An Experience of a Nonalcoholic in Alcoholics Anonymous Leadership

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Editor's Introductory Note: The ability of a "recovered" alcoholic to gain the confidence of another alcoholic, and to arouse hope and faith in recovery, is one of the great advantages which has been capitalized upon by Alcoholics Anonymous. The two other American programs which have had success in the large-scale rehabilitation of alcoholics - the Washingtonian movement in the 1840's (1) and the Reform Club movement (Blue and Red Ribbon movements) in the 1870's and 1880's (2) - have similarly relied upon alcoholics' telling their stories to alcoholics. A third endeavour, the Catch-My-Pal movement, begun in Ireland in 1907, also required work with other alcoholics as a part of its program. The Catch-My-Pal program explicitly recognized (3) that "...the reclaimed drunkard is the most effective medium through which to reach other victims of the drink habit."

The Alcoholics Anonymous cofounder, Bill W., in his explanation of A.A. to New York doctors (4) stressed this capacity of ex-alcoholics "to secure the confidence of the new man - to 'build a transmission line into him.'" He observed:

...How often do doctors and clergymen throw up their hands when, after exhaustive treatment or exhortation, the alcoholics still insist, "But you don't understand me. You never did any serious drinking yourself, so how can you?... Now when one alcoholic who has got well talks to another who hasn't, such objections seldom arise, for the new man sees in a few minutes that he is talking to a kindred spirit, one who understands. Neither can the recovered A.A. member be deceived, for he knows every trick, every rationalization of the drinking game. So the usual barriers go down with a crash. Mutual confidence, that indispensable of all therapy, follows as surely as day does night. And if this absolutely necessary rapport is not forthcoming at once it is almost certain to develop when the new man has met other A.A.'s. Someone will, as we say, "click with him."

This oft repeated experience that a recovered alcoholic can "get next" to an alcoholic whom no one else has been able to reach, has led many A.A.'s and others to conclude that only an alcoholic can help another alcoholic - that nonalcoholics simply cannot "connect" and be of help to alcoholics. The extent to which this is true is obviously important for any consideration of therapeutic programs in the field of alcoholism.

In at least one instance, an Alcoholics Anonymous group was founded and successfully led by a nonalcoholic. The nonalcoholic, Mr. Hugh S. Thompson, made
the initial contacts, "sold" the program, and did the usual work of "sponsoring" with all but 4 of the 20 current members of the group. This is the unique feature of Mr. Thompson's account, presented below. With full recognition of the limitations of a single experience, this account is here brought to the attention of the professions concerned with the rehabilitation of alcoholics. The story, however, is interesting in its own right. A.A.'s and all who work with alcoholics will appreciate the gamut of ups and downs - the discouragements, the learning, and the satisfactions - recorded in this series of experiences.

Because it seemed likely that much of Mr. Thompson's success could be attributed to his own personality - his attitudes and assets - this editor requested of him a self-description, not originally submitted, which might help the reader to evaluate the role of such personality factors. Mr. Thompson's account begins, therefore, with this personal background. - M.A.M.

**The Author's Personal Background**

To describe oneself with an adequate degree of objectivity is a difficult task at best. Such a task is made more difficult in this instance by the fact that my own personality has changed as a result of the experience that I am about to record. In fact, I have no hesitancy in stating that the experience has done as much for me as it has for anyone else involved.

Until March 1949, when I had reached the mid-fifties, I was an individual of varied experiences and a number of undeveloped capacities which I had never been able to express adequately. I was living a routinely commonplace existence. Along with the usual satisfactory family life, church affiliation (which embraced a membership on the Sunday School staff), and my work as the office manager for a timber dealer, I also held a generally respected position in our community. Yet, I was a "round peg in a square hole," or vice versa, with respect to my inner aspirations. Then, almost suddenly, I stumbled upon the medium through which I have been able to express myself most constructively - work with alcoholics.

I shall be telling about this work with alcoholics, but I may state at this point that the study of alcoholism and helping alcoholics has been my avocation for the last three years. In fact, my avocation has relegated my vocation to second place. At the present writing, I am the only lay member of the visiting staff of a newly established rest farm for alcoholics, an hour's drive from my community, along with an alcoholic supervisor, a psychologist, a psychiatrist and three clergymen. The one day I spent there each week is devoted to participating in or "moderating" sessions in group therapy among the patients. This weekly activity and the personal interviews sought by some of the patients is much the same as what I have been and am still doing in my home community.

There are certain factors in my past, of course, and certain traits, that probably have a significant bearing upon these past 3 years. The most important factors and traits are briefly outlined as follows:

A. A basic social timidity in childhood and early manhood, and a concomitant sympathy for the "underdog," particularly persons with afflictions.

B. A liking for most people that compelled me to be gregarious
despite this inhibition; also, an interest in other people which submerged this early timidity.

C. An experience as a combat platoon commander in the first World War, during which I ran the gamut of human emotions at an impressionable age. The common bond of former misery, suffering and consequent understanding that one observes in A.A. fellowship struck me from the first as being quite similar to the comradeship in physical and emotional suffering which I shared in France 33 years ago. A.A. meetings reminded me graphically of those reunions of former comrades-in-arms, which I used to attend when younger, where only the initiated could understand the memories of physical, mental and emotional strain, the horrors, the anxieties and fears, the lurid episodes, the hindsighted relief of "getting things off one's chest," all expressed in a unique but shared jargon. Fear in its myriad forms was part and parcel of that faraway life I knew. Fear in its myriad forms, I discovered almost immediately, dominates the alcoholic's world as well.

D. A severe war injury and chronic handicap which served to familiarize me with pain and patience. It also threw me into contact with a number of surgeons, doctors, and a few psychiatrists over a period of a decade or more. After a brief interlude as a school teacher (my college career had covered but one year), I was returned to the hospital; atmosphere as the purchasing agent for a private institution. It seems pertinent to relate that the doctors, patients, employees, and even visitors interested me more than my routine work; they were a fascinating variety of human beings.

E. A long experience with Frank,* an alcoholic in my own family, is another background factor. The intimacy of this experience, with all its frustrations, my observation of other cases, coupled with my absorption of the "medical" viewpoint toward sickness or affliction, perhaps served to eliminate completely any feeling that alcoholism carried a moral "stigma."

