out of college. I didn't worry too much about that because I knew Dad would look out for me. So I took a job in the business, his business, and went to work as a salesman. In fact, he did all he could to help me; Old John and I did all we could to make it hard for him. I would get drunk and lay off for days. It didn't make any difference if whisky cost money. I had access to the company's funds, didn't I?

Well, poor Dad tried everything he knew to get me to straighten up and be a man. He even suggested that I join a group of ex-drunks who were getting together in Akron; they called themselves Alcoholics Anonymous. I told him that I didn't want any part of that gang. They couldn't tell me anything. In fact, nobody could.

Well, Dad finally had to let me go. I went from bad to worse. Pawned everything that I had and things my wife had too. AU during this time, she was pleading with me and I was promising her that I would do better. I meant it, but somehow I never got around to keeping those promises. Well, she finally had to leave me, poor girl. She went back to her folks. And I hit the road.

When the war came, I got a pretty good job. There was a great need for laborers; there must have been, they hired me. Well, I did pretty good at first. I worked my way up to a pretty good position in a defense plant in Baltimore. I was regarded as a highly capable worker and before long I was put on an operation which required great skill and dependability. And so they finally had to fire me.

Then I drifted from town to town. Before long I wound up in Gary where I got another job. They were desperate for workers and I was desperate for whisky, so we got together. From time to time I would have these long periods of sobriety and during these times I would get along alright. In fact, I was doing alright on my job for the first couple of months. But then old J.B. pulled me down down again.
This time I really went on one. Strange as it seems, when I went back to work about 3 weeks later, they didn’t fire me. Instead I was placed on the clean-up gang, the most menial job in the plant. And they told me, if I could prove myself worthy, I would get my old job back. You know I always suspected that the foreman had a soft spot in his heart for me because he not only kept me from being fired, but he called my attention to those same ex-drunks that Dad had told me about—Alcoholics Anonymous.

It seemed that those boys were getting places. This was in 1944. Well, I didn’t altogether scoff at the idea this time, I was willing to listen; I had no other choice. Somehow I knew that there was nothing that I could do. I was convinced that however much I didn’t want to drink, I knew I had to have it. So I figured that if they had something to offer, I was willing to try it.

Well, it was a pretty good thing that they didn’t throw the religion angle to me at first. I think I wouldn’t have been interested. But those guys who talked to me the first time had had experiences that were so much like mine, and they knew so very well what I was going to say next that I concluded that they must have something. And then when I looked at them and looked at myself, and reflected upon the fact that they had once been even as I was then, I felt even more certain that I ought to give it the old try.

Well, they suggested that I ought to go to the hospital and be defogged. I went to the hospital on Tuesday night and brothers, let me tell you, I was a sick “baby.” I was a physical wreck; my nerves were shot, and I was sorry for myself. They gave me a physical examination at the hospital, some injections of glucose, some Vitamin B complex, and a bath. I think perhaps I needed the bath worst.

I stayed in the hospital from Tuesday till Monday. During that time they continued to give me Vitamin B₁ and glucose and they also gave me food, but plenty of it. And after the first couple of days it seemed that they couldn’t give me enough. You see, I had been drinking my meals.

There were a half dozen other fellows at the hospital and some of them were further along than I. Two of them were admitted a couple of days after I got there and brother, had they “hit bottom.” The peculiar thing about it was, before long I was talking to them, trying to encourage them.

When I left the hospital with Andy, who incidentally was my sponsor, I felt better than I had felt for a long, long time. Somehow I no longer felt remorseful over the things that I had done, for the heartaches that I had caused. While I wasn’t happy about it, I began to recognize the fact that I had been a sick man and that those actions were the results of my illness.

I did feel, however, that I wanted to make it up to those whom I had hurt. Naturally my first thought was to somehow try to contact my wife; I realized that she probably would think that I was just making another attempt to patch things up as I had done in the past without any intention of keeping my promises. I really felt that I wouldn’t blame her if she would take that attitude. But luckily for me, she was willing to help. You know we alcoholics seem to have the best wives in the world.

Yes, she was willing to take a chance, so she came out. She came out there with me to my first meeting. And when I attended that first meeting I was amazed at how those men looked. They impressed me as being decent, self-respecting citizens and I found myself ill at ease.