F. An intellectual curiosity gratified through reading. Again, it seems significant that my interests have generally gravitated toward biography, autobiography, memoirs, letters, reminiscences, and so forth. This penchant embraces an interest in all kinds of people, whether composer, bridge builder, actor, scientist, beachcomber, soldier of fortune, hobo, saint or circus clown. Book reviewing for a Tennessee newspaper brought many such books into my library and probably developed my ability in verbal expression.

G. Because of the above life factors, I am relatively free of intolerance, prejudice and preconceived ideas, especially with reference to other persons. My war experience left me with a rudimentary respect for the dignity of man - an underdeveloped but rather definite sense that there is much which is sublime in the weakest of us. My reading, which has always been for pleasure rather than for "culture" has enhanced these early impressions. Above all else in my total experience, my recent privileged association with alcoholic friends has matured, confirmed and epitomized these judgements.

*Fictious names preserve the anonymity of all alcoholics referred to in this paper, and the communities are referred to simply as X,Y, etc.
Early in March 1949, I was approached by a local minister, the Reverend Z, about forming a group of Alcoholics Anonymous in our community - a Southern town of 8,000 which I shall call X. Reverend Z had lately attended an A.A. meeting in a larger community and had been greatly impressed by what he had seen and heard. Once before, when we had discovered that we each had an alcoholic problem in our families, we had discussed these problems in the light of our meagre understanding. He suggested that I might perform a service of untold good by associating myself with such a venture as that of bringing A.A. to our community.

I was quite receptive to the suggestion, for I had sought several years before to have Frank affiliate with A.A. in the distant city of his residence. I had held for many years, moreover, a belief that the unfortunates addicted to alcohol were somehow not morally responsible for their dilemma. In other words, they had always excited my compassion rather than my moral judgment. Yet I was ignorant and uninitiated with respect to A.A. or any professional approach to the problem of alcoholism - other than my layman's view of the familiar "drying out" places and similar institutions which seemed perennially to do no more than sober up a "drunk," in order that he might get drunk again.

Reverend Z soon introduced me to Albert, a man with whom I was casually acquainted but with whose alcoholic history I was not familiar. All I knew was that he had once been a problem and was now sober. Albert had affiliated with A.A. some time before in a larger city, I learned, and had recently returned to X, his native town. He had one other alcoholic, named Boyd, in prospect for the formation of a group. Boyd had had a brief experience with A.A. previously and had several months of sobriety behind him, at this juncture, when he came to X to work.

The aid sought from me was outlined. I was asked to read the book, Alcoholics Anonymous, and other literature in Albert's possession, as preparation for an endeavour to educate the public of X regarding A.A., and to attract alcoholics to the movement. Alcoholics were usually attracted by indirect methods, I was informed. Besides, Albert and Boyd could not do the speaking, for they had to remain anonymous. I was to speak before church groups, civic clubs, women's organizations, and other groups which might be receptive to such a program. Such an approach had proved very effective in the city group with which he had been affiliated, Albert stated.

Reverend Z explained that he was not in a position to have his name publicly linked with the movement. While he would have to remain in the background, he would secure speaking engagements for me. I was further reminded that alcoholics were notoriously wary of "preachers." Hence, the minister would be a surreptitious steering committee of one, while I would perform the function of "front." Such an approach, I was assured, would serve the threefold purpose of educating, of attracting alcoholics to the movement, and of gradually setting me up as the nonalcoholic spokesman for the embryo group. At least this was my understanding of the situation as delineated by the pair of alcoholics. The alcoholics who wanted
help would eventually seek me out, in which case, I would bring them into contact with the anonymous Albert and Boyd. At this point in each case my function was to cease for, both Albert and Boyd added - somewhat inconsistently, I thought - it was impossible for a nonalcoholic to understand A.A. or to inspire much confidence in an alcoholic desiring help. I was intrigued by this sub rosa plan to rescue alcoholics.

The A.A. book and literature made me quite certain that alcoholism is a highly complex disease and that A.A. is an inspired movement. The A.A. publications, however, did not entirely disabuse me of my preconceived idea that A.A. somehow miraculously sobered a man once and for all; or that it accomplished mysterious overnight changes in any alcoholic who could somehow be prevailed upon to join. The personal stories in the A.A. book had a subjective, elusive quality, from my nonalcoholic viewpoint. Here was the evidence of recovery, but the "how" or "why" remained beyond my ken. Still, all I needed to do was to follow the advice of Albert and Boyd, who appeared to know what they were doing, and get to work with my part of their program.

Plans proceeded according to the outline recorded above. A series of speaking engagements was arranged. Within sixty days, the original group of two had grown to nine. I performed my designated function while Albert and Boyd performed theirs. Four of these seven new members had their first contact with A.A. as a result of my "fronting." During this period, I attended all the open meetings of the group in a vacant third-floor room of a downtown office building, meetings which attracted only the alcoholics and a few wives. Here there was little more than an opening prayer, the reading of the A.A. preamble and Twelve Steps, and talks by Albert and Boyd. I could get little from this, on the whole, but the swapping of experiences reminded me of the "war" analogy mentioned before.

Because I, as a nonalcoholic, was excluded from the closed meetings, I attended several open meetings in the nearby city of Y, where the A.A. group had got underway about two years before. If I were to continue discussing A.A. in public, I wanted to learn as much as possible about alcoholism and the alcoholic. Here I began to rub shoulders with Red and Prentiss, two inspiring young fellows who enlightened me significantly and confirmed my own budding insight into the psychology of the alcoholic, and to whom I owe much for continued encouragement, counsel and support.

On May 19, 1949, Boyd, who had become the group's accepted leader, had what is generally known as a "slip." I have since learned that it was, as such an episode frequently is, a serious relapse into the morass of uncontrolled drinking. And I am now convinced that it was partially caused by the strain accompanying Boyd's strenuous efforts to help other alcoholics and to meet the many demands and calls that were made upon him. Boyd's relapse seemed to demoralize the other eight members, some of whom had apparently been coerced into A.A. by family, friends and irate employers. There had been bickering over policy, I was to learn from Albert. Differences had developed over the intolerance of one of the members and over the apparent determination of one of the novices to "run" the group. Several members withdrew at once.
Albert himself abruptly left the group that he had initiated with so much hope, work and effort.