There was a tendency for me to feel as if I were out of place. But then as I listened to the leader tell his story I realized that he too, and perhaps hundreds of other men before me, had traveled the same road and perhaps even worse. That thought gave me hope. It gave me determination. And since that night three and a half years ago, with the help of my wife, my sponsor, the other A.A.’s, and most important of all the “Guy Upstairs,” I have not had a drink.
Well, there is nothing more that I can say. If there is someone here tonight who will take hope—just some small degree of hope—I will be happy. And I can assure him that all A.A.'s will rejoice.

**Twelfth-Step Work.** The remarkable growth of A.A. is more understandable when the fact is considered that working with other alcoholics is an essential factor in the maintenance of sobriety. This activity, "Twelfth Step Work," is sometimes referred to as "sobriety insurance." In carrying on the work in A.A. through helping another alcoholic to recover, the member becomes a "sponsor."

The particular approach which the sponsor makes to the prospect, or "baby," varies from person to person. If he is to gain success, however, he must establish rapport between the new man and himself. This he can do with comparative ease. As a recovered alcoholic he has definite advantages over other persons. He can, and usually does, tell "his" story as a means of gaining confidence. Then he may arrange with other A.A.'s to talk with the prospect. He encourages the reading of Alcoholics Anonymous, and he tries to acquaint the man's family with the nature of the alcoholic's problem and the work of A.A. Whatever the details of the approach, they are usually well within the basic concepts of the program as expressed in the Twelve Steps.

The Twelve-Step work has therapeutic value for the sponsor as well as for the "baby." His preoccupation with another person tends to keep his mind free from self-centeredness. The fact that he is responsible for another has a stabilizing influence on his own thoughts and actions.

The opportunity to work with alcoholics means everything; to most of us it means life itself. Without the chance to forget our own troubles by helping others out of theirs, we would certainly perish. That is the heart of A.A.—it is our life blood (2).

For many A.A.'s this work is a new and compelling interest. They recognize its value as a means of maintaining their sobriety and of helping other alcoholics to do likewise.
The visits of A.A.'s to fellow-members, besides helping the person visited, also serve the visiting member in two more or less unconscious capacities: (1) the visiting, sober alcoholic is given a feeling of self-assurance and superiority thus counteracting his underlying feelings of inadequacy and insecurity; (2) the visits tend to develop in the visiting A.A.'s a disgust for intoxication (23).

Despite the personal gains which the sponsor makes through his Twelfth-Step work, there is reason to believe that he is motivated by a genuine interest in the new man. This activity often requires a great deal of the member's time. He is often called upon in the middle of the night. He sometimes uses his own money to hospitalize or render other services to his "baby." And in many instances, A.A.' become so completely preoccupied with this work that they often neglect all other avocations or recreational activities.

"Slips." Despite the long periods of sobriety which have been enjoyed by thousands of members of Alcoholics Anonymous, there are many who do not continue uninterrupted on the path of recovery. Perhaps those who fail temporarily, or experience a relapse, have not followed very closely the A.A. rules for living. Their acceptance of the program may have included certain reservations, and this, according to many A.A.'s, usually leads to subsequent "binges." Many alcoholics cherish the belief that some day they will be able to drink in moderation. Sometimes they test that belief, and this inevitably leads to a "slip."

The majority who "slip" after periods of sobriety have double crossed themselves into believing that they can have the unopened bottle and drink it too. Even though they have been A.A.'s and going to meetings and following parts of the program, they have accepted it with reservations somewhere. They actually have been only one step ahead of a drink (24).

One member was quite confident when he said, "I have no doubts why I had three slips in 8 months...I had a mental reservation about being an alcoholic. That is, I was ready to admit that I was an alcoholic - to a degree." A member of one of the New York groups made this comment: "A slip is not uncommon at the start. It is usually brought on by an emotional crisis, so I've learned to avoid excitement and resentment. Easy does it, I always say." Another
comment on "slips" came from a Cleveland member, who said: "The height of every 'alky's' ambition is to 'drink like a gentleman.' I've been lucky. Except for a pint-sized slip I've been dry for 22 months."

The surest safeguard against a relapse is for the alcoholic to adhere very closely to the A.A. program as outlined in the Twelve Steps. The fact that there is no compulsion operating to insure observance allows the alcoholic to deviate from the program or to select certain parts which appeal to him. Experienced members say that this behavior leads to further failure. Nevertheless, if his "slip" leads him to new and greater insight, he may thus be assured of a more extended and complete period of sobriety. And this means that not only he, but others also, may profit from his relapse.