Reverend Z wanted to be helpful but was at a loss as to what to do. In my own state of relative enlightenment, compared to that of the minister, I tried to overcome the demoralization. This entailed some strenuous effort, indeed. I called on several members, only to find that five of them had relapsed. Others soon met a similar fate. The one exception to these relapses followed Albert in refusing to cooperate with my effort to reconstruct the group. In this extremity, I sent out an S.O.S. to Red and Prentiss, my helpful friends in the Y group. These men responded with alacrity but they, too, failed to put Humpty Dumpty together again.

Thus it was that I found myself in the unenviable plight of having set myself up, before several hundred of my fellow citizens, as the nonalcoholic spokesman for a group which did not now exist. Why did I keep on? I am sure that it was not false pride. Nor do I believe it was a feeling that I had a "bear by the tail" and that I could not let go. I was fascinated with the people themselves and felt there must be some way by which I might help them, if I could just find out how to do it. There must have been some sort of compulsion on my part, because I was to meet with some initial rebuffs and discouragements, especially imposed by a pair of "sober" alcoholics from a neighbouring group, that would have caused my hasty "resignation" from any nonalcoholic society.

A NEW GROUP

Matters were taken out of my hands early in June 1949 by a call for help from Charley. Charley's wife, having heard one of my talks at a woman's club, came to see me about him. I could think of no better way to handle the matter than to give her the A.A. pamphlet, A Way of Life, with instructions that she leave it somewhere within Charley's reach. This move was inspired by the earlier observations of Red and Prentiss that it was usually better to have the alcoholic seek help than to thrust help upon him. This was the best I had to offer, in view of my inability to reach Red or Prentiss by phone after Mrs. Charley telephoned that she was coming to my home. Charley himself came to my house to see me two days later in the midst of a hang-over. I recommended his reading the book, Alcoholics Anonymous, which Albert had loaned me. Then, with my still meagre knowledge, I tried to help Charley, unaware of the terrible condition he was then in. Some alcoholics can be on the verge of delirium tremens and appear as casually healthy and composed as an athlete. I could not know, under those conditions, that Charley's greatest need at that moment was for medical attention.

During the same week my predicament was aggravated by similar calls from and interviews with Dora and Ernest, two of the alcoholics I had taken to a meeting before the above-described debacle. I was now confronted with an obligation that, in all conscience, must be met in some way; for one of these, unlike Charley, was highly intoxicated.

I was now definitely absorbed by the desire to help these people, who seemed desperately to want peace. I subsequently made
arrangements for the three of them to come to my house on an
evening definitely set. Meanwhile, I hurriedly subscribed to The
Grapevine* in the hope of gaining more insight into the problem at
hand or soon coming. I wrote for literature to the National
Committee on Alcoholism, and subscribed to the Quarterly Journal of
Studies on Alcohol. But before this material arrived it was time
for the gathering, so I hastily reexamined the A.A. book's chapter
on "Working With Others." Charley, Dora and Ernest arrived to hear
me read some of the italicized portions of the book's early
chapters, such as the profound observation that few alcoholics will
ever be able to stop drinking on the basis of self-knowledge. Dora
and Ernest were already acquainted. This fact struck me forcibly.
Here were two people with a common problem, who were known to each
other, yet who had never discussed their troubles with each other,
let alone with any one else who might understand. My "war analogy"
came to mind as I tried to lead the three of them into "spilling"
their troubles.

Such was the beginning of the second and present group. During
the next month, July 1949, Fred and Grace joined the group,
followed in October by Helen. The next May, Albert, cofounder of
the abortive group, came into the new group following his first
relapse. Some idea of the gradual growth of the group - and the
nature of the present membership - may be gained from the following
case briefs.

Present Members of the Group **

Charley, skilled labourer, age 46; joined in June 1949. Began drinking
at 19. Steady drinker to 35. Week-end bouts to age 44, when sprees carried over
into the following week. Would drink himself into oblivion for three or four to
ten days at a time. After entering the group, had seven months of sobriety.
Claimed his alcoholic craving was gone, that his problem was solved, and quit the
group in September 1949. A serious relapse during Christmas week, 1949, was
followed by a series of sobering-up and relapses through August 1950. Returned
to the group at that time. A series of relapses between March and November 1951.
No relapse since then.

Dora, widow of an alcoholic, age 58; joined in June 1949. Periodic, heavy
drinker from 35 on. Bouts usually coincided with her husband's. At age 45, when
her husband deserted her, she attempted suicide while drinking, and then suddenly
quit drinking, maintaining sobriety until the spring of 1949. She began to
experiment with beer, without, however, setting up the drinking cycle. Sought my
help after hearing me discuss alcoholism before her church group. Attended group
intermittently. Resumed beer experimentation three times, each time calling for
help and returning to the group. No real relapse into an uncontrolled drinking
cycle.

* Official organ of Alcoholics Anonymous.

** As of April 1, 1952.
Ernest, unemployed, independent income, age 47; joined in June 1949. Drank socially until age 32. From age 34 on was unable to control drinking, once started. Attended first meeting of abortive group in March 1949. Made little progress in the present group, despite regular attendance when sober. Institutionalized at the Rest Farm, October 1951. Now back home, under treatment with disulfiram by local physician. Tried to drink once and became quite sick. No relapse since beginning of disulfiram treatment in November.

Frederick, skilled labourer, age 36; joined in July 1949. Drank heavily in college and until age 30. By age 34 had lost several jobs and had been jailed frequently. Lost his first family. Had been sober but miserable six months before first participation. No relapse. Now the resident supervisor at the Rest Farm.

Grace, wife of an alcoholic, age 38; joined in July 1949. Drank considerably in college. One blackout before her marriage. Could not control drinking from age 30 on. Jailed with husband for public drunkenness just before entry into the group. Sent for me. No great improvement until March 1951. No relapse since then.

Helena, wife of an alcoholic, age 34; joined in October 1949. Drank moderately but regularly until 25. Drinking gained momentum until age 29. Consistent drunkenness, with and without her alcoholic husband, to age 33. Jailed several times in X and in neighbouring towns. Intoxicated on wine for better part of four months prior to her first interview with me in October 1949, an interview suggested by her former drinking companion, Grace. Said she had reached the point where she could neither live with nor without alcohol. Regular attendance and no relapse.

Albert, store clerk, age 44; joined in May 1950. Daily drinker to age 26. By age 30 was drinking before breakfast to get on the job. Ultimately lost job and wife. Continued alcoholic progression until committed to a state hospital by his family, in 1945. Ups and downs in A.A., in another city, from 1947 to April 1948. Attempted suicide during last bout. Became cofounder of the abortive group in X, as related above. Came into the present group after a four-day-relapse, his only since April 1949. Regular attendance.

John, plumber's helper, age 50; joined in September 1950. Did not drink until he was 28. Became a hard drinker to age 38. Periodic sprees lost him several jobs and landed him in jail frequently. Has been sober since his last period in jail, Christmas, 1948. Had a brief experience in the abortive group immediately thereafter. Followed Albert out of this group and did not become regular in the new group until August 1951. Dour temperament and, until recently, showed little tolerance for the problems of other group members.

Lew, butcher, age 32; joined in January 1951. Solid type, with a sixth-grade education. Steady drinker to age 26. Hard drinker to age 30, losing several jobs. Morning drinking to get to work while on the last job, which he lost at age 31. Wife left him and his drinking increased. Had several blackouts and was hospitalized in November 1950. In severe hang-over when Reverend Z brought him to me. Joined group. Had a relapse lasting 2 weeks in February 1952. Returned to group during hang-over and seems to be back on the program.

Clifford, machinist, age 38; joined in April 1951. Had lost wife and two
children, two years previously, owing to his frequent sprees, loss of working
time, and generally obnoxious conduct. Sober three months in group. A series
of relapses, sobering up from two of them in my home. Institutionalized at the Rest
Farm, returned to the group, and has just relapsed again. Nevertheless has a keen
interest in A.A.

Howard, printer, age 36; joined in May 1951. Steady drinker to age 25.
Week-end bouts until he joined Merchant Marine during World War II. Drank much
less in service. Week-end pattern resumed upon return to civilian life, gradually
extending into the next week. Had been out of work frequently during two years
prior to group entry. Relapsed after four months of sobriety. Drank on two
successive week-ends immediately there after, but came right back for regular
attendance. No further relapse.

Leslie, former policeman, age 41; joined in August 1951. Long record of
progressive alcoholism, ultimately complicated by "goof ball" addiction.
Committed to state hospital after delirium tremens. Attempted suicide. Came into
group just after dismissal from the state hospital and has had no relapse.

Brad, Age 39, joined in August 1951. I had called on him in 1949 but he
was not ready. Was about to lose job when he entered group. Relapsed 10 weeks
later but came right back for regular attendance and eager participation. No
further relapse.

Ryan, age 43; joined in September 1951. Had been a periodic drinker, five
to seven sprees a year, lasting about two weeks each. One brief relapse, in
October, since joining the group.

Alton, joined in October 1951. Was expelled from high school because of
drinking. Descended practically to Skid Row, but had joined A.A. in August 1943
in another city and has remained sober ever since. He is the only member who has
a great deal of objective knowledge about alcoholism and a good grasp of A.A.'s
implications. A real asset to the group.

Frank, age 55; joined in November 1951. Frank is the family case
mentioned previously. Had been an uncontrolled drinker since just after the first
World War. Finally joined A.A. in June 1950, in another city, and has just moved
back to X. Has had no relapse since joining A.A.

Carl, Preston, Buck and Joe constitute a quartet of new members whose
coming into the group, between September 15 and October 16, made the considerable
impact to be described below. Carl had been a local jailbird due to periodic,
uncontrolled drinking. Preston was a steady, heavy drinker. Buck's longest period
without alcohol in eleven years had been five days. Joe had lost much work time
because of drinking.

All but one of the members of the group, it may be noted, are
my juniors. Three members were casually known to me before March
1949; I had never seen any of the others. Four of the recent
affiliates were visited by me early in my experience, upon the
appeals of their families but they were not ready for help at the
time of those interviews. Until August 12, 1951, only Albert and
John, who returned from the abortive group, had not received their
first individual attention from me, according to their own accounts. Fourteen of the twenty current participants came into the group either by sending for me, by coming to my home or office, or by having been brought or sent by an employer, minister or mutual friend who had been present during one of my public talks about alcoholism and Alcoholics Anonymous. These facts are recorded for their value in weighing the efficacy of a sympathetic nonalcoholic "front" wherever a new group is having the not unusual early struggle for existence.

All but five of those who had even a cursory exposure to the A.A. group meetings, from June 1949 to September 17, 1951, are still in the group. Three of the five moved from X; one is the resident supervisor of the newly established Rest Farm; and the other is a patient at the Rest Farm trying to win sobriety. Since September 17, 1951, five other alcoholics have attended one, two or three meetings but have not stayed in the group. Three of them were "sold" on A.A. by the enthusiasm of our quartet of recent men. These candidates left, however, as they found that they were not going to be relieved of certain predicaments, such as the prospective loss of a driver's license, a "drunk and disorderly" charge, and a loss of wife and family. Another, a former druggist, could not stomach "the spiritual angle." He stated to me privately that he would rather die as he is than accept a nonexistent God.

**Group Meetings and Related Activities**

All semiweekly and weekly meetings of the group, during the first year, were held in my home. Then, for almost a year, we met in the office of my employer. Next, we met in the Episcopal Church, of which I am a member. But on September 17, 1951, the group moved into a small club and meeting rooms, in the centre of town, which I secured for them through a business associate. Prior to this move, we had held two public meetings in which the Y group cooperated. On one occasion we entertained an area meeting, the planning and arrangements for which were largely accomplished by several of the wives and myself. All the outside speakers have been either alcoholics or ministers. Ten or twelve outside alcoholics, either singly or in pairs, have participated on eight or ten occasions. Three ministers have taken part in the meetings once or twice each, while one minister has more recently participated on seven or eight occasions. No doctor has yet been persuaded to take an active interest in the group, although at least three local physicians have members as patients. My own family doctor has, at my request, made three calls upon three alcoholics in distress.