The "24-Hour Plan." All alcoholics, both in and out of A.A., have experienced varying periods of sobriety. To them, being "on the wagon" and falling "off the wagon" is an old, old "game." Many times these periods of sobriety have resulted from the exercise of "will power," the reactions to religious exhortation, the answer to pleas of families and friends, or the determination on the part of the alcoholic to prove himself or to others that he can control his drinking.

The prospect of going without a drink for the rest of his life is a terrifying, anxiety-producing thought to the alcoholic. With many of them, the tensions which arise out of such a determination often lead directly to failure. In the case of those who "go on the wagon" for a stated period of time, they, too, find that the emotional tensions are so great that the end of the period of sobriety is usually a sign for a "binge."

The founders of Alcoholics Anonymous have further demonstrated their insight into the personality of the alcoholic by the fashioning of the "24-hour Plan."

Through the application of this technique, the alcoholic strives for but 24 hour's sobriety. A.A.'s are almost unanimous in their attitude toward this plan. They feel that this technique
facilitates sobriety - that "anybody can stay dry for 24 hours."
With no thought for the future, they live but for the present. "Take therefore no thought for the morrow: for the morrow shall take thought for the things itself. Sufficient unto the day is the evil thereof." These words from the Sermon on the Mount are the inspiration for the "24-hour Plan."

**Therapeutic Evaluation.** In evaluating the therapeutic effectiveness of Alcoholics Anonymous the fact should be borne in mind that, unlike most other treatments, A.A. is available to all alcoholics without cost. Thus the element of economic selectivity is largely eliminated. Those with the poorest as well as those with the best prognoses come into Alcoholics Anonymous. Despite this fact the rate of recovery in A.A. appears to be remarkably high. While complete statistics are not available, the Central Office reports that of those who "really try" the A.A. program of recovery, 75 per cent succeed (19).

Since no reference is made to the total number who try A.A., and since the definition of "really try" is not made clear, this figure can be accepted, at best, only as indicative of a high rate of recovery.

That A.A. is effective for a great many, however, is a fact which has been recognized by qualified independent observers.

As far as the rehabilitation of the alcoholic is concerned, there is no therapeutic activity which comes near to the success that this extraordinary group of Alcoholics Anonymous has achieved (25).

The alcoholics we get here at Philadelphia General are mostly those who cannot afford private treatment, and A.A. is by far the greatest thing we have been able to offer them. Even among those who occasionally land back here again, we observe a profound change in personality. You would hardly recognize them.*

After observing personally for several years the interesting effects of the Alcoholics Anonymous program upon my own patients and having watched at close range numerous other examples of their work, I feel it highly imperative that we presumably open-minded psychiatrists view wisely and long the efforts of this group of former alcoholics who are now achieving so many remarkable recoveries in our field.†

*John F. Stoaffer, M.D. In: A.A. (26).
†Harry M. Tiebout, M.D. In: A.A. (26).
As a physician who has watched the growth of Alcoholics Anonymous from the day of its inception, I can personally vouch for the recovery of scores of alcoholic cases which were of a type with whom other methods failed completely. These facts seem to be of extreme medical importance; because of the extraordinary possibilities of rapid growth inherent in this group, they certainly mark a new epoch in the dark annals of alcoholism.†

†D. W. Silkworth, M.D. In: A.A. (26).

While these observers may view the personality changes in the alcoholic as a psychological phenomenon, to A.A.'s it is something more than that, something deeper. To them it is a spiritual awakening." They believe this experience can be gained with comparative ease if one has but the "willingness," the "honesty" and the "open-mindedness." These, they say, are "essentials of recovery." To attain this goal their common prayer is: "God grant us the serenity to accept things we cannot change, courage to change the things we can, and wisdom to know the difference."

Summary and Discussion

Alcoholics Anonymous may be regarded as a social reform movement, in that it deals with a specific phase of the social order. In its relationship to society it plays a dual role. First of all, its efforts are directed towards the rehabilitation of the alcoholic. Its secondary and concomitant interest is the acceptance, on the part of society, of the scientific fact that the alcoholic is a sick person.

As a mechanism for the rehabilitation of the alcoholic, A.A. has evolved out of the experiences of those for whose primary benefit it was instituted. As a therapeutic method, its treatment procedure is unique. It is a lay self-help program which seeks to bring about the rehabilitation of the alcoholic largely through a process of interpersonal relationships. Its goals for the alcoholic are permanent abstinence and reeducation through the development of new habits of living.