About seven of my friends, in a desire to further the interests of the group, have offered me money totalling about $150 to be spent according to my discretion. Early in the game, before I was sufficiently experienced, I accepted $10 to help defray a member's jail fine, and to accommodate the good intentions of the donor. Otherwise, these gestures have been declined with explanations of, and in compliance with, A.A. traditions. My intimate relationship to the group is such that I have felt the acceptance of money to be a violation of the spirit, if not the letter, of A.A. tradition. I not only give allegiance to the
tradition, I try also to be careful that nothing might cheapen A.A. in the eyes of the nonalcoholic world in which I move. At the same time, I take every occasion to pronounce my belief that most of us have much to learn from A.A. that is elevating and spiritually enlightening.

Prior to the move into club rooms, periodic suggestions that closed meetings might be expedient brought unanimous expressions from the A.A. members that they preferred the meetings as they were. They have recently taken up my suggestion and have added one closed meeting each week.

Six wives have been in fairly regular attendance, while four or five others come from time to time. The regular attending women and my own wife have done more than any other group of people, alcoholic or nonalcoholic, to supply a favourable atmosphere and normal friendship to these sick alcoholics. Three of the nonalcoholic women have taken members into their homes, to get them back on their feet, following "slips."

No rules have been established save for the unwritten understanding that members will not participate while drinking. And it can be truthfully reported that, while alcoholics in distress have sought my help many times, no initiated alcoholic has ever come to a meeting intoxicated. Nor has anyone ever imposed upon the hospitality or privacy of my home or office, although one newcomer, and one older member after relapsing, sobered up in our home. Even here, my wife and I brought them into our home on our own initiative.

The group has only a secretary. Until November 27, 1951, there were no committees or any formal appendages. My influence until recently has been guided by the theory that a small group needs no such encumbering minutiae - that the salvation of each lies in his or her wanting to be a committee of one to "stay sober and help other alcoholics to achieve sobriety!"

Between meetings, I have had steady and frequent intimacy, at the most, and casual, small-town acquaintanceship, at the least, with all members of the group. As soon as a new member puts in his appearance, I endeavor to transfer as much time and attention to him as possible. Thus I have constantly performed the function of "sponsorship" under the Twelfth Step of the A.A. program, and have frequently found myself sponsoring as many as seven or eight alcoholics at a time. Little such help has yet come into being from the members. There is a growing tendency, however, toward helping each other, as long as sobriety prevails. In case of a relapse, I am usually called on to act alone, or to act with those who feel they are ready for such work.

I have performed such other functions and tasks as planting of the book, Alcoholics Anonymous, in the local library for "bait," and writing instructive articles for the local paper. Twice I have had to ask the police to give us access to a jail cell as a "poor man's hospital" or "drying out place." Without exception, I have called upon the family of each entrant into the group to try and bring enlightenment there. Nor have I ever failed to call on the employer of a newcomer for the same purpose. I deem it a vital part of any therapy for an alcoholic to do everything possible to bring understanding to those intimately associated with him.
Several such calls have saved the jobs of those who have relapsed. For example, Howard's employer called at my home recently to state that he could not put up with Howard any more. After a discussion, he assured me that he would tell Howard personally not to worry about his job; that he would cooperate as long as I could assure him that Howard had a chance to "get well." A job was saved for Charley in a similar fashion when, after a first relapse, it looked as though he would never sober up again.

These activities, I wish to emphasize, are recorded solely for the purpose of indicating some of the inadequacies and limitations involved - handicaps arising from the fact that there has been no alcoholic available for carrying out these functions. For the same reason it must be recorded that, until September 1951, my attempts to induce the alcoholics to assume a dynamic share in other group responsibilities were futile. Introversion and timidity characterized each of the members. The four exceptions to this general tendency came into the group in rapid succession during August and September 1951.

None of these men had yet lost his job or family, although each was in danger of both. All four of them had considerable drive and initiative left. They not only changed the complexion of the group, but they proceeded to "take the ball" away from the rest of us, in spite of our combined efforts to have them "take it easy." Theirs was the aggressive enthusiasm so typical of extroverted alcoholics in their first blush of A.A. initiation. I used every means of suggestion at my command to hold these men in line. They always asked my advice but, characteristically, took little of it. I have used the word "suggestion" advisedly, for I learned early that it is quite dangerous to coerce an A.A. "baby." In fact, it is impossible to push or pull an alcoholic until he has reached a state of "comfortable sobriety," however long it takes in a given case. Three of the four newcomers have since relapsed. Yet they are back in the group with what seems a new humility and a belief that their answer may be found with us.

Since their relapses, the initiative of these men has helped the others towards greater participation in group affairs, such as in the rotation of presiding at meetings from week to week. Prior to the advent of these men I had always been the leader in these meetings and discussions. Now, I can direct them more and more toward sharing these responsibilities themselves. The group's former isolation form alcoholics other than themselves is being dissipated, too; more and more, some of the members are going to meetings in Y. We have recently gone as a group to hold a meeting at the Rest Farm. Similarly, in spite of all my efforts, only one or two members had subscribed to The Grapevine until the coming of these men. Two of the newcomers have subscribed and they share the magazine with others. Howard and Leslie, too, have helped us to a healthy restoration of that important element, the sense of humour. Howard loves to "wise-crack" about how he's got to stay with me as much as he can to keep me sober. He phones my wife and asks, "How's the old man? Is he sober? For gosh sake, make him call me before he takes that first drink. We gotta keep the old man sober - if we don't, all of us'll go on the rocks."
Leslie is a quaint character, both in his humour and his graphic way of expressing himself. At a recent meeting he admitted in his inimitable way that, after hearing so much about sobriety at his early meetings, he thought, "Sobriety was somethin' that comes in a bottle." To which Howard rejoined, "Yeah, well, whatever it is, it would have to come in a bottle for birds like us." The other two newcomers are now providing transportation for those who live at a distance and, not having cars, were formerly dependent upon me for transportation. It is only just to add that the drive of these men really carried us into club rooms and into possession of a table and about forty chairs, the expense of which all of us shared from the "hat." Thus it is that progress may spring from demoralization, strength from weakness — if club rooms may be considered an indication of progress and strength.

On the whole, there has been little friction in the group. In several instances, prior to the club room era, I endeavoured to transfer my leadership to others. Through my failures in this respect I discovered that the majority did not like the way the others conducted the meetings. I have also detected here some characteristic resentment among some over the seemingly greater growth and progress of others. Again, if there is any one area where some of the members distrust me, it is in their belief that I am entirely too tolerant, forgetting that, if I do have such a quality, it is the one quality that was most important in my having been able to help them.

Alton, one of the newest members, appears to be the answer to many of these difficulties. He has eight years of sobriety behind him, and has a more thorough understanding of alcoholism and A.A. than any other member of the group. Fortunately, he welcomes and in no way resents my intimate relation to the group. In fact, he and I are already collaborating on the prospect of instituting a "beginner's" night each week. Already, we can perceive the satisfaction among the others that springs from their having both his guidance and mine. He has urged me more than once that the time is nowhere nearly ripe for me to relinquish my intimate relationship to the group. So it is that at the present time I remain, by common consent, the "front," the accepted leader, and the custodian of group funds. In fact, a unanimous expression of a desire for the continuance of my intimate relationship to the group was recorded at the meeting of November 27, 1951. At this time a steering committee of four, suggested by Alton, was elected to formulate policy, to take charge of the meeting quarters, and to meet the general needs occasioned by our recent growth. For the good of the group, however, I shall now point toward exchanging my status of leadership for that of a sort of privileged "elder statesman," counsellor, individual therapist and abiding friend. This may be accomplished by my gradual diversion of attention to an embryo Negro group now being formed in X.*

* As early as September 1950, Ken, a 55-year-old Negro, and two other Negro men, sought my help. Prematurely, I influenced them to register with A.A. Headquarters. One of the men disappeared. Another ceased participation because he professed to see a conflict between A.A. and Christian Science, of which he had made some study. He has not been able to achieve sobriety, as yet, in
Christian Science. Three male members of the X and Y showed Ken cursory attention during October 1950. Ken and I have continued to have from one to three "pop call" interviews each week since then in his place of business. He has remained sober. Two new Negro men joined Ken late in November 1951. One of these approached me on the street about his problem. The other approached David, a nonalcoholic Negro whom I have been training for some weeks as a "front" for just such a contingency. Weekly meetings under my guidance are being planned at this writing.

I have spoken of the many months during which the local group movement was largely a "round table" under my guidance. Following are the sources for topics and ideas I have used to supplement my direct experience from week to week:


A growing file of clippings and pamphlets dealing with A.A.

The above sources have been augmented by considerable reading on many phases of alcoholism. These figurative "tools" are listed in the order of their discovery or availability:


Other contributions to the Quarterly Journal of Studies on Alcohol by the following: Jellinek; Riley, Marden and Lifshitz; Bird; Tiebout; Pfeffer, Friedland and Wortis; Lolli; Goldfarb and Berman; Gottesfeld and Yager; Wexberg; Mueller; Brown; Sutherland, Schroeder and Tordella.
These listed sources have been searched carefully for general enlightenment, understanding and confirmation. An attempt has been made at all times to seek those facts, theories and devices most applicable to our particular situation, with the emphasis on psychotherapeutic techniques. I have made no more than an intelligent layman's attempt to utilize knowledge from the medical field. Medical help is no more than a secondary aid to rehabilitation at the present time, anyway. Some of these bits of knowledge which I have tried to impart are warnings against other drugs, except upon the advice of those who know what they are doing; encouraging the use of salt, sweets and vitamins; encouraging the membership to talk over their alcoholism with their doctors. I have always tried to translate my knowledge about alcoholism into pertinent lay language, in the interest of the least educated members of the group. When occasion has seemed to warrant it, I have instituted a change of pace for the benefit of the better intellects, or for those whose cultural advantages have been greater.

A device which the members seem to consider both stimulating and helpful was borrowed from a closed meeting I was privileged to attend in a distant Eastern city. This is the technique of posing questions about any phase of alcoholism, personal experience, A.A. steps, traditions, and so forth. What is a mental reservation? What do you mean by the word obsession? What is your interpretation of a spiritual experience? Do you find prayer helpful in minimizing your problems? Why is it essential to surrender, or "let go," as suggested in the first step, before you can go on to the other steps? Is alcohol a narcotic? Is it an anesthetic? Do you know how much alcohol in the body is necessary to produce unconsciousness? Do you find that helping another alcoholic stay sober helps you? If you suddenly found yourself wanting a drink tonight, what would you try to do to get around it? In what way is alcohol's lack of minerals, proteins and vitamins connected to your physical health?

More recently I have endeavoured to induce the members to bring questions of their own to each meeting. They like this, apparently, for there is a noticeable increase in both the number of questions posed and the interest stimulated by the question. Yet, to get results like this, someone must continuously supply the initiative, for so many alcoholics, in the earlier phases of their recovery, seem to lack the capacity for sustained interest in any one thing. Incidentally, I think that regular closed meetings, or informal gatherings, where one is able to keep the members "kicking the ball around" among themselves, are perhaps more beneficial than listening to any one or two men talk.

Sometimes I use portions of the experience of some alcoholic speaker I have heard, simulating that it is my own. I find myself unconsciously lapsing into the homely device of "we," for purposes of transference and identification, such as, "Now we can't take any of these other steps until we have taken that all-important first one.....Everybody has these defects we are trying to get rid of. The main difference between us and those other folk is that our defects are all tangled up with alcoholism....Before we can get anywhere, as I see it, we've got to get rid of our false sense of guilt....To do this, we've got to accept the fact that we are..."
sick... Why, when we kick ourselves all over the place, in shame and remorse, we're doing ourselves the same injustice we resent from nonalcoholic folks.... We've got to transfer some fear of, or at least a healthy respect for alcohol, to where it will do us some good, and help us keep away from that first drink...."

When I must point out an example of destructive attitude or thought, I always qualify the statement with the fact of my own similar shortcomings.