The Alcoholics Anonymous program of recovery is, in essence, group therapy. The success of this approach is perhaps not
unrelated to the principle that man is essentially a group animal; that his destiny is irrevocably tied to that of his fellows; that his growth and development are, to a great degree, dependent upon the attitudes and values of his associates.

The unprecedented success of Alcoholics Anonymous is perhaps, in large measure, due to the fact that members of this fellowship meet on a basis of mutual interest and understanding. They engage in informal face-to-face relationships which lead to the modification of each other's personality.

Inherent in this associative life are the interpersonal contacts which provide opportunities for self-expression. This collective activity is an in-group relationship in which recognition and security may be obtained. It also has primary-group characteristics which are evidenced by informal and personal face-to-face associations. These are important contributing factors in the resocialization process as it operates in Alcoholics Anonymous.

The concept of alcoholism as an illness has gained currency only within the past few years. The stigma which has been traditionally attached to alcoholic behavior has been so deeply imbedded in the mores of the community that any radical change in that attitude must, of necessity, come slowly.

Such efforts as have been made in this direction have been made by a few small, and not too influential, social groups. Obviously, some progress has been made in the spreading of this new concept of alcoholism. This progress is due, in no small degree, to the accomplishments of Alcoholics Anonymous. These people, by their successful recoveries, have exerted great influence in the furtherance of this movement. Their rehabilitation indicates that alcoholism should be taken out of the moral category and placed in the public-health category. Already there is an increasingly large body of public opinion which supports this new concept. The acceptance of alcoholism as a public health problem will, presumably, result in more adequate care and treatment for the alcoholic. Thus in helping themselves the members of Alcoholics Anonymous help other alcoholics and the community as well.
The alcoholic who comes to A.A. for help is often burdened with guilt feelings and resentment. He is suffering from extreme remorse; he has been made to believe that his drinking behavior is the result of ill-advised choice. Because of it, he has been branded as a wilful violator of the moral code.

Fundamentally, the alcoholic is a social being in search of response. Instead of getting it, he is rejected. He becomes frustrated and, in the course of time, develops a degree of aggression which further alienates him from society. By the time he tries A.A. he has usually become an almost complete social isolate.

Since A.A. is an instrument for the resocialization of the alcoholic, it must begin immediately to bridge the gap between him and society. He must be made to readjust his thinking with reference to the central factor involved in his social isolation. It is necessary for him to see his drinking behavior in a new perspective.

For the acquisition of this new perspective Alcoholics Anonymous makes use of the concept of alcoholism as a disease. The alcoholic is made aware of the fact that his drinking behavior grew out of his illness. He is given scientific evidence that alcoholism is a disease. Before this is done, however, he must recognize himself as an alcoholic, for otherwise his behavior remains stigmatized. He sees his past behavior in this new light. He sees it not as a moral deviation but rather as the natural consequences of a sick condition. On the basis of the new understanding of himself and his behavior he is ready to proceed with the other parts of the program of recovery.

That program is based upon a simple set of principles in which the central theme is reliance upon a Higher Power. While A.A. regards itself as nonsectarian and therefore appeals to persons of all faiths and also to those of no faith, it is in reality a spiritual movement founded upon the tenets of the Christian religion.

Because it finds its doctrinal support in Christianity, it does not follow that its practices are limited by traditional
Christian thinking. Indeed, there is a broad difference of interpretation on that phase which is the central idea in both movements: God. In A.A. the alcoholic "makes" his God in his own individual image. Having done this, however, he is expected to remain faithful to Him.

In a society made up of various religious groupings, with conflicting ideas about the nature of God, Alcoholics Anonymous has seemingly overcome the problem arising from the underlying differences. By placing emphasis upon the individual's definition of God, it has opened the door to all who have the slightest inclination to come. Its avoidance of "entangling alliances" with existing or emerging movements of religious reform is conducive to harmonious interpersonal relationships among its members. It has also resulted in friendly relations with existing religious or spiritual groups.

It is possible to discern in Alcoholics Anonymous traces of the emergence of a new type of institution - a socioreligious group in which the primary goal is the "good life" here and now.

The fact that Alcoholics Anonymous is a composite of far-flung local groups, with no common rigid or definite patterns of organization, makes it difficult to generalize about its structure, its techniques or its results.