I am naturally unable to interpret the Twelve Steps of A.A. subjectively or from the vantage point of knowing what the alcoholic craving and obsession is like. I may only interpret the suggested program as it appears to me, in the light of my own problems, troubles, weaknesses, anxieties, despairs and general responses to my inner and outer environment. I can thus interpret the program as an inspired means of turning weakness into strength in my own life. One cannot take the First Step for someone else. Yet, one can endeavour to point the way. This I do by stressing the many past proofs that we are powerless over alcohol. First, then, we are going to give up the lone struggle against the alcoholic craving and obsession, which we cannot possibly lick. "What's the use," I have often remarked, "for us to keep on trying to handle it alone, when we can share it with the rest, and have a pretty good time at it, along the way?" We are going to exchange "will power," then, of which none of us will ever have enough, for a renewed will to live. Then we are going to "displace" our alcoholic sickness - each in his own way, and through the spirit as well as the intellect - by progressive spiritual action, within and without. Many times we have taken the First Step with our brains. If we keep trying, we will ultimately take this Step with our whole beings; then, our conscious wills and our subconscious impulses will cease to remain in devastating conflict. At the same time, we are going to try to learn how to avoid the destructive emotions and thinking that always head us toward that first fatal drink. We are going to realize that the seat of our trouble lies in our fear of our alcoholic selves and not in our outer environment. We are going to try to accomplish all of these things "one day at a time."

Observations and Impressions

1. It seems to me, on the basis of my experience in A.A., that the recovered alcoholic is not necessarily the most effective "sponsor" of A.A. prospects just because he is an alcoholic - just because he "has been there." Successful sponsorship depends upon many other personality characteristics. It also depends upon the attitudes of the alcoholic prospect. A case in point is that of Ryan, whose sketch is given above. When I had responded to his call for help, Ryan stated that he knew some of the "drunks" in the group, but that he had sent for me because he knew I did not drink. He said he didn't believe any of those "drunks," some of who were his former drinking companions, could help him. This prejudice, of course, was revealed before his first exposure to the group.

Many alcoholics, moreover, do not have an adequate combination of insight, judgment, tolerance and patience for the exacting work of sponsoring. Again, many alcoholics of profound insight and
superior or brilliant intellect are inarticulate, which tends to vitiate these other qualities. An aspect of such limitations as these is well illustrated by a recent conversation I had with Marshall, a highly intelligent member and one of the most effective speakers in the Y group. Said he, "Several fellows in our group seem to thrive on Twelve Step work but, although I have been sober for two years, I cannot yet sponsor a new man. Maybe it is my temperament, maybe my sobriety is not yet sound enough. I do know that my few attempts to help in this regard have not helped me. In fact, being around an alcoholic when he is drinking or when he has a hang-over seems to demoralize me. And, I must look after my own sobriety first, or I'll not be able to help even in other ways. What is more," he continued, "I know a number of A.A.'s, who have been in much longer than I have, who still experience the same difficulties."

2. The prevailing idea that no one other than an alcoholic can inspire confidence in an alcoholic or help an alcoholic achieve his sobriety, has no real basis in fact. I frequently run across this understandable opinion among alcoholics in A.A. with whom I have not had the advantage of intimacy or to whom I have not had an entree through other alcoholics. Yet, those alcoholics with whom I have worked from the beginning, and those at the Rest Farm, accept me and our relationship wholeheartedly and without reservations of the above kind. In fact, I have long since dispensed with explanations that may create an unnecessary barrier. I simply let the patient find out for himself about my background and status, which he never does until after the event. If the patient really wants help, all he is concerned with is relief or results. The attitudes of the A.A.'s who know me is very favourable, now; I have their confidence. I am periodically invited to be one of the speakers at open meetings of the Y group. On one occasion, when most of the leaders of Y group were going to conduct a meeting in a neighbouring town, a member of their Twelfth Step committee phoned long distance and asked that I come to the meeting in Y to preside in his stead. I have recently appeared before a closed meeting of the F group, which is the oldest group in this section of the state.

3. Examples of nonalcoholics who have been able to help alcoholics in A.A. are not so rare as we think. I know two wives of alcoholics in neighbouring groups who have attracted more novices and have rendered more effective education among families and employers (an important adjunct to successful therapy) than most of the members. These women are, of themselves, tremendous influences in group affairs and welfare. Then there is the case of a young minister, the Reverend W, who has recently become interested in our group. I recruited him myself, believing that he had the necessary attitudes for establishing rapport with alcoholics. My judgment has been confirmed by the way the group unanimously accepts him as one of them. Reverend W is soon to leave us for the town of K, where there is no group. He has expressed his desire to start one there. I have no doubt that he will succeed, even though he is much younger and has less experience than I. He will at least be able to hold a group of alcoholics together and some good results will evolve whenever this is accomplished. The Y group's founder and
initial inspiration was a nonalcoholic minister who attracted two alcoholics by newspaper notices. A minister also worked with the F group at the beginning. Witness, too, the recent series of articles in The Grapevine, featuring or referring to nonalcoholics who supplied the initial motivating or solidifying influence in such metropolitan areas as Pittsburg, Toronto, Los Angeles, San Francisco and Chicago.

4. The inclusion of nonalcoholic wives, members of a family, or any sincerely interested nonalcoholic, in group therapy is usually beneficial to the alcoholic. The alcoholic has two problems: his illness, and the ignorance of the nonalcoholic world in which he must live. He has usually been tragically misunderstood and often brutally handled while desperately sick. Hence, any psychological or spiritual rapprochement between an alcoholic and a nonalcoholic is a constructive event. The wife of an alcoholic, moreover, is often emotionally sick herself as a result of her own abnormal experience. Group therapy that includes her not only gives her an insight into the husband's problem, it also induces improvement in her own mental and emotional reactions which, in turn, is of further help to her husband. This dual inclusion hardly inhibits the alcoholic for long. After Joe related a lurid experience involving a "blackout," in the presence of his own wife, of George, and of the latter's wife, George's inhibitions will usually evaporate. Besides, both wives learn that friend husband was not always lying about some of his alcoholic escapades, after all.

5. Local resources for dealing with alcoholism might be increased by recruiting more nonalcoholic helpers from the intelligent stratum of community life. A likely place to look for effective nonalcoholic sponsors and helpers would be among persons who have been close to an alcoholic in their families, and who have become enlightened by experience with A.A. Much additional knowledge can be gained by reading. The indispensable qualities, however, are insight or understanding, and an ability on the part of the helping person to rid himself of any such barriers as moral judgment, superiority or patronizing attitudes. The alcoholic is an extremely sensitive individual. One must always remember, too, that he is dealing with a very sick person, with one who has no rational idea of his problem at the beginning of treatment.

The newcomer, among other alterations or deteriorations, is invariably suffering from a complex form of emotional and intellectual "blindness." This was described most acutely by Ken, my Negro friend. "Trouble wid a alcoholic," pronounced Ken,"he kin see out but he can't see in!" The extent and depth of this blindness is best kept in mind by recalling the many years of progressive psychological confusion.

Alton recently epitomized the attitude needed by the would-be helper of alcoholics. He said to me, "When A.A. found me, I was drowning in a sewer. They did not stand over the manhole and say, "Come on up here, fella, we want to help you." They got down in the sewer with me and tried to boost me out."

If either the insight or the attitudes indicated are lacking, the therapist will usually do more harm than good, whether he is an
Mr. Thompson has placed on record an experience that will help students of alcoholism to round out their perspective on the Alcoholics Anonymous program of recovery.

It has been known that nonalcoholics can successfully treat alcoholics by techniques other than those of A.A. But the apparently higher success rate of A.A. has been explained, in part, by the greater capacity of recovered alcoholics to penetrate the emotional isolation - Tiebout's "barrier" - of the still drinking alcoholic and to establish a therapeutic rapport with him. As Bill W. explained, in the previously quoted passage, alcoholics can often penetrate where doctors, clergymen and other nonalcoholics cannot make a dent. And there seems to be solid experience behind the claim that, under prevailing conditions, the usual doubts, resistances and rationalizations disappear more rapidly in the presence of a recovered alcoholic than in the presence of most alcoholics.

But it is another thing to say, as some A.A.'s have glibly done, that "only an alcoholic can get next to another alcoholic," or to make the companion assumption that any alcoholic can help another alcoholic. Mr. Thompson's experience stands as a corrective to each of these absolute claims.

It is doubtful that the more thoughtful and experienced A.A.'s would make either of the absolute claims. Even the rank and file of A.A.'s know that only some of them can do a good job of sponsoring. Just being an alcoholic does not qualify a person to help another alcoholic. And if the A.A.'s of the nation were canvassed, many of them would know of cases where nonalcoholics have established a highly therapeutic relationship to alcoholics in A.A.

The present writer was himself a member of an A.A. group for a summer, sharing intimately in its activities and confidences, and being generally accepted as one of them. To be accepted as one of them, it seems to this writer, does not require a background of alcoholism so much as a number of other qualities, most of which Mr. Thompson has pointed out: (1) insight into, or an understanding of, the alcoholic; (2) a nonmoralizing and unconditional acceptance of the alcoholic; and (3) a sincere desire to help. To these might be added: (4) a real appreciation of the A.A. program; (5) a personal humility that is born of an awareness of one's own shortcomings; and (6) a personal aspiration toward the A.A. goal of personal growth and integration. Whether or not the last three are necessary, it is apparent that Mr. Thompson had all of these qualifications and attitudes. It is certainly possible for other nonalcoholics to have them also.

Mr. Thompson's experience seems to indicate that any person who has insight, and who can communicate to the alcoholic that he does understand him, does accept him, has a genuine desire to help him, and can also offer hope convincingly, can be a successful sponsor, whether he is an alcoholic or a nonalcoholic. Alcoholics who cannot communicate these attitudes make ineffective sponsors. Nonalcoholics who either lack these attitudes or who cannot communicate them, will be equally ineffective.

It is the opinion of this editor that in general, and given an equal verbal facility, recovered alcoholics will be able to communicate the needed understanding, acceptance, hope and desire to help more quickly than nonalcoholics, particularly when "starting cold," i.e., without being known to the prospect. But nonalcoholics can also do it; and the better the nonalcoholic is known, the more he is known to have the needed attitudes, the more he is "O.K.'d" by other A.A. members, the more quickly and effectively he can do it.
Perhaps, in Mr. Thompson's case, a small community setting made it easier for such a reputation to be built up.

To say all this does not imply that nonalcoholic sponsorship and leadership is to be generally recommended. Granted that not all alcoholics are good sponsors and that certain nonalcoholics can do it successfully, there is still a much greater likelihood of recruiting more good sponsors among alcoholics than among nonalcoholics. The chances are that more alcoholics will have the needed combination of motivation, experience and attitudes.

Furthermore, much of the success of A.A. can be attributed to its exclusively alcoholic membership. There is psychological value in having a society of their own; of being independent of professional help; and of being able to help each other. There is psychological value, in fact, in being forced to stand on their own two feet and being forced to help each other. Sponsorship of new prospects has more value than building up the group. It is an important training experience in much needed outgoing relationships to other people. Sponsorship is learning by doing - learning to become more social by being more social. As such, it is a very important part of the program. It is all too easy for the many egocentered alcoholics to "let George do" the sponsoring. They need to be pushed into doing some of it themselves just as soon as they are able.

If it is not generally desirable for nonalcoholics to play A.A. roles - even though it can be done, and in certain situations like Mr. Thompson's, where leadership is lacking, can be a real asset - there are, nevertheless, a number of helpful roles which nonalcoholics could play in many communities.

It will be noted that Mr. Thompson played the roles which in larger communities would be carried on by (1) a speaker's bureau, (2) an executive secretary of a local Committee on Alcoholism, and (3) a social worker (usually attached to a clinic). It seems to this writer that in the smaller communities, where such specialized facilities cannot be afforded, A.A. groups could be strengthened considerably by having a nonalcoholic friend like Mr. Thompson who could act as a public "front" (information and referral agency); who would help to educate the public; and who could interpret the individual problem to family members and employers. These are rather important functions that, in most smaller communities, could be better carried out by nonalcoholics than by A.A. members.

Now, of course, when the resources of the first members of an A.A. group are extremely limited, well qualified nonalcoholics could also help the A.A. group along by doing some of the initial sponsoring and leading. But it would seem that, in general, nonalcoholics would do well to place full responsibility for A.A. upon the members themselves - and as quickly as possible. - M.A.M.

REFERENCES