As a functional whole, it has been characterized by informality. It has had no definite pattern of operational behavior; nor has it developed a power structure by which it is governed. Recent trends, however, seems to indicate that it has perhaps reached what may be called a transitional phase in its development.

As in the development of any social movement, Alcoholics Anonymous in the early stages of its existence was characterized by behavior which was largely uncertain and unorganized. The behavioral forms in the initial years of the movement were largely elementary and spontaneous - trial and error, as it were. To a lesser degree this is true even today. The autonomy which characterizes the local groups provides wide latitude for experimentation and invention. With the highly improved facilities
for communication, such as publications and proximity of groups, any new behavior which may be developed in a given group can easily and quickly be transmitted throughout the network of local "fellowships." As this interactional process between the groups continues there may be secured to the movement improved standards and forms of intergroup and interpersonal relationships.

In the course of the development of a social movement there is an observable tendency toward more formalized organization. As the interpersonal relationships within the movement and the social interaction between it and other social groupings grow more complex, there arises the need for behavior which is more standardized and for controls which will insure the unity and stability of the movement. Apparently Alcoholics Anonymous has already reached this phase in its developmental process. It has long been characterized by a highly conscious we-group feeling. And within very recent years a body of tradition has been formally instituted.

Does this new development mean that A.A. is following the usual course which leads to institutionalization? Is it in process of becoming a formalized movement with the usual means of control and specific patterns of relationships?

While certain members of the fellowship have recognized a growing need readjustments in the interpersonal and intergroup relationships within the movement, they have expressed the feeling that, from the point of view of Alcoholics Anonymous, certain dangers are inherent in rigid and formalized organization. They believe that a minimum of controls and standardized practices will in the long run be most beneficial and effective in the development and perpetuation of their movement.

On the basis of this article, those who are in the forefront of the movement have indicated their determination to meet the needed adjustments without sacrificing the structural informality or the primary-group characteristics which are so much a part of the A.A. fellowship. This procedure is in essence an experiment in the use of new stabilizing techniques. It is an attempt to maintain
a system of utilitarian interpersonal relationships which will operate with efficiency and effectiveness but will have little of the sanctioning features typical of present-day social movements.

As an area of social interaction Alcoholics Anonymous presents an opportunity for extended research. Some of the essential features of the movement will require more extensive treatment than the limited field of the present study permits. It is usual, however, to formulate certain questions which emerge from this study as providing bases for future research.

Does the process of resocialization, as it operates in Alcoholics Anonymous, prepare the alcoholic for adequate participation in community activities? Or does he find that his social adaptability extends no further than the confines of the A.A. group?

Must the recovered alcoholic continue to rely upon the fellowship of Alcoholics Anonymous? Can he divorce himself from the movement and remain sober by following the essentials of its program of recovery?

How does the factor of selectivity operate with reference to the types and classes of people who become A.A.'s. Are there appreciable numbers of people who remain out of Alcoholics Anonymous because of the spiritual element?

To what extent has the group-therapy program of Alcoholics Anonymous influenced the treatment of alcoholism and other illnesses?

What happens to those who fail to recover under the A.A. program? Why do they fail? Where do they go?

What does Alcoholics Anonymous mean to the nonalcoholic spouse of an alcoholic?

What are the causative factors involved in a "slip"? What things are left undone? What things were done which should not have been done?

Operating as Alcoholics Anonymous does, with its own set of principles and norms for living, to what extent are the A.A. ideals modified by pressure from the larger society?
What, specifically, are the roles of the founders? What provisions have been made for the perpetuation of the movement? In the reorganization of the alcoholic's personality, does he substitute something for the alcohol? If so, what? Does his preoccupation with Twelfth Step work function as a substitute? The Fifth Step reads: "Admitted to God, to ourselves, and to another human being the exact nature of our wrongs." Is it possible to measure the cathartic effect of this type of confessional as compared to that of the closed meeting? Of the open meeting?

These questions are suggestive of broad approaches to further investigation of this movement. They may be refined so as to yield a maximum of data for purposes of analysis. On the basis of the data presented in this study, the tentative conclusions advanced, and the questions raised, it appears that Alcoholics Anonymous is a fruitful subject for further investigation and interpretation. Future studies of this movement promise to give insight not only into Alcoholics Anonymous, but into other such social movements as well.

REFERENCES


20. Alcoholics Anonymous, an interpretation of our Twelve Steps. (N.D., N.P.)


